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2008

Cambodia

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
CN Summary Cambodia.doc	application/msword	10/5/2007		VHughes

Country Program Strategic Overview

Will you be submitting changes to your country's 5-Year Strategy this year? If so, please briefly describe the changes you will be submitting.

[ ] Yes [X] No

Description:

Ambassador Letter

File Name	Content Type	Date Uploaded	Description	Uploaded By
Ambassador letter.pdf	application/pdf	10/5/2007		VHughes

Country Contacts

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USAID In-Country Contact	Erin	Soto	Mission Director	esoto@usaid.gov
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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2008?	$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2008

Prevention	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	29,841	13,500	43,341
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	135	149	284

Care (1)	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		31,284	0	31,284
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	16,920	0	16,920
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	1,179	0	1,179
8.1 - Number of OVC served by OVC programs	0	14,364	0	14,364
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	133,936	55,000	188,936

Treatment	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
		7,055	2,900	9,955
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	7,055	2,900	9,955

Human Resources for Health	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2008	USG Upstream (Indirect) Target End FY2008	USG Total Target End FY2008
End of Plan Goal	0			

2.2 Targets for Reporting Period Ending September 30, 2009

	National 2-7-10 (Focus Country Only)	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
Prevention				
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	49,627	30,400	80,027
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	342	330	672
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Care (1)		32,049	0	32,049
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	18,489	0	18,489
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	125	0	125
8.1 - Number of OVC served by OVC programs	0	13,560	0	13,560
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	143,941	70,817	214,758
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Treatment		8,454	3,000	11,454
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	8,454	3,000	11,454
	National 2-7-10 (Focus Country Only)	**USG Downstream (Direct) Target End FY2009**	**USG Upstream (Indirect) Target End FY2009**	**USG Total Target End FY2009**
Human Resources for Health				
End of Plan Goal	0			

(1) Total Care represents number of OVC served by an OVC program during the reporting period and the number of individuals provided with facility-based, community-based and/or home-based HIV-related palliative care, including those HIV-infected individuals who received clinical prophylaxis and/or treatment for tuberculosis(TB).

Table 3.1: Funding Mechanisms and Source

Mechanism Name: SCICH

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7909.08
System ID: 7909
Planned Funding($): $655,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: CARE International
New Partner: No

Sub-Partner: New Hope for Cambodian Children
Planned Funding: $152,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HKID - OVC, HTXS - ARV Services

Sub-Partner: National Prosperity Association
Planned Funding: $7,360
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $7,360
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: N/A
Planned Funding: $7,360
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Cambodian Women for Peace and Development
Planned Funding: $7,360
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: Women Development Association
Planned Funding: $7,360
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Sub-Partner: People Health Development Association
Planned Funding: $15,200
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Table 3.1: Funding Mechanisms and Source

Sub-Partner: N/A
Planned Funding: $7,360
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: PRASIT

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7727.08
System ID: 7727
Planned Funding($): $2,545,800
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: N/A
Planned Funding: $100,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVCT - Counseling and Testing, HTXS - ARV Services, HLAB - Laboratory Infrastructure, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: $75,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Homeland (Meahto Phum Ko' Mah)
Planned Funding: $75,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Cambodian Family Development Services
Planned Funding: $75,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A
Planned Funding: $45,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Area Programs:	HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Men's Health Social Services
Planned Funding:	$31,253
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	N/A
Planned Funding:	$40,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Urban Sector Group
Planned Funding:	$60,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	N/A
Planned Funding:	$50,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Chhouk Sar
Planned Funding:	$65,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	MTCT - PMTCT, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HTXS - ARV Services, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Khmer Youth Association
Planned Funding:	$60,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening
Sub-Partner:	Khmer Rural Development Association
Planned Funding:	$40,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Area Programs:	MTCT - PMTCT, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Table 3.1: Funding Mechanisms and Source

Sub-Partner: Phnom Srey Association for Development
Planned Funding: $40,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVOP - Condoms and Other Prevention

Mechanism Name: PRASIT

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7951.08
System ID: 7951
Planned Funding($): $1,352,800
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: CSHAC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7766.08
System ID: 7766
Planned Funding($): $2,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Khmer HIV/AIDS NGO Alliance
New Partner: No

Sub-Partner: Association of Farmer Development
Planned Funding: $23,170
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: N/A
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Battambong Women's Aids Project
Planned Funding: $39,060
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Buddhists for Development
Planned Funding: $107,415
Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Cambodian Development and Relief Center for the Poor

Planned Funding: $19,530

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Cambodian Organization for Human Rights and Development

Planned Funding: $19,530

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Cambodian Social-Economic Development

Planned Funding: $19,530

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Cambodian People Living With HIV/AIDS Network

Planned Funding: $55,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: N/A

Planned Funding: $29,295

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: N/A

Planned Funding: $19,530

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: N/A

Planned Funding: $32,757

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: HIV/AIDS Coordinating Committee

Planned Funding: $50,000

Funding is TO BE DETERMINED: No

Table 3.1: Funding Mechanisms and Source

New Partner: No

Associated Area Programs: HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Indradevi Association Prevention

Planned Funding: $67,410

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Kaksekor Thmey

Planned Funding: $29,295

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Key of Social Health Education Road

Planned Funding: $101,115

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Khmer Buddhist Association

Planned Funding: $44,295

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Khmer Development of Freedom Organization

Planned Funding: $16,000

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Khmer Women’s Cooperation for Development

Planned Funding: $29,295

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Kor Sang / Rebuild

Planned Funding: $74,760

Funding is TO BE DETERMINED: No

New Partner: No

Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Kratie Women Welfare Association

Planned Funding: $23,170

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Men's Health Cambodia
Planned Funding: $35,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Nak Akphivath Sahakum
Planned Funding: $39,060
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: N/A
Planned Funding: $16,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Partners in Compassion
Planned Funding: $48,825
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Sacrifice Family and Orphans Child Development
Planned Funding: $35,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Salvation Center Cambodia
Planned Funding: $39,060
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: N/A
Planned Funding: $19,530
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Vision Fund Cambodia
Planned Funding: $20,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: N/A
Planned Funding: $15,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Women Media Center
Planned Funding: $10,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVSI - Strategic Information, OHPS - Other/Policy Analysis and Sys Strengthening

Sub-Partner: Women Organization for Modern Economy and Nursing
Planned Funding: $78,645
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, HVSI - Strategic Information

Sub-Partner: Centre d'Etude et de Développement Agricole
Planned Funding: $20,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HBHC - Basic Health Care and Support, HKID - OVC

Sub-Partner: N/A
Planned Funding: $15,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HBHC - Basic Health Care and Support, HKID - OVC, OHPS - Other/Policy Analysis and Sys Strengthening

Mechanism Name: TBD - CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7918.08
System ID: 7918
Planned Funding($): $280,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: N/A
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: Cost of Doing Business

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7996.08
System ID: 7996
Planned Funding($): $137,750
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: Cost of Doing Business

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8012.08
System ID: 8012
Planned Funding($): $29,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: N/A
New Partner: No

Mechanism Name: PCT

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7993.08
System ID: 7993
Planned Funding($): $3,500,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Mechanism Name: Social Marketing/BCI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7943.08
System ID: 7943
Planned Funding($): $1,898,750
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: N/A
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: NCHADS CoAg Base

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7461.08
System ID: 7461
Planned Funding($): $375,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: National Center for HIV/AIDS Dermatology and STDs
New Partner: No

Mechanism Name: NCHADS CoAg GHAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7344.08
System ID: 7344
Planned Funding($): $475,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Center for HIV/AIDS Dermatology and STDs
New Partner: No

Mechanism Name: NIPH CoAg GHAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7346.08
System ID: 7346
Planned Funding($): $250,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Institute of Public Health
New Partner: No

Mechanism Name:

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9222.08
System ID: 9222
Planned Funding($): $70,921
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Thailand Ministry of Public Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: USAID Personnel

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8013.08
System ID: 8013
Planned Funding($): $689,450
Procurement/Assistance Instrument: Grant
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID Personnel

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 8016.08
System ID: 8016
Planned Funding($): $143,200
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC_DTBE_GHAI

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7347.08
System ID: 7347
Planned Funding($): $250,000
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC_HQ_Base

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7341.08
System ID: 7341
Planned Funding($): $1,006,275
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC_Post_Base

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7342.08
System ID: 7342
Planned Funding($): $753,595
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC Cost of Doing Business - State

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 7343.08
System ID: 7343
Planned Funding($): $514,209
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Department of State
New Partner: No

Mechanism Name: Good Health

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 7942.08
System ID: 7942
Planned Funding($): $472,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: World Relief Corporation
New Partner: No

Sub-Partner: Adventist Development & Relief Agency
Planned Funding: $153,458
Funding is TO BE DETERMINED: No
New Partner: No
Associated Area Programs: MTCT - PMTCT, HVAB - Abstinence/Be Faithful, HVOP - Condoms and Other Prevention, HVCT - Counseling and Testing

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7909.08	7909	CARE International	U.S. Agency for International Development	GHCS (USAID)	Cambodian Women for Peace and Development	N	$7,360
7909.08	7909	CARE International	U.S. Agency for International Development	GHCS (USAID)	National Prosperity Association	N	$7,360
7909.08	7909	CARE International	U.S. Agency for International Development	GHCS (USAID)	New Hope for Cambodian Children	N	$152,000
7909.08	7909	CARE International	U.S. Agency for International Development	GHCS (USAID)	People Health Development Association	N	$15,200
7909.08	7909	CARE International	U.S. Agency for International Development	GHCS (USAID)	Women Development Association	N	$7,360
7727.08	7727	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Cambodian Family Development Services	N	$75,000
7727.08	7727	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Chhouk Sar	N	$65,000
7727.08	7727	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Homeland (Meahto Phum Ko' Mah)	N	$75,000
7727.08	7727	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Khmer Rural Development Association	N	$40,000
7727.08	7727	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Khmer Youth Association	N	$60,000
7727.08	7727	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Men's Health Social Services	N	$31,253
7727.08	7727	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Phnom Srey Association for Development	N	$40,000
7727.08	7727	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Urban Sector Group	N	$60,000
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Association of Farmer Development	N	$23,170
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Battambong Women's Aids Project	N	$39,060
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Buddhists for Development	N	$107,415
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Cambodian Development and Relief Center for the Poor	N	$19,530
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Cambodian Organization for Human Rights and Development	N	$19,530
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Cambodian People Living With HIV/AIDS Network	N	$55,000
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Cambodian Social-Economic Development	N	$19,530
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Centre d'Etude et de Développement Agricole	N	$20,000
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	HIV/AIDS Coordinating Committee	N	$50,000
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Indradevi Association Prevention	N	$67,410
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Kaksekor Thmey	N	$29,295
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Key of Social Health Education Road	N	$101,115
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Khmer Buddhist Association	N	$44,295
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Khmer Development of Freedom Organization	N	$16,000
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Khmer Women's Cooperation for Development	N	$29,295
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Kor Sang / Rebuild	N	$74,760
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Kratie Women Welfare Association	N	$23,170

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Men's Health Cambodia	N	$35,000
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Nak Akphivath Sahakum	N	$39,060
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Partners in Compassion	N	$48,825
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Sacrifice Family and Orphans Child Development	N	$35,000
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Salvation Center Cambodia	N	$39,060
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Vision Fund Cambodia	N	$20,000
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Women Media Center	N	$10,000
7766.08	7766	Khmer HIV/AIDS NGO Alliance	U.S. Agency for International Development	GHCS (USAID)	Women Organization for Modern Economy and Nursing	N	$78,645
7942.08	7942	World Relief Corporation	U.S. Agency for International Development	GHCS (USAID)	Adventist Development & Relief Agency	N	$153,458

Table 3.3: Program Planning Table of Contents

MTCT - PMTCT

Program Area:	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT
Program Area Code:	01

Total Planned Funding for Program Area: $1,076,656

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Based on the outcome of an HIV/AIDS Consensus Workshop conducted in June 2007, Cambodia's HIV prevalence among the general population has fallen from a peak of 2.0% in 1998 to 0.9% in 2006. Proportionally, women are increasingly affected, having comprised 40.5% of HIV infections in 1998, 48.7% in 2003, and 52.1% in 2006. HIV prevalence among antenatal clinic (ANC) attendees, while down from 2.1% in 1998 to 1.1% in 2006, remains higher than the general population, and is higher in urban areas (1.4%) than in rural areas (1.1%). Of an estimated 402,000 deliveries in 2006, approximately 4,420 HIV-infected women gave birth, with estimated HIV transmission to 1,550 infants in the absence of a PMTCT program, (assuming a 35% transmission rate). In 2006, the national program tested an estimated 7.4% of pregnant women, detected 15% of the estimated HIV positive pregnant women, and provided ARV prophylaxis for 311 HIV infected women (7% of the total estimated to be infected) and 323 infants, averting 97 infections.

Pregnant women identified as being HIV infected are referred to the nearest OI/ART clinic for treatment or prophylaxis and encouraged to deliver at the nearest PMTCT maternity site. PMTCT services are available in 2 national hospitals, 35 of 69 referral hospitals, 20 of 109 former district hospitals, and 20 of 960 health centers, limiting access to PMTCT services for most of the population. PMTCT is offered at 50 maternity sites. Sixty-nine percent of women have at least one ANC visit but only 27% have 4+ visits; only 22% deliver in a health facility. In 2006, approximately 50% of identified HIV infected pregnant women delivered at a PMTCT site.

Current support for PMTCT is provided through the USG, UNICEF, and Global Fund (GF). UNICEF provides a complete package of services, including salary incentives and ARVs at 38 sites including 19 referral hospitals. USG provides primary support at 32 sites but relies on GF for salary incentives and ARVs.

In 2004 there were only 14 sites offering HIV testing and treatment to pregnant women, expanding to 24 sites in 2005, and by July 2007, to 77 sites in 40 of Cambodia's 69 operational districts (OD's) and all 24 provinces plus the cities of Phnom Penh and Pailin. To date, 768 health professionals have been trained in PMTCT. USG helped open 32 of the sites in 23 ODs in ten provinces plus Phnom Penh and Pailin. USG also supports a network of 16 private, non-government HIV testing sites, extending USG's coverage to two additional provinces and seven additional ODs, operated by a non-profit, local NGO. In FY 05, 184 HIV infected pregnant women received a full course of prophylaxis at a USG supported PMTCT site, 59% of the country's total (311) in calendar year 2006.

USG provided a PMTCT Advisor to the PMTCT Secretariat's office in 2005-2006 to build national capacity. Under USG guidance, the PMTCT regimen was changed from single dose Nevirapine (SD-NVP) to AZT or a HAART-based regimen with SD-NVP plus tail provided to both mother and infant. By 2007, all PMTCT sites were using WHO's revised prophylaxis protocol. Logistic changes were made at the National Maternal and Child Health Center (NMCHC), the largest ANC site in Cambodia, to eliminate long waits for HIV testing. USG written policy analysis resulted in adoption of Provider Initiated Testing and Counseling (PITC). Rapid tests are used, with same day results provided.

While there has been gradual improvement in coverage of PMTCT services, the rate of improvement is such that universal access will be years away unless significant adjustments are made in scale-up. To identify a roadmap to increase scale-up while maintaining or improving care, USG, in collaboration with UN agencies, sponsored an Inter-Agency Task Team (IATT) Review of Cambodia's PMTCT Program, conducted in Aug-Sep 2007. The review included a systematic evaluation by a team of global experts from UNICEF, WHO, USG, and World Bank, plus a group of in-country stakeholders, advisors, and members of the PMTCT Secretariat. Key strategies that could greatly accelerate scale-up, primarily by minimizing missed testing and treatment opportunities, were identified, and include:

1) Expand HIV testing to include ANC and maternity care sites;

2) Provide the mother-baby ARV pack to pregnant women should they deliver outside the PMTCT maternity center;
3) Include encoded information about HIV status in the ANC health books to ensure that ARVs are provided to every pregnant woman previously identified as being HIV infected;
4) Develop a time-bound scale-up plan that is tied to population based targets and that encourages innovation in approach tied to rigorous evaluation;
5) Improve data management to better monitor the program, including mechanisms to share data between programs to prevent loss of follow up between antenatal/maternity care and infant follow-up;
6) Address issues in the area of infant feeding.

The USG is well positioned to incorporate this roadmap and will work to transform these recommendations into policy, including the expansion of antenatal HIV screening to non PMTCT sites, to include ANC and maternity sites, and the provision of mother-baby ARV packs for delivery outside PMTCT maternity sites. USG will support a short term advisor to the PMTCT Secretariat to help develop the recommended scale-up strategy, as well as an expert to provide infant feeding consultation. The annual PMTCT workshop, which USG funds, will also be used to more clearly explain how to operationalize PITC to optimize its use in the field.

The recommendations of the IATT Review led to a revision of Ministry of Health (MOH) policy, which will now authorize HIV testing at non-PMTCT ANC and maternity sites. USG will initiate a new activity to introduce HIV screening of pregnant women at 81 health centers and all six of the PMTCT maternity sites in Banteay Meanchey, Pursat, and Battambang Provinces and Pailin City. This activity will result in an additional 18,000 pregnant women being HV tested, along with the identification of 200 HIV infected women who will receive ARV treatment/prophylaxis. This initiative, combined with efforts at the 32 USG supported on-going public sites and the 16 private clinics to improve linkages and minimize loss of follow-up, will result in 57,400 women receiving HIV counseling and testing, and 613 HIV infected women identified and treated, averting 184 infections. This will cover 14% of all HIV-infected pregnant women in Cambodia, 4.5 times the target set in the FY 07 COP, and almost twice the number of women who received full prophylaxis in the entire country in FY 06.

In addition to this new initiative, in FY 08, USG will continue to support 35 government PMTCT sites plus 17 NGO VCT/PMTCT sites. Strengthening PITC and linkages with the community and within the Continuum of Care (CoC) (see uploaded diagram) will lead to increased HIV testing rates. USG funded NGOs will utilize existing community volunteers and home based care (HBC) teams to increase ANC attendance and enable pregnant women to access PMTCT services. The capacity of PMTCT and HBC teams will be strengthened to enable follow-up with exposed infants and their mothers, as well as promoting polymerase chain reaction (PCR) testing for exposed infants, universal precautions, ANC, appropriate prophylaxis, and informed infant feeding options and well baby care, e.g. immunization. USG-funded maternal health, family planning and reproductive health programs will wrap-around PMTCT activities to ensure women have access to both needed information and services during pregnancy.

USG will also fund development of a database of HIV-exposed infants accessible both to the PMTCT program and the Pediatric HIV Service, which will serve as a tool linking antenatal and maternal care to pediatric AIDS care. This is described more fully in the HIV Services Program Narrative.

In FY 09, as a result of groundwork laid in FY 08, HIV testing will be incorporated into routine ANC and routine maternity care at selected sites, while in other USG supported ODs, referral linkages between health centers and PMTCT sites will be strengthened by promoting PITC, and stronger links to the community and within the CoC. These efforts are expected to contribute to a rapid increase in the number of pregnant women who are tested and treated for HIV, and the number of neonatal infections averted, consistent with the goals of the Royal Government of Cambodia.

Program Area Downstream Targets:

1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	35
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	49627
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	342
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	9135

Custom Targets:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	7727.08	**Mechanism:**	PRASIT
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	12195.08	**Planned Funds:**	$118,577

Activity System ID: 17456

Activity Narrative: In FY 08 FHI will continue to support activities in the area of PMTCT implemented in FY07. Namely, involvement at the national level through technical working groups (TWG) in the development of appropriate guidelines and policies; strengthening PMTCT services and improving linkages among PMTCT and other Continum of Care (CoC) and prevention services at the facility and community levels. FHI will support 8 PMTCT sites in Battambang, Kampong Cham and Pailin where the emphasis will be placed on strengthening quality of services, providing targeted capacity building to providers, assisting in using site level data for improving the program and strengthening linkages between PMTCT and different CoC and prevention components. The primary target groups that will be reached through program activities, will include pregnant women and their partners, health staff and providers, traditional birth attendants and CoC providers, including home care teams.

The first component of this activity will provide technical support at the national level to the National Center for HIV/AIDS, Dermatology and STDs (NCHADS), National Maternal and Child Health Center (NMCHC) and the Ministry of Health (MoH) in the revision of PMTCT guidelines, policies and procedures, and training curricula. FHI will support quarterly in-country regional counselor networks in Battambang, Pailin and Kampong Cham, which provide a forum for sharing of experiences, providing updated skills and knowledge, and discussing approaches for quality assurance and quality improvement (QA/QI). These fora will be used to provide training on new PMTCT algorithms, positive prevention and discordant couple counseling to PMTCT counselors as per the national guidance. FHI will support key stakeholders to integrate family planning and reproductive health education and services into PMTCT initiatives and vice versa.

The second component includes strengthening PMTCT services at the facility and community level, including strengthening linkages with other prevention and CoC components. Antenatal care (ANC) will be used as an entry point for pregnant women and their partners to access a range of services. To promote testing among pregnant women, breastfeeding women and postpartum women, health center staff will be trained in provider initiated testing and counseling (PITC). Regular monthly supervision using QA/QI tools will be undertaken by FHI PMTCT officers, as well as periodic joint operational districts (OD), provincial health departments (PHD), NMCHC and FHI supervision teams. All PMTCT services are integrated within a CoC framework that links PMTCT with other prevention, care and treatment services such as OI, ART, STI, palliative care and pediatric AIDS. To promote better follow up of infants born to HIV positive mothers, FHI will continue to provide technical assistance to 8 PMTCT sites, by promoting close linkages and collaboration between community workers and PMTCT health staff. Existing fora such as site coordination meetings and referral mechanisms will be used to discuss feedback and follow up. During PMTCT biweekly site meetings, representatives from the OI/ART team will join to discuss status and follow up of HIV positive pregnant women, or vice versa.

Training will also be provided to traditional birth attendants (TBAs) in collaboration with Reproductive and Child Health Alliance (RACHA), Catholic Relief Services (CRS) and Save the Children Australia (SCA) on PMTCT and universal precautions. PMTCT teams and home-based family care teams will be trained on using checklists to follow up on exposed infants and their mothers, as well as promoting polymerase chain reaction (PCR) testing for exposed infants at six weeks, universal precaution, ANC, appropriate prophylaxis and promoting informed safe infant feeding and immunization. To enable provision of all these services FHI works in close collaboration with the NMCHC, NCHADS provincial and operational district departments and NGOs such as RACHA and Save the Children.

In FY 08, 8 PMTCT services outlets will receive technical assistance for strengthening of PMTCT services; 3600 pregnant women will receive counseling, testing and test results; 30 HIV positive pregnant women will receive complete course of ARV prophylaxis; and 550 persons 490 of which will be traditional birth attendants, will receive training on PMTCT services.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Family Planning

* Malaria (PMI)

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	8	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	3,600	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	30	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	550	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

Discordant Couples

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	7909.08	**Mechanism:**	SCICH
Prime Partner:	CARE International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code:	MTCT	**Program Area Code:**	01
Activity ID:	11367.08	**Planned Funds:**	$65,000
Activity System ID:	17998		

Activity Narrative: This activity focuses on 3 main objectives in support of the program area strategy: to plan and implement expansion of the national PMTCT strategy, to generate demand and increase antenatal care (ANC) attendance through working with the exisiting community volunteer structure and health facilities, and to develop and implement training curricula for health care providers.

Building upon activities in 2007, CARE will continue to work with the rollout of the national PMTCT strategy covering 100% of Koh Kong province, which includes 135 villages, 13 health centers (HC) and 2 referral hospitals. This acivity will specifically address the emphasis areas of local organization/capacity building and gender.

CARE will facilitate the National Maternal and Child Health Center (NMCHC) PMTCT assessments by working with health care staff, in a mentoring and coaching role, providing technical support and training. Regular meetings of the health center staff will be supported (logistics and transport costs) to faciliate organizational learning across the facilities. CARE will continue to work with community volunteer structures to create demand for PMTCT services, particularly the Home Based Care (HBC) group, who will factor strongly in surveillance and monitoring of HIV positive mothers.

Using the platform of joint planning activities encouraged by CARE between the provincial health departments, operational districts and Commune Councils, PMTCT will be included in the annual operating plan of all administrative avenues funding health activities, ensuring ownership and shared responsibility across the structures.

CARE will continue to work with Pagodas, not only to provide spiritual support to HIV positive mothers, but also to provide transitional housing for mothers and children. CARE will also continue faciliatating communication channels between health facilities and Pagodas.

CARE will facilitate futher strengthening of the Continuum of Care (CoC) framework in Koh Kong, promoting further coverage and utilization of voluntary counseling and testing (VCT) and PMTCT services as sites both for delivery of prevention messages and counseling and also an entry point to a CoC incorporating prophylaxis/treatment for opportunistic infections (OIs), anti-retroviral therapy (ART), PLHA support groups named Friends Help Friends (Mondul Mith Chuoy Mith – MMM), and community and home-based care (CB/HBC).

To strengthen the quality of CoC services and referral practices between services, CARE will continue to work with NCHADS and provincial AIDS office (PAO) to strengthen the Provincial CoC Technical Support Team and operational district (OD) CoC coordination committees.

CARE will support staff training in PMTCT (midwives/doctors, counselors and laboratory staff) through provision of logistic and transport costs to meetings and training.

CARE will continue to advocate for inclusion of at least partial PMTCT (counseling, testing, or referral) in all HCs as a routine part of ANC through provider initiative testing and counseling (PITC). This will be achieved using a two pronged approach: though building on relationships already established with the Provincial authorities and Commune Councils and through participating in technical working groups (TWGs) at the national level to feed into national protocols and policies. If this is approved, as a new activity in 2008, CARE will conduct the necessary training of HC midwives where other donor support is not available. In the interim, CARE will work with the PMTCT sites and HCs to develop convenient and cost-effective means of referral of ANC clients for VCT.

CARE will enhance accessibility, quality and confidentiality of PMTCT services through mentoring and facilitative supervision to ensure that HCs offer PMTCT directly or through referral to all ANC clients, and that VCT sites provide family planning (FP) and PMTCT counseling to all HIV positive women. Particular attention will be given to ensuring that VCT sites have special facilities for pregnant women and that ANC sites are able to provide an appropriate room for confidential counseling. In addition community mobilization for PMTCT will continue using the trust already gained by working for years at the community level.

CARE will train 6 new PMTCT counselors to provide couples counseling and referral of male partners for VCT at ANC and delivery rooms. This training will be complemented by the community activities of the 'Couples in the Know' program, which uses peer education strategies to work with newlyweds in every village.

Community awareness of the importance of PMTCT services will continue to be promoted through information educaton and communication (IEC) material and referral by village volunteers and peer educators as well as by HBC teams in 135 villages.

All HBC teams (one per village) will receive refresher training to support pregnant women to adhere to their anti-retroviral (ARV) treatment or prophylaxis regimen. In locations where there is no equity fund (a support fund for the poor to access health services) in place, CARE will continue to support transportation costs for HIV positive women to deliver at referral hospitals with PMTCT and opportunistic infection/ anti retroviral treatment (OI/ART) services and follow up care for patners and children. In addition, all HBC teams will be trained to provide counseling on the feeding practice of the woman's choice with special emphasis on discouraging mixed feeding and ensuring that infants get regular check-ups with particular attention to growth monitoring and the incidence of diarrhea.

These organizational and capacity building activities will result in 6 newly trained midwives in the provision of PMTCT services in line with national guidelines and protocols, provide a complete course of ARV in a PMTCT setting to 30 pregnant women, provide VCT and follow up testing to 700 pregnant women and increase the number of service outlets providing the minimum package of PMTCT services by three.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11367

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11367	11367.07	U.S. Agency for International Development	CARE International	5761	5761.07	CARE	$80,233

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

* Family Planning

* Safe Motherhood

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	1,330	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	30	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	6	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 8013.08
Mechanism: USAID Personnel
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 18243.08
Planned Funds: $77,250
Activity System ID: 18243
Activity Narrative: Prevention Advisor, US PSC/international hire – salary, benefits (FICA, health insurance, life insurance, medivac), residence, residential utilities and security guards, local and international travel, home leave, educational allowance, and COLA
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 18199, 18244, 18201, 18203, 18245

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18244	18244.08	8013	8013.08	USAID Personnel	US Agency for International Development	$77,250
18245	18245.08	8013	8013.08	USAID Personnel	US Agency for International Development	$154,500

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7942.08
Mechanism: Good Health
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 11315.08
Planned Funds: $100,000
Activity System ID: 18178

Activity Narrative: In FY 08, World Relief will continue to implement the FY 07 activities, the Strengthening Capacity for Improved Community Health, Sokhapheap Phum Young: "Our Healthy Village" project (SPY) and its Mobilizing for Life (MFL) project. There are two components to these activities. The first component is to increase knowledge about PMTCT through education and training, and secondly to finance transportation to PMTCT and antenatal care (ANC) for pregnant women. The goal of these activities is to increase the number of pregnant women receiving VCT, this will lead to an increase in the number of HIV-positive pregnant women who receive a full course of anti-retroviral prophylaxis.

Training and education will emphasize the importance of pregnant women choosing VCT and their test results; the importance and benefits of a complete course of antiretroviral prophylaxis if needed; importance and benefits of getting ANC from a trained provider; how HIV can be transmitted from mother to child; services available if a pregnant women tests positive; and location of VCT services.

Education will be provided through a variety of channels to different population groups, mainly through training. In SPY, 30,045 persons will receive training in HIV including PMTCT topics. SPY has planned flexibility on topics covered and will select emphasis areas for FY 09 trainings based on needs identified in the FY 08 project mid-term survey. In MFL, the project expects to train 15,850 persons in PMTCT topics. Additional expecting mothers will be reached through interpersonal communication from trainees. Within SPY, an additional 348,925 people will be reached with information from those trained through monthly health education sessions, and in MFL, 136,000 people should be reached. SPY adapts and distributes IEC material in the form of leaflets, flip charts and other materials to its trainees. Another channel used is radio, SPY produces and airs one hour radio programs. Another channel used is folk media performances – each quarter SPY's male behavior change team stages performances (such as story telling and puppet shows) in all project villages incorporating education into the entertainment reaching most village residents.

With FY 07 USG funds, the SPY project has begun to develop a system for supporting transportation for pregnant women to access VCT (or PMTCT/ANC) services at Health Centers for whom distance and transportation costs are a barrier to VCT access. In FY 08, the project plans to continue to support this activity in order to reduce the barriers to pregnant women to receive VCT.

The key population groups reached in SPY include: 12,202 women health educators – 20 to 50 year old women volunteers selected by their communities, 1,993 male behavior change communication volunteers – 2 male leaders selected by their community, 183,030 heads of households, and community members specifically pregnant women. The population groups reached in MFL include 1,050 CREDIT microfinance group members – a cross section of the population and mostly women, 5,000 church leaders and members, 4,500 youth aged 11-18 and 5,300 village leaders and community members, specifically pregnant women.

The SPY project is centered on the utilization of the Care Group Model - a community-based, volunteer-driven, capacity-building health education model used successfully by World Relief in Kampong Cham Province since 1998, as well as other parts of the world. Every month, 12 women volunteers meet (forming a Care Group), where volunteers receive training on a health topic, information from their previous months' work is recorded, and management issues are worked out. Training numerous volunteers in each village provides a critical mass for community-wide change and the maintenance of changed behaviors.

Each month, the female volunteers conduct visits to 15 designated households and discuss the information learned at the training. The volunteers are provided with IEC material to assist in recalling the key points and as a guide in relaying information to the female heads of households (and others who care to join). After male volunteers receive training, they participate in and help conduct community mobilization for performances in their village by SPY staff every three months. The performances change medium each quarter (puppet show, story telling for example).

MFL activities are also focused on providing education to several audiences and the project expects to train a total of 13,600 people. These volunteers are expected to further disseminate (formally and informally) information to a total of 124,750 people. CREDIT microfinance group members, church leaders and members, youth 11-18 and village leaders and members all receive training on a biweekly basis (weekly for teens) on different aspects of HIV/AIDS topics from MFL staff and volunteers, and then trainees further spread the information to other persons in their family and community.

In addition to working with the Provincial Ministry of Health (MOH), World Relief works closely with Belgium Technical Cooperation (BTC) in Kampong Cham. BTC supports the MOH in improving service quality. In addition, World Relief will work closely with FHI who are the main coordinators of the Continuum of Care (CoC) in Kampong Cham, to ensure information disseminated is in line with CoC and service availability. Because MFL is also working in Phnom Penh and Kandal province, in addition to Kampong Cham province, all MFL activities are closely coordinated with the Provincial and District MOH in those provinces.

These activities contribute towards achieving the vision outlined in the USG HIV/AIDS 5 Year Strategy. Activities will contribute to increasing the numbers of people who receive VCT. As VCT is being rapidly scaled up in Cambodia, the projects work to increase awareness about, the demand for and thus utilization of VCT services that are getting closer and more accessible to more people. Activities also link to ANC by educating about the importance of pregnant women getting ANC from a trained provider, which should increase the number of pregnant women coming in contact with CoC, thus they are offered VCT (when available) or get referred to VCT from her ANC provider.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11315

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11315	11315.07	U.S. Agency for International Development	World Relief	5716	5716.07	Our Healthy Village	$45,071

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's access to income and productive resources

PHE/Targeted Evaluation

Wraparound Programs (Health-related)

* Child Survival Activities
* Family Planning
* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	7,896	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Religious Leaders

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7341.08

Mechanism: CDC_HQ_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 11162.08

Planned Funds: $55,500

Activity System ID: 18461

Activity Narrative: USG staff members provide direct technical support in this program area to the Ministry of Health and its National Centers, and to the Provincial Governments of Banteay Meanchey, Battambang, Pailin and Pursat. CDC collaborates with USAID and its partners to assist in the implementation of activities.

This funding is for the portion of the contract of the HIV Clinical Advisor dedicated to PMTCT. These activities will include providing supervision to the Program Development Officer with primary responsibility of introducing HIV screening services at 81 health centers in the provinces cited above, serving as liaison between USG and the National Center for HIV, AIDS, Dermatology and STDs (NCHADS) and the National Maternal Child Health Center (NMCHC). The USG HIV clinical advisor will facilitate lessons learned from the roll out of increasing access to testing for pregnant women, providing consultation to USG implementing agencies upon request as they plan their support for PMTCT activities, and to continue to serve on the PMTCT Technical Working Group as it implements recommendations made by the Joint Review of the PMTCT Program conducted in 9/07 as a collaboration between USG, UNICEF, WHO, the World Bank, the Royal Government of Cambodia, and local stakeholders.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11162

Related Activity: 17998, 17456, 18188, 18467, 18466

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25686	11162.25686.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9694	9694.09	CDC_HQ_Base	$37,481
11162	11162.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$114,244

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17998	11367.08	7909	7909.08	SCICH	CARE International	$65,000
17456	12195.08	7727	7727.08	PRASIT	Family Health International	$118,577
18466	11163.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$84,391
18467	11302.08	7344	7344.08	NCHADS CoAg GHAI	National Center for HIV/AIDS Dermatology and STDs	$68,688

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7342.08
Mechanism: CDC_Post_Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention of Mother-to-Child Transmission (PMTCT)
Budget Code: MTCT
Program Area Code: 01
Activity ID: 11163.08
Planned Funds: $84,391
Activity System ID: 18466

Activity Narrative: The USG will continue to provide direct technical support in this program area to the Ministry of Health and its National Centers, and to the Provincial Governments of Banteay Meanchey, Battambang, Pailin and Pursat. The USG and its partners will collaborate to assist in the implementation of activities.

This funding is for the portion of the salaries of the Deputy Director and Program Development Specialist dedicated to PMTCT. The Deputy Director will be a liaison between NCHADS and NMCHC on budgeting, planning, and reporting and provide overall coordination to the national PMTCT program manager and the three provincial and one municipal AIDS directors. He will also participate in the PMTCT Technical Working Group, working closely with HIV Clinical Advisor and USG partners to implement recommendations made by Joint Review of the country's PMTCT Program. The Program Development Officer will directly implement with USG partners on the introducing of HIV screening services at half the health centers in the area indicated above, and the existing three PMTCT sites in Bantey Mean Cheay province under the managerial and technical guidance of the Deputy Director and the HIV Clinical Advisor.

In addition, $13,000 in post-held travel funds are budgeted for international and field travel.

Finally, a recent evaluation of the national PMTCT program has resulted in the opportunity of performing HIV screening tests at antenatal clinics. Funds are budgeted for HIV test kits to implement this activity in the Provinces of Banteay Meanchey, Battambang, Pailin and Pursat.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11163
Related Activity: 18461, 18467

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25695	11163.25695.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9695	9695.09	CDC_Post_Base	$68,445
11163	11163.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5746	5746.07	CDC_Post_Base	$33,606

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18461	11162.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$55,500
18467	11302.08	7344	7344.08	NCHADS CoAg GHAI	National Center for HIV/AIDS Dermatology and STDs	$68,688

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	N/A	True
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	N/A	True
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	N/A	True
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	N/A	True

Target Populations

Other

Pregnant women

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 7344.08

Mechanism: NCHADS CoAg GHAI

Prime Partner: National Center for HIV/AIDS Dermatology and STDs

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention of Mother-to-Child Transmission (PMTCT)

Budget Code: MTCT

Program Area Code: 01

Activity ID: 11302.08 **Planned Funds:** $68,688

Activity System ID: 18467

Activity Narrative: Despite the scale-up of PMTCT sites to 77 centers with coverage including every province and 40 of Cambodia's 69 operational districts (OD), less than 10% of Cambodia's pregnant women are getting tested for HIV. The result is that most pregnant HIV positive women are unaware of their HIV status and thus miss the opportunity to receive ARV and to prevent transmission to their child. Attempts to refer pregnant women to HIV testing sites some distance away have had mixed but generally disappointing results. Recently the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) eased its restriction on HIV testing outside a VCT center for pregnant women. The Royal Government of Cambodia (RGC) will now allow pregnant women to undergo HIV screening at an antenatal care (ANC) site performed by a midwife or other health professional. Women testing positive shall require confirmatory testing and appropriate post-test counseling at the nearest VCT. The change in testing strategy greatly increases access to HIV testing as at ANC centers where testing is available on site, there has been wide acceptance of testing.

In an effort to rapidly scale up PMTCT testing in FY 08, NCHADS with support from the USG will provide HIV-screening on site at 81 health centers in Battambang, Banteay Meanchey and Pursat Provinces and Pailin City. NCHADS will also provide screening on-site at the seven PMTCT maternity sites in the above four provinces to ensure that women with unknown HIV status presenting in labor have the opportunity to receive effective prophylaxis. Cooperative agreement funds will cover training, supervision, and monitoring and evaluation.

NCHADS, with support from the USG, will work with Provincial Health Departments' Maternal Child Health coordinators and PMTCT supervisors to train staff in counseling and testing, utilizing training tools developed by the USG. The USG will also collaborate with the National Maternal and Child Health Center (NMCHC) and NCHADS to institute logistical and management procedures that will need to be in place in order to replicate this model of scale-up in other provinces. NCHADS will also work with its partners in promoting health messages in the region to build acceptance of the need for testing during pregnancy. This should increase ANC participation and will also serve to heighten public awareness of the risk of HIV to married women.

This undertaking is consistent with the USG 5-Year Strategy, which states that rapid expansion of PMTCT services remains as an integral part of the USG Cambodia strategy.

NCHADS will provide feedback to the Secretaries of State for Health regarding the outcome of this project and will utilize the annual PMTCT workshop, which it will continue to sponsor, to highlight this activity.

NCHADS will use FY 08 cooperative agreement funds to:
- Conduct annual PMTCT workshop in 2008;
- Participation of two PMTCT secretariat staff in one regional conference;
- Costs for provincial and OD PMTCT supervisor from each of four provinces to participate in quarterly meeting with ANC staff of USG supported health centers to discuss HIV testing and counseling procedures, record keeping, and referrals of positives;
- Transportation expenses to VCT for;
    1. women who screen positive for HIV at an ANC site in Battambang, Pursat or Battambang Province or Pailin City, where NCHADS is supporting on-site HIV screening and partner funds are not available; and
    2. impoverished women who are referred from an ANC site in Battambang, Pursat, or Banteay Meanchey Province, or Pailin City, that does not offer on-site HIV screening.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11302

Related Activity: 17998, 17456, 18188, 18461, 18466

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25906	11302.25906.09	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	9700	9700.09	NCHADS CoAg GHCS	$207,000
11302	11302.07	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	5755	5755.07	NCHADS CoAg GHAI	$80,800

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17998	11367.08	7909	7909.08	SCICH	CARE International	$65,000
17456	12195.08	7727	7727.08	PRASIT	Family Health International	$118,577
18461	11162.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$55,500
18466	11163.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$84,391

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
1.1 Number of service outlets providing the minimum package of PMTCT services according to national and international standards	3	False
1.2 Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	9,000	False
1.3 Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	60	False
1.4 Number of health workers trained in the provision of PMTCT services according to national and international standards	118	False

Target Populations

Other

Pregnant women

HVAB - Abstinence/Be Faithful

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Total Planned Funding for Program Area: $639,500

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Cambodia has a concentrated epidemic with a prevalence of 0.9%. Data is from a recent Consensus Workshop using the 2005 Cambodian Demographic and Health Survey (DHS), HIV Sentinel Surveillance (HSS), data from the National Institute of Statistics, Behavioral Surveillance Survey (BSS), Integrated Biological and Behavioral Survey (IBBS) and medical literature.

Cambodia's epidemic continues to be driven by commercial sex. An estimated one-third of female sex workers work within brothels and two-thirds primarily work as beer promotion women, karaoke workers, casino and restaurant staff, and masseuses. Limited data also show high risk behaviors and associated high levels of HIV infection among MSM and drug users/injecting drug users. Among the estimated 5,000 sex workers in brothels, the median age is 22, half are divorced, half have had no schooling, median duration on the job is 14 months, each has 60-80 clients per month, half have 'sweethearts', 28% have aborted in the past 6 months, 31% still sell sex during menstruation, and 70% used STI services at last episode of STI. Among the estimated 10,000 indirect sex workers, HIV prevalence is 12%, each has 1-2 partners per month, condom use with clients is about 80%, condom use with 'sweethearts' is 40-60%, and only about 30% use clinics for STI treatment. High risk populations, including clients of sex workers, have multiple overlapping risk factors and serve as bridge populations to the general population. Recent data from a targeted survey among karaoke women with sweethearts reported that 83% have tried drugs, 7% have injected drugs and 20% have more than one sweetheart. Condom use among both clients and sex workers was reported to be over 95%, but within the same population, condom use with 'sweethearts' was only 50% according to the HSS and BSS. There is no clear definition of a 'sweetheart' so this can range from a similar age boy/girl friend relationship to a long-term client or 'Ta' (grandfather or sugar daddy) who does not specifically pay for sex but provides gifts and money; women and men may have multiple trusted 'sweethearts'. MSM populations report that 41% have sex with women, 25% have unprotected sex with women, 15% have unprotected sex with female sex workers, 19% had multiple male sexual partners in the past week, 52% had unprotected sex with men, and 46% sold sex to men.

As reported in the 2005 Cambodia DHS, age of sexual debut and the age of first marriage are essentially the same at 20 years for females and 22 years for males; these statistics have remained stable between 2000 and 2005. The DHS also reported that among never married 15-19 year old females over 99% have never had sex nor have 96% of males in this same age group. Among never married males aged 20-24 years, 73% have never had sex, and over 99% of females in this age group have never had sex. Women aged 25-29 have the highest female prevalence rate, at 1.3 %. Men over age 30 have the highest male HIV prevalence rates at 1.2% for 30-34 year olds and 1.3% for ages 35-39 and 45-49.

Challenges are centered around the low status of women which prevents them from speaking with their partners about sex outside of marriage or use of condoms and their own protection from HIV/STIs. Although sex outside of marriage appears to be common practice among males, the 2005 DHS reports that 89% of women ages 15-49 do not think it is acceptable for a man to have extramarital sex. Thus, there is a need to change male attitudes and behaviors within marriage and towards women in general, this needs to begin prior to males becoming sexually active. Other challenges persist around seasonal work and migration as it affects the availability of community members to participate in activities and the program's ability to provide follow-up services.

In FY 07, USG supported AB programs in 7 priority provinces and municipalities. The program provided age-appropriate life skills training (gender relations and sensitization, negotiation skills, and sexual/reproductive decision-making) that equipped them with the knowledge, confidence and skills to remain abstinent and delay sexual debut for youth and OVCs under 18. Fidelity and partner reduction promotion are critical components of interventions that target out of school and sexually active youth, factory workers, migrant populations, and individuals in stable relationships.

AB activities in FY 08 will be implemented by 5 prime partners, including indigenous NGO and INGOs directly, and through multiple indigenous FBO (Buddhist, Christian and Muslim) and CBOs/NGOs. Religious and community leaders play an important role in promoting abstinence and faithfulness through community outreach sessions. AB messages are also integrated into the Continuum of Care (CoC, see uploaded diagram) setting, particularly with regards to testing and counseling, PMTCT, and palliative care.

USG collaborates with the Global Fund (GF), UNFPA (funded by the European Commission) and DFID on youth programs in Cambodia. The GF supported peer education programs to the military and the police, garment factory workers and youth in Round 1; decreasing high risk behaviors among young people ages 12-25; and a comprehensive premarital program in Round 2; and HIV prevention among the general population in stable relationships in Round 5. UNFPA supports outreach programs to youth in schools and youth friendly drop-in centers. DFID supports the Ministry of Education, Youth and Sport for HIV/AIDS prevention in schools. Many USG partners also receive USAID reproductive health/family planning (RH/FP) funds which wraparound HIV/AIDS programming, these same partners also receive GF support which enables them to expand coverage of integrated HIV/AIDS-RH/FP activities. USG staff and implementing partners are active on government-donor working groups and

are members of the GF CCM and CCM-sub-committee.

USG also collaborates with the Ministry of Education, Youth and Sport. Through USAID's Education Program a revised National Basic Education Curriculum has been developed which includes HIV/AIDS as a health topic; pre-service training on this curriculum is also provided to future teachers. Under the leadership of the School Health Department, HIV/AIDS will be included throughout the Education reform program, and is considered a priority target for the European Commission's Catalytic Funding under the Education for All Fast Track Initiative.

USG activities focus on delay of sexual debut, secondary abstinence, being faithful and partner reduction. Target populations include sexually active youth (both in and out of school), migrant workers, factory workers, newly married couples, and clients of sex workers. Activities address the broader social context in which AB interventions fit, such as gender relations and safe migration. Prevention messages are often paired with anti-stigma messages, the importance of VCT, and the availability of care and treatment services. Key interventions include:

- The development of a Life Skills curricula and training for youth covering AB, reproductive health, communication skills, gender relationships and drug/alcohol abuse
- Training and support of youth to provide peer and group education; parents in adolescent development and parent-child communication; and couples to improve communication skills around AB
- Delivery of prevention messages through special events in communities, health facilities, STI and VCT clinics and during home visits by home based care teams
- Training community structures (i.e. Village Health Workers, Home Care Teams, farmer group leaders) and using participatory approaches to engage target populations living in rural areas to address issues such as unequal gender roles, male behavior, migration which fuels the spread of HIV, and in how to carry out HIV prevention activities focusing on AB and how to reach key target groups in the program area.
- Technical support to develop targeted and culturally-appropriate communications messages, materials and strategies that respond to the A and B needs of different beneficiaries. AB primary prevention messages focused on both delaying sexual debut until marriage and being faithful to one uninfected partner feature in OVC programming and community-based education for TB/HIV prevention.
- Linkages with condom and other prevention activities, particularly the need to change male attitudes and behaviors towards women. Ongoing studies are being conducted to identify the circumstances around which men procure sex, either within brothels or other venues, in order to develop activities targeted toward men, the clients. Activities will also work with young men in an effort to reach them before they initiate sex or establish high-risk behavior patterns.
- Linkages with clinical services such as VCT, FP, STI and premarital counseling.

USG programs strengthen both the technical and managerial capacity of NGOs, including C/FBOs. Long term sustainability is dependant on continued donor funding and efforts to increase funding from the Royal Government of Cambodia, which currently provides only about 3% of Cambodia's HIV/AIDS budget. Reductions in funding by donors, including USG, DFID and KfW, in the near future, threaten the sustainability of our investments and successes.

Program Area Downstream Targets:

2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	223007
*** 2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	26014
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	25626

Custom Targets:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	8013.08	**Mechanism:**	USAID Personnel
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Abstinence and Be Faithful Programs
Budget Code:	HVAB	**Program Area Code:**	02
Activity ID:	18244.08	**Planned Funds:**	$77,250
Activity System ID:	18244		
Activity Narrative:	Prevention Advisor, US PSC/international hire – salary, benefits (FICA, health insurance, life insurance, medivac), residence, residential utilities and security guards, local and international travel, home leave, educational allowance, and COLA		

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 18199, 18243, 18201, 18203, 18245

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18243	18243.08	8013	8013.08	USAID Personnel	US Agency for International Development	$77,250
18245	18245.08	8013	8013.08	USAID Personnel	US Agency for International Development	$154,500

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	N/A	True
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	N/A	True

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7766.08

Mechanism: CSHAC

Prime Partner: Khmer HIV/AIDS NGO Alliance

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 11384.08

Planned Funds: $180,000

Activity System ID: 17932

Activity Narrative: In FY 08 KHANA will continue FY 07 activities in promoting abstinence and be faithful (AB) messages as central approaches to its HIV prevention program. Under this program area, activities will target groups with specific AB messages that emphasize key areas such as addressing male norms and behaviors, reducing violence and coercion, and building gender equity. This activity will also include human and local organization capacity building, with in-service training, and mentoring and monitoring to raise the capacity of our partners and beneficiaries. Strategic information, in the form of project monitoring data, case studies, best practices and lessons learned is collected regularly. In FY 08, KHANA wil ensure that a targeted evaluation of this and other program areas is performed.

The activity will be carried out through focused prevention and integrated care and prevention programs. The target population includes children from 10 years old, unmarried young people between the ages of 15 and 25, including OVC (in and out of school) and youth in the community. This activity will also be aimed at married couples and PLHA (married and unmarried).

The target audiences are reached through peer outreach, group discussions, one-on-one counseling and information materials, each specifically tailored to respond to the needs of the population. This activity will include workshops to reinforce an understanding of the A and B approaches, messages, related lifeskills, and interventions. As a result, the sub-partners are able to assess which intervention is most appropriate for each audience, the most effective approaches to reach each population, and which messages have the greatest impact.

The first component of this activity will focus on OVC and community youth from the age of 10 upwards. KHANA will use a variety of activities, such as role plays, youth forums, events, outreach and group discussions, to focus on providing essential information (e.g. on reproductive anatomy, sexuality, gender and HIV, reproductive and sexual health) and provide them with the life skills and sense of responsibility to make decisions. They will also refer youth who are already sexually active to relevant services.

KHANA will refine existing approaches for working with youth and ensure that NGOs have the required capacity to respond to the specific needs of youth in their target areas. Activities to reach youth will be conducted by trained peer educators through both outreach and facilitated discussion groups. All sub partners supported to carry out these activities have experience in reaching communities and have existing links to OVC and community youth through current prevention or care and support efforts.

The second component of this activity focuses on married couples, including couples where one or both individuals are HIV positive or whose HIV status is unknown. Through a variety of interventions, KHANA will focus on the importance of counseling and testing, fidelity, the role of religion, culture and society in sexual relationships, the implications, and possible results of infidelity, gender and responsibility (such as the responsibilities held by husbands and fathers and those held by wives and mothers), family planning, and domestic violence. Women, in particular, will be given a greater understanding of their rights regarding their bodies, decisions over sexual activity, and expectations of their husbands or partners' sexual behavior. In addition, there will be emphasis on laws recently passed in Cambodia, on HIV/AIDS, domestic violence, and adultery.

IEC will be modified and distributed that best serves the activities and the target groups listed above. KHANA will work with other agencies, including USG partners, to share and modify IEC and behavior change communication (BCC) materials and interventions that best deliver the A and B messages.

In FY 08, KHANA will repeat a workshop held in FY 07 on A, B, and C prevention approaches. This workshop will include an examination of the methods used in the field, what has worked and what hasn't, what modifications are required, and what revisions to the curriculum should be made. Training in A and B interventions in terms of audience identification, appropriate messages, and methods of education will be conducted to all relevant KHANA partners. These partners will then train their staff, home care teams, peer educators, and volunteers in effective community-based messages and interventions.

Sub partners will receive regular support from KHANA in terms of workshop follow-up, technical support visits, and training to ensure that their A and B activities are effective, inclusive of the target groups, and efficiently monitored.

The results of these activities and the monitoring data they generate will be used to inform government programs and other agencies operating HIV prevention activities (including USG partners) through lessons learned forums, evaluations, and technical working groups.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	27,600	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	N/A	True
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	1,440	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 7942.08

Mechanism: Good Health

Prime Partner: World Relief Corporation

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Abstinence and Be Faithful Programs

Budget Code: HVAB

Program Area Code: 02

Activity ID: 11316.08

Planned Funds: $125,000

Activity System ID: 18082

Activity Narrative: In FY 08, through the Strengthening Capacity for Improved Community Health, Sokhapheap Phum Young: "Our Healthy Village" project (SPY) and through its Mobilizing for Life (MFL) project, World Relief expects to achieve the following targets: 27,795 persons will receive training in HIV that will include AB information; 141,784 persons will be reached with AB information; and 32,543 persons will be reached with Abstinence only information.

Training and education will emphasize the following: the importance of abstinence, secondary abstinence, partner reduction and faithfulness, increasing knowledge about how A and B reduce HIV risk, the benefits of practicing A and B and skills, and how to practice A and B.

Education will be provided through a variety of channels to different population groups. The main channel is through training. In SPY, 30,045 persons will receive training in AB messaging. In MFL, the project expects to train a total of 13,600 persons in AB and another 2,250 trained in A only. Within SPY, an additional 17,034 people will be reached with AB information from those trained, 21,293 people reached with A only information from those trained, and in MFL, 124,750 people should be reached with AB information and 11,250 reached with A only information. SPY adapts and distributes IEC material including leaflets and flip charts as references and to assist in educating others. Another channel used is radio, SPY produces and airs one hour radio programs once per week on all project topics, including AB, which reaches SPY's geographical focus areas. Another channel used is folk media performances – each quarter SPY's male behavior change team stages performances (such as story telling and puppet shows) in all project villages incorporating education into the entertainment, reaching most village residents.

The key population groups reached through SPY include: 12,202 women health educators – 20 to 50 year old women volunteers selected by their communities, 1,993 male behavior change communication volunteers – 2 male leaders selected by their community, 183,030 heads of households, 17,034 14-18 year old youth and 21,293 under 14 year old youth and general community members. The population groups reached in MFL include 1,050 CREDIT microfinance group members – a cross section of the population including women, 5,000 church leaders and members, 4,500 youth aged 11-18 and 5,300 village leaders and community members.

The SPY project is centered around the Care Group Model - a community-based, volunteer-driven, capacity -building health education model used successfully by World Relief in Kampong Cham Province since 1998, as well as other parts of the world. Every month, 12 women volunteers meet (forming a Care Group), where volunteers receive training on a health topic, information from their previous months' work is recorded, and management issues are worked out. Training numerous volunteers in each village provides a critical mass for community-wide change and the maintenance of changed behaviors. The female volunteers are each responsible for visiting 15 designated households to discuss the information learned at the training. The female volunteers are provided with IEC material to assist in relaying those key points to the female heads of households (and others who care to join). After male volunteers receive training, they participate in and help conduct community mobilization for performances in their village by SPY staff every three months. The performances change medium each quarter (puppet show, story telling for example). Radio programming will also be aired focused on HIV topics throughout the project.

Within SPY, it is expected that these trainings will result in 21,293 youth under 14 years reached with abstinence only information, and 17,034 youth aged 14-18 reached with abstinence and faithfulness information through interpersonal communication from trainees and other communication channels. In the MFL project, World Relief will support 600 churches to institutionalize HIV education efforts, which will include training 5,000 church leaders and members in AB outreach, train 2,250 youth in abstinence only, and reach 124,750 with AB outreach and 11,250 with A only outreach.

MFL activities are also focused on providing education to several audiences and the project expects to reach a total of 124,750 persons in AB topics during the fiscal year. CREDIT microfinance group members, church leaders and members, youth 11-18 and village leaders and members all receive training on a biweekly basis (weekly for teens) on different aspects of HIV and related topics. A and B are topics that are regularly covered.

In addition to working with the Provincial Ministry of Health (MOH), World Relief works closely with Belgium Technical Cooperation (BTC) in Kampong Cham. BTC supports the MOH in improving service quality including the MoH's involvement with VHSG. In addition, World Relief will work closely with FHI who are the main coordinators of the Continuum of Care (CoC) in Kampong Cham, to ensure information disseminated is in line with CoC and service availability.

Since MFL is also working in Phnom Penh and Kandal province, in addition to Kampong Cham province, all MFL activities are closely coordinated with the Provincial and District MOH in those provinces.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11316

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11316	11316.07	U.S. Agency for International Development	World Relief	5716	5716.07	Our Healthy Village	$220,143

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's access to income and productive resources

PHE/Targeted Evaluation

Wraparound Programs (Health-related)

* Child Survival Activities
* Family Planning
* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
2.1 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence and/or being faithful	57,792	False
2.1.A Number of individuals reached through community outreach that promotes HIV/AIDS prevention through abstinence (a subset of total reached with AB)	21,514	False
2.2 Number of individuals trained to promote HIV/AIDS prevention programs through abstinence and/or being faithful	19,928	False

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Religious Leaders

HVOP - Condoms and Other Prevention

Program Area:	Condoms and Other Prevention Activities
Budget Code:	HVOP
Program Area Code:	05

Total Planned Funding for Program Area: $5,486,790

Amount of total Other Prevention funding which is used to work with IDUs	$130,000
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Cambodia has a concentrated epidemic with a prevalence of 0.9%. Data are from a recent Consensus Workshop using the 2005 Cambodian Demographic and Health Survey (DHS), HIV Sentinel Surveillance (HSS), data from the National Institute of Statistics, Behavioral Surveillance Survey (BSS), Integrated Biological and Behavioral Survey (IBBS), and medical literature.

The HIV/AIDS epidemic is driven by commercial sex. Though prevalence continues to decline, groups that engage in high-risk behaviors threaten Cambodia's progress in fighting HIV/AIDS. To staunch the transmission of HIV at its source, focused prevention activities target most at risk populations (MARPs), including 'sweethearts' who range from a similar age boy/girlfriend relationship to a long-term client or 'Ta' (grandfather/sugar daddy) who may not specifically pay for sex but provides gifts and money.

HIV prevalence among brothel-based female sex worker (FSW) has declined from a peak of 45.8% in 1998 to 21.4% in 2003. Preliminary results from the HSS 2006 show a continued decline, through prevalence remains >10%. HIV prevalence among non-brothel-based FSW was 19.3% in 1999 and 11.7% in 2003. Though brothel based FSWs report increased condom use with clients (up to 96%), they fail to use condoms with casual partners (66% sometimes/never) and sweethearts (75% sometimes/never). An estimated 1/3 of FSW are brothel-based and 2/3 are indirect as they primarily work as beer promoters, karaoke workers, casino and restaurant staff, and masseuses. The median age of direct FSW is 22, about 50% are divorced, and have had no schooling, each has 60-80 clients per month earning US$1.25-2.50/client, half of which goes to the owner (many earn even less), half have sweethearts and 70% used STI services at last episode of STI. Indirect FSW earn US$20-30/night on top of their salary, HIV prevalence is 12%, each has 1-2 partners per month, condom use with clients is about 80%, condom use with sweethearts is 40-60%, and only about 30% use clinics for STI treatment. Recent data from a targeted survey among karaoke women with sweethearts reported that 83% have tried drugs, 7% have injected drugs, and 20% have more than one sweetheart.

Among sentinel groups in the 2003 BSS, first sexual intercourse was between ages 21 and 23 years, which was comparable to recent 2005 DHS data. Of this group, 59-80% reported ever having sex with a SW; 99% in brothels, but also with karaoke girls and beer promoters. About half had concurrent sexual partnerships with sweethearts and 49-65% were currently married. Recent data from a targeted survey among sexually active men with sweethearts reported that 18% were married, 16% had more than one sweetheart, 85% had a commercial partner in the past 12 months, and 16% reported having ever tried drugs, with <1% reporting ever injecting drugs.

The 2005 STI Survey indicated 70% of men who have sex with men (MSM) had multiple male partners, 19% had multiple male partners in the past week, 15% bought sex from men, 46% sold sex to men, 52% had unprotected sex with men, 41% have sex with women, 25% have unprotected sex with women, 15% have unprotected sex with FSW, 10% had sex with female sweethearts, and 5% sold sex to women. STI prevalence ranged from 7.4-9.7%. MSM are a diverse population, many of whom do not self-identify as MSM so they can be difficult to reach. MSM serve as bridge populations to sweethearts/wives.

Small drug use surveys in urban areas indicate an alarming increase in drug users/injection drug users (DU/IDU). In 2004, 6% of non-injecting street children/youth who accepted counseling and testing were HIV+, while 31% of injectors tested positive. A 2003 survey in a USG focus province showed 25% of direct FSW, 11% of military, 7% of male casino workers, and 7% of indirect SW used methamphetamines. Data from 2004 in Phnom Penh and Poipet reported IDUs engaged in high-risk behavior, selling blood to buy drugs, group sex (M/F), multiple partners, and transactional sex. Males reported sex with men and women, and FSW. 40% of participants reported not always/never using condoms. Amphetamine-type stimulants (ATS) are the most popular drugs with inhalants a major problem among street youth. Heroin is inexpensive, very pure, and widely available. There are eight "rehabilitation" centers (boot camps with limited capacity). Substitution therapy is expected to be legalized in calendar year 2008.

In 2007, USG prevention activities targeting high-risk groups reached PLHA, FSW (brothel and non-brothel based), motor-taxi drivers, casino workers, uniformed services, mobile populations, high-risk married couples, and youth. FSW were reached with HIV/AIDS prevention education activities through outreach and peer education at entertainment establishments, FSW's homes, and in drop-in centers. FSW were linked with health services. Capacity building for outreach workers working with MSM was conducted using targeted information, education, and communication (IEC) materials that promote the use of STI and VCT services.

In FY 08, USG activities will build on prior investments in targeting MARPs as strong prevention programs have been critical to the success of Cambodia's 100% condom use program (CUP). USG works with key stakeholders to identify MARPs, assess relative risk among these groups, and understand disease transmission through strategic information efforts. Targeted behavior change interventions to reduce STI/HIV/AIDS risks and vulnerabilities of MARPs include community outreach and venue-based ABC communications; behavior change, condom and lubricant promotion through social marketing; and increasing access and uptake of essential services, such as VCT, STI, and HIV/AIDS care and treatment.

Peer, outreach, and community-based education ensure the adoption and continued application of risk reduction/elimination around sex and drug-taking behaviors. Outreach/peer education is being refined to better reach MARPs in their environments, e.g. beer gardens and factories, and to strengthen outreach as a means of identification, service provision, and referrals. Education activities/messages seek to increase demand for appropriate sexual health services, reduce stigma associated with their use, and change male behavior regarding multiple sexual partners and low condom use with SWs and sweethearts. USG programs develop targeted behavioral communications messages and materials relevant for diverse MARPs. National health networks, composed of sex workers or MSM, give voice to marginalized populations to advocate for better health.

Cross-border activities targeting Vietnamese customers and casino workers will be expanded as casinos continue to grow along the Cambodia-Vietnam border. There are currently seven casinos along the border with approximately 4,000 staff. Joint activities will be implemented in collaboration with PEPFAR Vietnam and include prevention, peer outreach and education, and health services for STI/HIV/AIDS.

Studies are currently being conducted to identify the circumstances around which men procure sex, either within brothels or other venues, to develop activities that better target the clients of FSW. These data will be linked to ongoing discussions with breweries in an effort to gain access to beer gardens, karaoke bars, and other venues where men drink and seek sex, but the owners do not want to be seen as 'sex establishments.' Breweries have access to these venues through their products and promotional materials, and are increasingly aware of their responsibility to encourage responsible behaviors around drinking and attitudes toward women.

USG provides capacity building, technical, and other assistance to implementing partners and stakeholders to ensure the relevance and long-term sustainability of HIV prevention initiatives. Capacity within military and police is being strengthened to enable the Ministries of National Defense and Interior to assume full ownership of HIV prevention initiatives. SW and MSM network organizations are being strengthened programmatically and managerially to enable them to manage and implement HIV programs.

Challenges are centered around the low status of women and their limited education and employment opportunities. 'Good' garment factory jobs pay ~$60/month – an IFSW can earn this in 2-3 nights. Attitudes among men about and their behavior towards women need to change, and need to begin at the highest levels of government. Access to venue's where men target women for sex – beer gardens, casinos, karaoke bars – is difficult as owners do not want their establishment to be seen as selling sex. An additional barrier is police harassment of owners who visibly promote condom use or sell condoms.

USG collaborates with the National AIDS Authority, National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases, National Authority for Combating Drugs, the UN family, and other donors. USG participates on multiple prevention technical working groups and donor forums to strengthen collaboration/programming, including chairing the Development Partners Forum for HIV/AIDS. USG community based activities leverage and complement Global Fund (GF) support in prevention, care, and treatment to facility-based services. USG staff and partners assist in the development of GF proposals. KfW and GF also procure condoms for HIV prevention and birth spacing.

Program Area Downstream Targets:

5.1 Number of targeted condom service outlets	8806
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	688148
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	18399

Custom Targets:

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7942.08
Mechanism: Good Health
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 11317.08
Planned Funds: $165,000
Activity System ID: 18083

Activity Narrative: For condoms and other prevention (OP) activities, World Relief will undertake education and training activities that increase knowledge about HIV prevention and awareness of high risk behaviors, through the Strengthening Capacity for Improved Community Health, Sokhapheap Phum Young: “Our Healthy Village” project (SPY) and through its Mobilizing for Life (MFL) project.

In FY 08, WR will emphasize the following: the role and benefits of condom use in HIV prevention, the dangers of other high risk behaviors such as injecting drug use and commercial sex, the benefit of STI diagnosis and treatment for HIV prevention, promotion of condom use as a family planning method to help make it more acceptable for regular use among married couples, the dual benefit of protecting against disease transmission, and general knowledge about STI and HIV transmission and prevention.

Education will be provided through a variety of channels to different population groups, however the main channel will be through training. SPY adapts and distributes IEC material including leaflets, as well as flip charts to its trainees as a reference and to assist in educating others. Another channel used is radio; SPY produces and airs one hour radio programs once per week on project topics, which include VCT, and reaches SPY’s geographical focus areas. Another channel used is folk media performances – each quarter SPY’s male behavior change team stages performances (such as story telling and puppet shows) incorporating education into entertainment and reaching most village residents.

The key population groups reached in SPY include: women health educators – 20 to 50 year old women volunteers selected by their communities, male behavior change communication volunteers – 2 male leaders selected by their community, heads of households, and community members (specifically male and female adults.) The population groups reached in MFL include CREDIT microfinance group members – a cross section of the population and mostly women, church leaders and members, youth aged 11-18, and village leaders and community members.

The targets will be reached as follows: the SPY project is centered on the utilization of the Care Group Model - a community-based, volunteer-driven, capacity-building health education model used successfully by World Relief in Kampong Cham Province since 1998, as well as other parts of the world. Every month, 12 women volunteers meet (forming a Care Group), and receive training on a health topic, information from their previous months’ work is recorded, and management issues are worked out. Training numerous volunteers in each village provides a critical mass for community-wide exchange and the maintenance of changed behaviors.

MFL activities are also focused on providing education to several audiences during the fiscal year. These persons are expected to further disseminate (formally and informally) information to others in their community. CREDIT microfinance group members, church leaders and members, youth 11-18 and village leaders and members all receive training on a biweekly basis (weekly for teens) on different aspects of OP and other HIV topics.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11317

Related Activity: 17933, 18000, 17679, 18088, 18103

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11317	11317.07	U.S. Agency for International Development	World Relief	5716	5716.07	Our Healthy Village	$135,214

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18000	11368.08	7909	7909.08	SCICH	CARE International	$100,000
18103	11199.08	7951	7951.08	PRASIT	Family Health International	$1,352,800
17679	11199.08	7727	7727.08	PRASIT	Family Health International	$476,240
17933	11385.08	7766	7766.08	CSHAC	Khmer HIV/AIDS NGO Alliance	$450,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's access to income and productive resources

PHE/Targeted Evaluation

Wraparound Programs (Health-related)

* Child Survival Activities
* Family Planning
* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	137,140	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	11,146	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Religious Leaders

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	7766.08	**Mechanism:**	CSHAC
Prime Partner:	Khmer HIV/AIDS NGO Alliance	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	11385.08	**Planned Funds:**	$450,000
Activity System ID:	17933		

Activity Narrative: In FY 08, KHANA will conduct Condoms and Other prevention activities as central features in its HIV prevention program. Continuing on activities initiated in FY 07, KHANA will target groups with other prevention messages that emphasize key areas such as addressing male norms and behaviors, reducing violence and coercion, building gender equity, and prevention with positives. Strategic information, in the form of project monitoring data, case studies, best practices and lessons learned will be collected regularly and, since this is the last year of this current funding period, KHANA will ensure that a targeted evaluation of this program area is performed.

In FY 08, KHANA will continue to work with men who have sex with men (MSM), indirect sex workers, mobile populations and drug users. These groups are at high risk of HIV transmission and require specific interventions. They still face the stigma and discrimination that affect their use of services, access to information, and quality of life. KHANA will also promote positive prevention in their activities with PLHA and their families and continue to work with sex workers. These populations remain at the center of the epidemic and it is critical that they receive continued access to information, support, and services to prevent resurgence in HIV prevalence.

It is vital that the most at risk populations (MARPs) come into contact with; service providers, brothel owners, and the police, these groups are aware of the challenges MARPs face in accessing information and services. These gatekeepers will be invited to regular meetings to sensitize them and to mobilize their support in helping to reduce violence among and toward MARPs, helping them to access services and information, and ensuring that they have safe spaces in which they can meet and support each other without harassment.

In FY 08, KHANA will provide MARPs with in-depth participatory prevention approaches designed to build confidence and skills so that these vulnerable individuals can practice less risky behavior. KHANA will identify and train peer educators who will provide outreach services, referrals to VCT, STI and other health services in addition to in-depth discussion groups where skills building and knowledge acquisition within a peer group will enable individuals to understand risk and vulnerability and to modify behavior. Some at risk individuals also face resistence from their own sexual partners in using condoms, so education interventions on the correct and consistent use of condoms are always accompanied by exercises in risk reduction skills building, negotiation, and building trust. In particular, considerable focus will be placed on women's empowerment and their control over their sexual and reproductive health, and changing male behavioral norms (including decreasing sexual activities with a non-spouse). Activities will be conducted by trained peer educators through both outreach and facilitated discussion groups, using positive role models.

KHANA will organize IEC, awareness raising and advocacy events in HIV prevention, including drug-related HIV prevention in collaboration with national and provincial stakeholders. KHANA will also hold social gatherings for MARPs to strengthen cultures of solidarity and a sense of community in response to HIV/AIDS and related issues, such as stigma and discrimination. Community involvement including parents, faith-based institutions, and village chiefs will be crucial in organizing these events and facilitating the delivery of prevention interventions at community level. KHANA partners will therefore organize community mobilization meetings on a regular basis.

In FY 08, prevention for positives will continue to be a central focus. KHANA's peer education program will encourage and train people with HIV (PLHA) to provide information through outreach and group discussion to peers who might be positive. There will also be group discussions for positive people and their partners in risk reduction skills building, negotiation skills, condom use and safer sex, and the benefits of VCT. Referral mechanisms will be established and reinforced that overcome the obstacles that prevent people from getting tested and all those referred to VCT will be invited to join pre and post test clubs for counseling and prevention education.

In FY 08, KHANA will continue to train its partners and representatives of MARPs in prevention interventions. While some training workshops will have general themes, such as BCC for prevention, others will focus on specific issues such as prevention for positives or risk reduction among drug users. The partners in turn will train home care team HCT, peer educators and facilitators to carry out the interventions at household and community level.

KHANA’s prevention activities are in direct agreement with the USG 5-year strategy for Cambodia where prevention of HIV infection among MARPs is highlighted as critical to the continued lowering of HIV transmission.

In FY 08, additional effort will be spent on ensuring that all eligible women in this project are referred to the national PMTCT program and are encouraged to attend and receive all the services within it. For these women, ANC services are often the entry point to PMTCT and therefore KHANA and its partners must work closely with health centers, hospitals, birth attendants and organizations providing antenatal care, as well as family members, to close the gap between ANC and HIV testing and the rest of the PMTCT process.

In order to ensure efficiency and cost effectiveness, KHANA and its partners will continue to collaborate with other agencies (government departments, USG partners and others) to develop, modify and share BCC materials and training resources in HIV prevention.

KHANA’s USG-supported prevention activities are fully complimentary to the prevention activities carried out with GFATM support. This support with KHANA will expand its activities into additional provinces and reach a higher number of individuals, MARPs and the general population.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11385

Related Activity: 18083, 18000, 17679, 18088, 18103

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11385	11385.07	U.S. Agency for International Development	Khmer HIV/AIDS NGO Alliance	5732	5732.07	KHANA	$549,973

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18083	11317.08	7942	7942.08	Good Health	World Relief Corporation	$165,000
18000	11368.08	7909	7909.08	SCICH	CARE International	$100,000
18103	11199.08	7951	7951.08	PRASIT	Family Health International	$1,352,800
17679	11199.08	7727	7727.08	PRASIT	Family Health International	$476,240

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	70,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,920	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Street youth

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	7909.08	**Mechanism:**	SCICH
Prime Partner:	CARE International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	11368.08	**Planned Funds:**	$100,000
Activity System ID:	18000		

Activity Narrative: In FY 08, CARE will continue to work with high risk groups namely beer promotion girls, garment factory workers, youth out of school, young urban males (YUM), and married women in rural areas. Building on work in 2007 and initiating new innovations in 2008, key condom use and social marketing messages will be packaged as part of a gender based approach to HIV prevention, which addresses cultural sexual norms that put both men and women at risk for HIV.

CARE predominately implements through local partner NGOs, and monitors, facilitates and provides technical assistance to them. The NGOs then work in the factories or other targeted sites delivering the activities outlined below. In FY 08, CARE will work with 8 NGO partners.

The delivery of condom and other prevention messages is made possible through strong partnerships with private industries and volunteers. Direct targets number 38,500. FY 08 activities will specifically address the emphasis areas of gender, capacity building, and workplace programs.

In FY 08, CARE will focus on incorporating life skills, HIV/AIDS awareness and prevention, and reproductive and sexual health messages into the training of dedicated peer educators for each nominated high risk group. CARE will train 200 peer educators (PE) for YUM, 2,400 PE working in 40 garment factories, and 120 beer promotion peer facilitators. Target groups are identified through workplace and employers groups in the case of the women, and for YUM in outreach promotions such as universities, nightclubs, and bars. Peer educators receive three days of intensive training using curricula and materials developed and supplied by CARE. Refresher trainings/meetings including peer educators sharing experiences, in addition to monitoring and tracking peer educators is implemented on a monthly basis by each individual NGO partner and organization.

In Koh Kong province, CARE will train and support PEs among the following vulnerable groups: fishermen, migrant male workers (mototaxi drivers, laborers, cross-border traders), and women who are especially vulnerable to engaging in transactional sex such as employees in massage parlors and karaoke bars.

In Phnom Penh, CARE will support PEs who work in garment factories and will train new PEs to work with YUM. Among women, PEs will give special emphasis to skills in negotiating condom use, matched by advocacy with gatekeepers to support women's rights to refuse coerced sex, to insist on condom use, and to be safe from the threat of gender based violence (GBV). Among men, PEs will emphasize the dangers associated with transactional and unprotected sex and reinforce that even healthy-looking 'sweethearts' may carry HIV. PEs will stress the need for correct and consistent condom use by people in non-monogamous relationships. CARE will enable Vulnerable Group (VG) PEs to socially market condoms procured with non-USAID funds.

With all VGs, CARE will promote prompt treatment of STIs and reproductive tract infections (RTIs). VG PEs will provide IEC on the signs and symptoms of STIs/RTIs and location and cost of available services. CARE will also train and support both workplace-based and public health providers in STI diagnosis, treatment, contact tracing and follow up. This training will emphasize confidentiality and respectful provider demeanor so that clients feel comfortable accessing the services. Building on the Provider Behavior Change Intervention (PBCI), which provides a good foundation in terms of basic empathy and provider ethics, CARE will conduct sessions with providers to sensitize them to the special needs of vulnerable populations and provide them with skills in breaking down real and perceived barriers. Lastly, CARE's assistance for rape survivors will promote HIV prevention through counseling of the survivor and family to reduce the stigmatization of survivors that may result in extreme vulnerability to exploitation.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11368

Related Activity: 18083, 17933, 17679, 18088, 18103

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11368	11368.07	U.S. Agency for International Development	CARE International	5761	5761.07	CARE	$203,819

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18083	11317.08	7942	7942.08	Good Health	World Relief Corporation	$165,000
18103	11199.08	7951	7951.08	PRASIT	Family Health International	$1,352,800
17679	11199.08	7727	7727.08	PRASIT	Family Health International	$476,240
17933	11385.08	7766	7766.08	CSHAC	Khmer HIV/AIDS NGO Alliance	$450,000

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's legal rights
* Reducing violence and coercion

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Workplace Programs

Wraparound Programs (Health-related)

* Family Planning

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	40	False
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	38,500	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,900	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Discordant Couples

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	7727.08	**Mechanism:**	PRASIT
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	11199.08	**Planned Funds:**	$476,240
Activity System ID:	17679		

Activity Narrative: In FY 08, FHI will target entertainment workers (FSWs brothel and non brothel based) and their clients. Risk reduction and risk elimination messages around sex and drug-taking behaviors, peer, outreach and community-based education approaches will be utilized. FHI will identify new client groups and approaches that reach commercial sex clients in targeted workplaces and entertainment venues. Tools and strategies to target clients will emphasize and promote 'B' messages and partner reduction. At the national level, through involvement in the 100% Condom Use Program working group, FHI, and its consortium partners (Cambodia Women for Peace and Development/CWPD and Medecin de l'Espoir du Cambodge/MEC) will advocate for changes in guidelines and new strategic approaches. FHI, MEC and CWPD will assist National Center for HIV/AIDS, STD and Dermatology (NCHADS) and local NGOs to implement HIV prevention and care interventions with sex workers and clients and will support the development and utilization of approaches which segment direct and indirect sex workers. Innovative approaches will also be piloted to involve gatekeepers, such as establishment owners, in the delivery of messages, commodities and interventions.

Military and police are another risk group due to their mobility and frequent travel away from home. In FY 08, FHI will use targeted interventions with military and police in schools and recruitment sites, in addition, greater support will be provided to the Ministry of National Defense (MOND) and Ministry of Interior (MOI) for greater leveraging of resources.

In FY 08, at the national level, FHI will provide technical input to the National MSM Secretariat to implement the national MSM strategic framework and operational plan. Insitutional capacity building training through mentoring and formal workshops will be conducted for the national MSM network- Bandah Chaktomuk. Peer and outreach activities through six implementing agencies will continue in 'hot spots' in Phnom Penh, Kandal and Banteay Meanchey provinces reaching over 2500 MSM. In addition, modern technology based approaches such as websites, and text messaging (SMS) will be used to address risk behaviors of different subgroups of MSM. FHI will provide training and be involved in the support of seven provincial MSM-friendly government clinics- Battambang, Banteay Meanchey (2), Pursat, Siem Reap, Kampong Cham, and Pailin. Training on drug use education and counseling will also be provided in these selected government STI sites. In Phnom Penh, Chhouk Sar, an opportunistic infection/anti-retroviral therapy (OI/ART) clinic for sex workers (SWs) will provide management of OI and ART services to most at risk populations (MARPs), and counselors in these sites will be trained on working with these groups, especially drug users.

Drug use programming and messages will be integrated into all components targeting MARPs. FHI will also work closely with the MOI in targeted prisons to implement strategic activities with 3000 prisoners, including HIV testing and HIV prevention activities. FHI will continue to work closely with the National Authority Combating Drugs (NACD), WHO, United Nations Office for Drug and Crime (UNODC) to operationalize minimum standards for military and police drug treatment centers and provide appropriate training to staff. FHI will also provide technical assistance to FHI implementing agencies working with drug using MARPs as well as provide training on reducing use of amphetamine type substances (ATS). MEC will provide mobile voluntary counseling and testing (VCT)/STI services to KORSANG (a local NGO working with drug users) and Chhouk Sar will provide OI/ART services for drug users who are HIV positive.

In the seven targeted provinces, FHI will work with NCHADS and its local NGO partner, MEC, to strengthen VCT/STI case management capacity and service delivery for MARPs. FHI and its partners will provide quality assurance training, monitoring and support among government/NGO STI clinics and health centers serving MARPs, particularly sex workers and their clients, and MSM.

Positive prevention in care and treatment settings will be emphasized in all programs. Through Cambodian People Living with HIV/AIDS Network (CPN+) , Village Health Support Groups (VHSG), and home-based family care teams, prevention messaging will be incorporated into community education and through support groups.

In FY 08, 52,000 most at-risk individuals will be reached by targeted behavior change interventions that move beyond an AB focus. Another 1,200 individuals will be trained to promote HIV/AIDS prevention efforts across the country.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 18083, 17933, 18000, 18088, 18103

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18083	11317.08	7942	7942.08	Good Health	World Relief Corporation	$165,000
18000	11368.08	7909	7909.08	SCICH	CARE International	$100,000
18103	11199.08	7951	7951.08	PRASIT	Family Health International	$1,352,800
17933	11385.08	7766	7766.08	CSHAC	Khmer HIV/AIDS NGO Alliance	$450,000

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID: 7951.08
Mechanism: PRASIT
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Condoms and Other Prevention Activities
Budget Code: HVOP
Program Area Code: 05
Activity ID: 11199.08
Planned Funds: $1,352,800
Activity System ID: 18103

Activity Narrative: In FY 08, FHI will target entertainment workers (FSWs brothel and non brothel based) and their clients. Risk reduction and risk elimination messages around sex and drug-taking behaviors, peer, outreach and community-based education approaches will be utilized. FHI will identify new client groups and approaches that reach commercial sex clients in targeted workplaces and entertainment venues. Tools and strategies to target clients will emphasize and promote 'B' messages and partner reduction. At the national level, through involvement in the 100% Condom Use Program working group, FHI, and its consortium partners (Cambodia Women for Peace and Development/CWPD and Medecin de l'Espoir du Cambodge/MEC) will advocate for changes in guidelines and new strategic approaches. FHI, MEC and CWPD will assist National Center for HIV/AIDS, STD and Dermatology (NCHADS) and local NGOs to implement HIV prevention and care interventions with sex workers and clients and will support the development and utilization of approaches which segment direct and indirect sex workers. Innovative approaches will also be piloted to involve gatekeepers, such as establishment owners, in the delivery of messages, commodities and interventions.

Military and police are another risk group due to their mobility and frequent travel away from home. In FY 08, FHI will use targeted interventions with military and police in schools and recruitment sites, in addition, greater support will be provided to the Ministry of National Defense (MOND) and Ministry of Interior (MOI) for greater leveraging of resources.

In FY 08, at the national level, FHI will provide technical input to the National MSM Secretariat to implement the national MSM strategic framework and operational plan. Insitutional capacity building training through mentoring and formal workshops will be conducted for the national MSM network- Bandah Chaktomuk. Peer and outreach activities through six implementing agencies will continue in 'hot spots' in Phnom Penh, Kandal and Banteay Meanchey provinces reaching over 2500 MSM. In addition, modern technology based approaches such as websites, and text messaging (SMS) will be used to address risk behaviors of different subgroups of MSM. FHI will provide training and be involved in the support of seven provincial MSM-friendly government clinics- Battambang, Banteay Meanchey (2), Pursat, Siem Reap, Kampong Cham, and Pailin. Training on drug use education and counseling will also be provided in these selected government STI sites. In Phnom Penh, Chhouk Sar, an opportunistic infection/anti-retroviral therapy (OI/ART) clinic for sex workers (SWs) will provide management of OI and ART services to MARPs, and counselors in these sites will be trained on working with these groups, especially drug users.

Drug use programming and messages will be integrated into all components targeting MARPs. FHI will also work closely with the MOI in targeted prisons to implement strategic activities with 3000 prisoners, including HIV testing and HIV prevention activities. FHI will continue to work closely with the National Authority Combating Drugs (NACD), WHO, United Nations Office for Drug and Crime (UNODC) to operationalize minimum standards for military and police drug treatment centers and provide appropriate training to staff. FHI will also provide technical assistance to FHI implementing agencies working with drug using PEHRBs as well as provide training on reducing use of amphetamine type substances (ATS). MEC will provide mobile voluntary counseling and testing (VCT)/STI services to KORSANG (a local NGO working with drug users) and Chhouk Sar will provide OI/ART services for drug users who are HIV positive.

In these seven targeted provinces, FHI will work with NCHADS and its local NGO partner, MEC, to strengthen VCT/STI case management capacity and service delivery for MARPs. FHI and its partners will provide quality assurance training, monitoring and support among government/NGO STI clinics and health centers serving MARPs, particularly sex workers and their clients, and MSM.

Positive prevention in care and treatment settings will be emphasized in all programs. Through Cambodian People Living with HIV/AIDS Network (CPN+) , Village Health Support Groups (VHSG), and home-based family care teams, prevention messaging will be incorporated into community education and through support groups.

In FY 08, 52,000 most at-risk individuals will be reached by targeted behavior change interventions that move beyond an AB focus. Another 1,200 individuals will be trained to promote HIV/AIDS prevention efforts across the country.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11199

Related Activity: 18083, 17933, 18000, 17679, 18088

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
17679	11199.08	U.S. Agency for International Development	Family Health International	7727	7727.08	PRASIT	$476,240

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18083	11317.08	7942	7942.08	Good Health	World Relief Corporation	$165,000
18000	11368.08	7909	7909.08	SCICH	CARE International	$100,000
17679	11199.08	7727	7727.08	PRASIT	Family Health International	$476,240
17933	11385.08	7766	7766.08	CSHAC	Khmer HIV/AIDS NGO Alliance	$450,000

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Reducing violence and coercion

Human Capacity Development

* Training
*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Workplace Programs

Wraparound Programs (Health-related)

* Child Survival Activities
* Family Planning
* Safe Motherhood
* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	52,000	False
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	1,200	False

Target Populations

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.05: Activities by Funding Mechansim

Mechanism ID:	8013.08	**Mechanism:**	USAID Personnel
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Condoms and Other Prevention Activities
Budget Code:	HVOP	**Program Area Code:**	05
Activity ID:	18245.08	**Planned Funds:**	$154,500
Activity System ID:	18245		
Activity Narrative:	Prevention Advisor, US PSC/international hire – salary, benefits (FICA, health insurance, life insurance, medivac), residence, residential utilities and security guards, local and international travel, home leave, educational allowance, and COLA		
HQ Technical Area:			
New/Continuing Activity:	New Activity		
Continuing Activity:			
Related Activity:	18199, 18243, 18244, 18201, 18203		

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18243	18243.08	8013	8013.08	USAID Personnel	US Agency for International Development	$77,250
18244	18244.08	8013	8013.08	USAID Personnel	US Agency for International Development	$77,250

Targets

Target	Target Value	Not Applicable
5.1 Number of targeted condom service outlets	N/A	True
5.2 Number of individuals reached through community outreach that promotes HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True
5.3 Number of individuals trained to promote HIV/AIDS prevention through other behavior change beyond abstinence and/or being faithful	N/A	True

HBHC - Basic Health Care and Support

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Total Planned Funding for Program Area: $1,821,174

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$54,430
Estimation of other dollars leveraged in FY 2008 for food	$135,212

Program Area Context:

New estimates indicate that in 2006 there were 67,200 people between the ages of 15 and 49 years living with HIV in Cambodia. 30,100 of these have since developed AIDS and need antiretroviral therapy (ART). As of March 2007, approximately 30,000 people living with HIV/AIDS (PLHAs) were receiving palliative care services, 57% of which were directly supported by the USG.

Palliative care is a key component of the Continuum of Care (CoC) Framework (diagram uploaded) within the Strategic Plan for HIV/AIDS and STD Prevention and Care of the Royal Government of Cambodia (RGC). The CoC is a network model encompassing programs such as counseling and testing, Tuberculosis (TB), Antenatal Care (ANC), PMTCT, Opportunistic Infection (OI), ART treatment, and home care within communities. The first CoC site was established in late 2003 and, to date, 47 sites have been established. Forty-five of these provide the full package of services and 17 sites are supported by the USG. Despite the rapid expansion of CoC, accessibility to services by PLHA is still a major challenge. This is due to road and transportation barriers, in addition to costs associated with accessing treatment services. At the same time, 279 home base care teams have been established and provide palliative care, 150 of which are supported by the USG. The approach of home base care has changed from medical and psychological care to drug adherence, prevention for positives, and counseling/livelihood support for socioeconomic reintegration.

In light of FY 08 budget cuts, USG will focus diminishing resources on targeted prevention and scale back broad-based palliative care implementation. To ensure consolidation and transition, the USG is working with the Royal Government of Cambodia (RGC), the Global Fund, and other donors to identify additional funding sources and partners.

USG will focus on consolidation, quality, and innovative models of Home Base Care (HBC) in addition to providing technical support in palliative care as a component of the CoC model in USG focus provinces. USG will continue to provide a comprehensive package of palliative care services at the CoC including strengthening linkages between clinical (referral hospital and health centers) and community services (home base care).

In FY 08, USG will continue to provide a range of palliative care services to PLHA in the areas below.

Build capacity to enable the public health sector, NGOs, and communities to assume a greater role in the provision of palliative care programs, USG will 1) train health care providers (clinicians, nurse counselors, laboratory staff) to provide high quality HIV/AIDS care, support, and treatment services, and work to strengthen health systems capacity at targeted referral hospitals and health centers; 2) provide training, continuing education, and support for community structures (HBC teams, pagoda committees, and volunteers) to assess needs, provide OI care/follow-up, health/hygiene/nutrition education, and referrals; and 3) train PLHA self-help groups and leaders in advocacy and self-help approaches.

In direct palliative care services, USG will continue to support 1) the delivery of quality OI prophylaxis and treatment services at referral hospitals (CoC sites) within priority provinces; 2) the delivery of quality home and community care services including medical, physical, and psychosocial support to PLHA and their families, including OVC; 3) hospice care for end-of-life support; and 4) regular meetings of PLHA (MMM or Friend Help Friend Center) at referral hospitals with CoC.

Community mobilization is key in ensuring that PLHA know about the support available, that community stigma is reduced, and to encourage PLHA and other volunteers to work with the HBC teams. USG support will include awareness raising activities and advocacy with local political leaders, religious leaders, school officials, Village Development Committees, Village Health Support Groups (VHSG)/Village Health Volunteers (VHVs), and individual community members as well as information, education, and communication (IEC) materials dissemination through mass media and community events.

A strong referral network is also key to the USG program. HBC teams continue to build links with, and refer PLHA and their family members to services for OI, ART, PMTCT, TB/HIV, reproductive and sexual health, and STI and Voluntary Counseling and Testing (VCT), as well as to income-generation and vocational training services.

In FY 08, USG will continue to support quality community and home base care and OI management services in 17 CoC sites. At the facility level, USG provides technical and operational support to enable referral hospitals and Operational Districts (OD) to develop CoC initiatives. Activities include infrastructure renovation; human resources development and management, training and supervision; strengthening drug and commodity supply systems; setting up case management and coordination structures; strengthening referral systems; improving patient management and monitoring systems; developing standard operating procedures; and conducting targeted capacity building for health care providers to strengthen service delivery.

At the community level, USG supports HBC teams to provide a comprehensive package of services including psychosocial and spiritual support; symptom and pain diagnosis and management; nutritional counseling; hygiene; social and economic assistance; end of life care; and drug adherence. In addition, USG partners work with PLHA networks to increase the participation of PLHA in monthly meetings at CoC sites as well as provide financial support through health equity funds to increase utilization of CoC services by the very poor. Food and other material support for PLHA are provided by World Food Program (WFP) through direct agreements with USG implementing partners.

To promote better linkages between the facility and community levels, USG provides assistance during CoC coordination meetings. This forum is used to promote discussion and follow up among facility based providers and home care teams on patients who are deceased, missing or in need of follow-up.

The expansion of CoC is coordinated by the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS) and funded by multiple donors, including USG, GF, DFID, ADB, and UNICEF. In referral hospitals, OI drugs, ARVs, test kits, and other support (salary supplementation) have been provided by the GF (in rounds 1, 2, 4, and 5), UNICEF, and DFID. Additionally, most USG partners also receive GF funding which has enabled them to expand palliative care services beyond USG priority provinces.

USG programs strengthen both the technical and managerial capacity of NGOs, including C/FBOs. Long term sustainability will be dependent on continued donor funding as the RGC provides limited funding for HIV/AIDS programs. Reductions in funding by donors, including USG, DFID and KfW, in the near future, could affect sustainability of current investments and successes.

Pediatric AIDS Care: There are no surveillance data regarding pediatric AIDS burden in Cambodia. The current estimates of 3,870 infected children in 2006, 3,300 in 2007, and 2,800 in 2008 are based on the Asian Epidemic Model (AEM) and are likely underestimates. Pediatric HIV/AIDS care and treatment has been rapidly scaled up. USG supports six of 22 pediatric treatment sites, serving 1,035 children on ART and will increase support to 1,240 children by the end of FY 08. NCHADS/MoH takes the lead in coordinating the expansion of pediatric AIDS services. Clinton Foundation provided pediatric ARVs and technical assistance and training to pediatric clinical advisors. USG and GF support the service delivery at both facility and community levels. The national estimated targets for children on ARVs by the end of 2008 and 2009 are 3,000 and 3,500.

The USG pediatric care strategy is to expand and strengthen the quality pediatric care services at facility level under CoC and at community level under integrated HBC and OVC; and strengthen PMTCT services to identify more HIV-exposed infants as well as to strengthen the referral linkage between PMTCT and pediatric AIDS care by developing a database to be shared between the programs to capture HIV-exposed infants known to the PMTCT program. This will help assure a smooth transition from PMTCT

to pediatric AIDS care and provision of basic preventive care package of services.

Program Area Downstream Targets:

6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	53
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	11756
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	890

Custom Targets:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	7909.08	**Mechanism:**	SCICH
Prime Partner:	CARE International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	11369.08	**Planned Funds:**	$90,000
Activity System ID:	18100		

Activity Narrative: In FY 08, CARE will continue to work with the model of home based care (HBC) that is implemented jointly between CARE, Health Center (HC) staff, community volunteers and Buddhist monks. This activity specifically addresses the emphasis areas of HIV/AIDS, gender equity, increasing women's access to income and productive resources, increasing women's legal protection; local organization capacity building; wraparound programs in TB and child survival; wraparound programs in economic strengthening, food security, and education; training - in-service and pre-service.

In FY 08, in Koh Kong province, CARE will continue to financially, logistically and technically support the 'Mondol Mith Chuey Mith' (MMM) centers headed by PLHA volunteers that host self-help groups for PLHA, providing essential psychosocial support as well as information on self-care, treatment issues and service availability. MMMs will be supported in all locations where HBC teams work.

In FY 08, CARE will promote community involvement and contribution to the care of PLHA via such mechanisms as pagoda/mosque/church donations and donations by farmers of rice after the harvest. This will ensure that communities have the means to care for their most vulnerable members. CARE will implement interventions to build community resources and resilience in villages with above average poverty and a high concentration of PLHA and orphans and vulnerable children (OVC). These will include initiatives such as the formation of savings groups and rice banks, technical assistance and small inputs in improving agricultural productivity and animal husbandry, and improvements to water and sanitation. Such assistance will be predicated upon a contractual agreement with the community to provide material assistance to PLHA, their families and children, and represents a small but important step towards making PLHA/OVC care sustainable in Cambodia.

CARE has supported Smach Meanchey Reproductive Health (RH) to provide opportunistic infection (OI) prophylaxis and treatment at OI/ART service and is in the process of establishing the OI care service at Sre Ambel RH. CARE will continue to facilitate quality improvement of OI care servcies through supporting MoH health care workers (clinicians, nurse counselors, laboratory staff) to attend National Training Courses and OI/ART team to conduct regular team meetings with participation of the provincial AIDS office (PAO) and CARE clinical mentor.

CARE community based volunteers will also promote TB screening for PLHA.

CARE will support HBC teams in provision of physical and psychosocial support to PLHA and their families, including OVC, following NCHADS Standard Operating Procedures for HBC provision. It is estimated that more than half of all PLHA are presently reached by HBC teams in Smach Meanchey and Sre Ambel Operational Districts (OD), but lack of a denominator makes such estimates only approximate, and may hinder expansion. Village leaders and Village Health Support Groups (VHSGs) will be trained and assisted in listing all persons with a chronic illness and OVC in each village, thereby allowing a more accurate assessment of coverage and identification of missed beneficiaries. Further beneficiaries will be identified through referral from VCT and AIDS treatment facilities. HBC teams will consist of CARE or sub-grantee staff, HC counterparts who join the teams after normal HC hours, PLHA support group members, Village Care Givers (VCGs) and religious leaders. They will be trained and supported in psychosocial/spiritual support, OI prevention, early recognition and referral of OIs for treatment, adherence support for ART and ARV prophylaxis (for PMTCT), education in coping with ART side-effects, Family Planning (FP) and PMTCT counseling/referral, infant feeding education, and follow-up of HIV-exposed infants. Self-care information, education and communication (IEC) materials, including nutritional guidance, hygiene, and recognition of signs and symptoms of OIs will be disseminated to PLHA and caretakers. In collaboration with the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) and Douleur Sans Frontières, CARE will assist in training facility-based providers and HBC teams in pain management care. CARE will address the problem of homeless or abandoned PLHA through development of, and referral to, community-managed hospices as a locally sustainable solution. CARE has already supported the establishment of a hospice at a Buddhist pagoda in Smach Meanchey OD; other hospices will be established following this model as necessary.

In Koh Kong province, this work links with GF Round 4 funding for ART and care.

The New Hope for Cambodian Children's Transitional house in Phnom Penh provides a place where very sick children who need intensive care that their families can not provide can come and be restored to health. When they have better health, these children return to their families.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11369

Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11369	11369.07	U.S. Agency for International Development	CARE International	5761	5761.07	CARE	$117,896

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training
* Task-shifting

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities
* TB

Wraparound Programs (Other)

* Economic Strengthening
* Education
* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	2	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	486	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	20	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

Pregnant women

People Living with HIV / AIDS

Religious Leaders

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 8013.08

Mechanism: USAID Personnel

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Palliative Care: Basic Health Care and Support

Budget Code: HBHC

Program Area Code: 06

Activity ID: 18246.08

Planned Funds: $43,725

Activity System ID: 18246

Activity Narrative: BSok, HIV/AIDS Technical Advisor, FSN – salary and benefits, local and international travel

SNop, ID Technical Advisor, FSN -- salary and benefits, local and international travel

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 18204, 18205, 18247, 18248, 18206, 18207, 18249

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18247	18247.08	8013	8013.08	USAID Personnel	US Agency for International Development	$13,325
18248	18248.08	8013	8013.08	USAID Personnel	US Agency for International Development	$15,200
18249	18249.08	8013	8013.08	USAID Personnel	US Agency for International Development	$15,200

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	N/A	True
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	N/A	True
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	N/A	True

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 7727.08
Mechanism: PRASIT
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Palliative Care: Basic Health Care and Support
Budget Code: HBHC
Program Area Code: 06
Activity ID: 11207.08
Planned Funds: $565,699
Activity System ID: 17681

Activity Narrative: FHI activities under palliative care are comprised of primarily two components-facility and community based, both of which target PLHA and their families. In FY 08, FHI will build on its strategic approaches of family focused care, integration, creation of model sites and quality assurance and quality improvement within the continuum of care framework.

At the facility levels in FY 08, FHI will strengthen the quality of Opportunistic Infection (OI)/ART services. This includes training and supervision; strengthening the drugs and commodity supply systems; strengthening case management and coordination structures; strengthening referral systems; improving patient management and monitoring systems; and using data to improve activities. Targeted training through a combination of onsite mentoring and formal training will be provided to physicians. To promote greater learning and experience sharing, case discussions, expert group reviews, quarterly physician network meetings, and Continuum of Care (CoC) coordination meetings will be used as a forum to discuss findings. In locations where other partners work, such as URC, KHANA, RACHA and CDC, FHI will collaborate closely to ensure complementary services are provided that enhance the value add of USG funded interventions.

At the community level, FHI will support its partners to develop, implement and model community-based, family-focused programs that reduce orphans and provide holistic prevention, care, support, treatment, and impact mitigation services. Recognizing that HIV/AIDS affects entire families, FHI will support government and NGO partners to integrate palliative care and OVC interventions to respond to wide range of needs of families living with and affected by HIV/AIDS. Family care teams--composed of NGO, health center staff, community and PLHA representatives--will make regular visits to PLHA households, providing material, psychosocial, nutritional, clinical and legal support. Linkages to vocational training and income generation will also be promoted as part of family-centered care. FHI will support the development and utilization of tools such as "family folders" that link the patient records of children and parents living with HIV/AIDS, to ensure that the socio-economic-medical needs of families are followed up appropriately. To guarantee the high-quality of services, FHI will provide extensive capacity building to family care teams on topics such as counseling and palliative care; succession planning; child participation; parenting skills training for caregivers; community mobilization for care and support; establishing linkages for medical, psychosocial and economic support; and addressing issues including gender empowerment, greater involvement of PLHA and stigma and discrimination reduction. FHI will further support its partners to strengthen referral systems and coordination with organizations and CoC components. Quality of care and support services will be monitored using quality assurance guidelines and tools.

In FY 08, to better promote linkages between facility and community levels, assistance will be provided in strengthening the CoC coordination meetings. These forums will be used to promote discussion and follow up among facility based providers and home care teams on patients who are deceased, missing or require follow-up. The home based care (HBC) component is linked to all other care and treatment areas as well as all prevention components.

Training is a cross cutting theme, with providers and home care teams given training on a range of issues such as OI, ART side effects, treatment adherence and literacy, positive prevention, universal precaution etc. In FY 08, FHI will reach 8500 people with HIV-related palliative care and train 500 individuals to provide these services through 22 service outlets.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Health-related)

* Child Survival Activities
* Family Planning
* Malaria (PMI)
* Safe Motherhood
* TB

Wraparound Programs (Other)

* Economic Strengthening
* Education
* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$20,000

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	22	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	7,700	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	500	False

Target Populations

General population

Children (5-9)

Girls

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Incarcerated Populations

Most at risk populations

Military Populations

Most at risk populations

Non-injecting Drug Users (includes alcohol use)

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Orphans and vulnerable children

Pregnant women

Discordant Couples

People Living with HIV / AIDS

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID:	7766.08	**Mechanism:**	CSHAC
Prime Partner:	Khmer HIV/AIDS NGO Alliance	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Palliative Care: Basic Health Care and Support
Budget Code:	HBHC	**Program Area Code:**	06
Activity ID:	11386.08	**Planned Funds:**	$600,000
Activity System ID:	17934		

Activity Narrative: KHANA supports PLHA in the five categories specified by the USG: clinical/physical care, spiritual care, psychological care, social care, and integrated prevention services. In FY 08, KHANA will continue to routinely collect strategic information in the form of monitoring data, case studies, lessons learned and best practices from our partners to be able to inform our programs, donors and government-led initiatives (including the universal access targets).

In FY 08, KHANA will continue to provide comprehensive care and support in community and home-based settings to its PLHA beneficiaries in 10 provinces. Building upon activities in FY 07, KHANA will continue to support the Continuum of Care (CoC) model with our home-based care (HBC) focus and to ensure that activities are cost effective.

KHANA will continue to support home care teams (HCT) that operate from local health centers. In order to reach targets, these HCT will continue to make regular home visits to provide basic medical care to their PLHA beneficiaries, reinforce efforts to refer them to relevant health services such as opportunistic infection (OI), tuberculosis (TB), anti-retroviral (ARV) and PMTCT, and ensure that they can complete all forms of treatment required. As access to anti-retroviral therapy (ART) increases, KHANA will step up efforts to provide education on ARV side effects, living well on ARV, and ARV adherence and follow-up.

In addition to basic health care, KHANA and the HCT provide a comprehensive range of services to PLHA. These include psychosocial support in the form of counseling and spiritual support.

It is also important that PLHA are referred to services that contribute to the care of their partners and families and the quality of their lives. Therefore, referral mechanisms will be established or strengthened for PMTCT, sexual reproductive health (SRH) services and to agencies and institutions that can offer PLHA social and economic opportunities.

Positive prevention is also a part of this program area in that HCT provide counseling to PLHA to help them maintain the quality of their lives and reduce the risk of onward transmission. Beneficial disclosure and ethical partner notification will be encouraged at all times.

Friend Helps Friend (Mondol Mith Chuay Mith, MMM) Self Help Groups will continue to be supported under this program area. These groups have proven to be effective environments to help PLHA cope with ARV side-effects and treatment adherence, and to discuss issues that are important for the health and well being of PLHA and their families, such as nutrition and positive prevention. HCT and CoC Coordinators will be encouraged to engage with PLHA self-help groups to better understand the needs, concerns and challenges faced by PLHA and to train the members in crucial issues such as ARV adherence and positive prevention.

Training is still an important part of KHANA efforts under this program area. In FY 08, advanced integrated care and prevention workshops will be facilitated by KHANA that cover the more complex and topical issues involved with HBC, such as referral systems, ARV adherence, and nutrition and HIV. KHANA conducts refresher trainings for HCT to improve and update their skills in delivering HBC and engaging in referral systems.

KHANA partners will continue to conduct community meetings to reduce stigma and discrimination towards PLHA and their families. They will also organize bi-annual community mobilization meetings, and meetings with local authorities and faith-based institutions to determine the most effective responses to AIDS care at the community level.

KHANA's program recognizes the challenge represented by a maturing epidemic, and focuses on providing basic and AIDS health care through the CoC framework to increasing numbers of people requiring care and support services, particularly in areas where the public health system is weak.

KHANA's HCT provide, or provide access to, a wide range of clinical, psychological, spiritual, and social support interventions. As reliance on these teams increases and resources focus more on treatment, KHANA will ensure that their team members will become proficient in referrals and increase their medical support role to include monitoring of side effects and drug adherence.

Another challenge for KHANA's programs (for prevention and care) is access and uptake of VCT services. VCT is a major element of the Royal Government of Cambodia (RGC's) Strategic Plans for HIV/AIDS and a key element of the CoC. Access to VCT services remains limited in some areas of Cambodia, particularly in sparsely populated areas of the country where transport costs are high. The system of referrals to and from VCT also requires strengthening. KHANA's programs therefore seek to address the low utilization rates in some sites and the limited referral success.

In FY 08, KHANA's income-generation activities will be more strategically defined so as to pose a complimentary set of wraparound activities. The sub partners who have expertise in this area will continue to provide income-generation activity opportunities for PLHA and PLHA families in the USG target areas.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11386

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11386	11386.07	U.S. Agency for International Development	Khmer HIV/AIDS NGO Alliance	5732	5732.07	KHANA	$607,321

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Economic Strengthening

* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$34,430
Estimation of other dollars leveraged in FY 2008 for food	$135,212

Public Private Partnership

Targets

Target	Target Value	Not Applicable
6.4 Total number of service outlets providing HIV-related palliative care (excluding TB/HIV)	71	False
6.5 Total number of individuals provided with HIV-related palliative care (excluding TB/HIV)	4,400	False
6.6 Total number of individuals trained to provide HIV-related palliative care (excluding TB/HIV)	575	False

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Discordant Couples

People Living with HIV / AIDS

HVTB - Palliative Care: TB/HIV

Program Area:	Palliative Care: TB/HIV
Budget Code:	HVTB
Program Area Code:	07

Total Planned Funding for Program Area: $447,566

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Cambodia has the highest estimated tuberculosis (TB) incidence (506/100,000) in Asia. It is one of the World Health Organization's 22 high-burden TB countries. According to 2004 data in the WHO Stop TB 2007 Report, reported direct observation treatment strategy (DOTS) coverage in health centers was 100%, the smear-positive case-detection rate was 60%, and treatment success rate was 91%.

The HIV prevalence among TB patients in Cambodia is 6%, far greater than the HIV prevalence in the general population. At the same time, TB is very common among HIV-infected persons. Among persons newly diagnosed with HIV infection who are screened for TB, up to 25% are diagnosed with TB disease. Nationally, Cambodia reported to WHO in 2005 that just 2.9% of TB patients were tested for HIV infection; no data were reported about the proportion of HIV-infected TB patients receiving antiretroviral therapy (ART) or co-trimoxazole preventive therapy (CPT). A TB drug-resistance survey is underway, and data are expected early in 2008. While the previous drug-resistance survey in 2002 found no cases of multidrug-resistant (MDR) TB among new patients and just 3% in re-treatment patients, reports of MDR TB are currently rising.

In Cambodia, HIV-infected TB patients tend to be very immunosuppressed at initial diagnosis; the median CD4 count is 54, and over 90% have a CD4 count of less than 250, thus meeting criteria for antiretroviral therapy according to Cambodia's national policy. In part due to their advanced disease at initial presentation, persons with both TB and HIV in Cambodia often die. Without antiretroviral therapy, 25-50% of such patients die during the 6 months of TB treatment, and half of these deaths occur within the first two months. When ART is given during TB treatment, mortality is reduced to about 10%.

These data emphasize the importance of TB/HIV collaborative activities in Cambodia. In particular, ensuring early diagnosis of TB

and HIV through HIV testing of all TB patients and TB screening of all HIV-infected persons, along with ensuring that HIV-infected TB patients receive appropriate care early, including ART and CPT, is essential to decreasing the high early mortality rate of these patients. In addition, the high prevalence of HIV in TB patients compared to the general population along with the advanced immunosuppression of persons with both TB and HIV makes TB patients a high-yield population from which to find persons who are in need of antiretroviral therapy.

National policy in Cambodia states that TB patients should be tested for HIV infection and should be screened for TB disease; HIV -infected TB patients should be referred for HIV care, including CPT and ART. However, policies have largely focused on a referral-based system between two vertical programs, where TB patients should be referred to the HIV testing facilities (VCT) for HIV testing and HIV-infected persons should be referred to TB clinics for TB screening. Monitoring and evaluation likewise occurs within the vertical structure of each program; each program provides regular supervision and collects data. Limited TB/HIV data are collected.

USG support has prioritized both implementing TB/HIV activities within these national policies and on advancing national policy to increase collaboration. USG supports TB/HIV policy development and provides technical assistance at the national level and supports the implementation of TB/HIV collaborative activities in selected provinces. Within these provinces, USG support led to increased HIV testing of TB patients and TB screening of HIV-infected persons. While <20% of TB patients were tested for HIV infection in most provinces, >80% are tested in one USG-supported province. Similarly, TB screening in HIV-infected persons within USG-supported provinces has been far greater than in other areas, and the only large isoniazid preventive therapy program in the country is USG-supported.

Several lessons have been learned from these experiences. First, improving HIV testing of TB patients required training of TB staff in encouraging patients to be tested, improved TB/HIV monitoring and evaluation, regular collaborative meetings between TB and HIV staff, and support for patient transportation to the HIV testing facility. Nonetheless, barriers remained. Patients were less commonly tested when testing was not available on-site. Improving TB screening and isoniazid preventive therapy (IPT) also required greater integration of activities, but it was limited by insufficient TB diagnostic services.

At the national level, USG actively participates in TB/HIV working groups and in national meetings to advance policies related to HIV testing of TB patients, TB screening of HIV-infected persons, ART and CPT for HIV-infected TB patients, IPT, and TB laboratory strengthening. Using a combination of global recommendations and lessons learned from local implementation, USG has contributed to these areas by advocating for provider-initiated counseling and testing, which has recently been adopted as policy. To improve the quality of TB screening in HIV-infected persons, USG has also advocated for TB laboratory strengthening and has worked with the national program to develop a national laboratory strategic plan.

In the coming year, USG will build on previous successes and lessons learned to advance policy, increase direct USG-supported implementation of TB/HIV collaborative activities in selected provinces, and address identified barriers. USG will continue to provide technical assistance to the national programs and to actively participate in national meetings and workgroups to advance policies which improve collaboration. USG supported partners will scale-up implementation of activities by linking USG supported referral hospitals with community health services (eg health centers and C-DOTS), and will focus on improving the quality of activities in all supported areas. Specifically, USG supported partners will train TB and HIV staff to improve TB screening and HIV testing, and to improve care for TB/HIV patients and will support collaborative meetings between TB and HIV staff. Partners will also provide supportive services for TB and HIV patients, including costs of transportation to care facilities and provision of food for indigent patients. Partners will work to strengthen monitoring and evaluation to better capture TB/HIV data.

To increase early TB/HIV diagnosis, provider-initiated counseling and testing (PICT) will be implemented in USG-supported sites, and lessons learned from ongoing evaluations of TB screening methods in HIV-infected persons will be implemented to improve the sensitivity of screening. In addition, TB laboratory capacity will be strengthened by supporting external quality assurance of smear microscopy in 14 provinces and by increasing TB culture capacity in the national TB laboratory and in one provincial laboratory.

Finally, USG will support improvements in TB infection control to decrease the transmission of TB to HIV-infected persons. The focus for this year will be to work with both national programs, focusing on policy development and training of staff.

USG TB-funds are used to wrap-around HIV/AIDS activities through support for decentralized Directly Observed Treatment – Shortcourse (DOTS) by tapping into a network of community based NGOs. USG supported the development and now scale up of Community DOTS (CDOTS) which uses village based volunteers to identify and refer suspect cases for diagnosis and treatment; observe patients taking their anti-TB drugs; and providing care and support to help patients cope with side-effects, stigma and other social and family issues. CDOTS is implemented in 22 operational districts in 9 provinces covering over 80% of the health centers in those areas. In CDOTS sites supported by USG, the smear positive case detection rate is >70% with treatment success >90%. USG also supports TB activities with private health care providers through a public-private partnership in 10 provinces where private providers refer suspect cases to free public health TB services for diagnosis and treatment.

Activities in the coming year are synergistic to those supported by other donors, including the Global Fund. USG largely supports increasing early TB and HIV diagnosis and getting patients to care. The global fund supports HIV care and treatment at government-sponsored antiretroviral clinics and supports HIV testing costs. Global fund support also covers the costs of TB treatment at government facilities and covers the basic costs of TB diagnosis, including chest radiography and sputum smear microscopy.

Since the support largely focuses on improving government healthcare infrastructure and policy and developing human resources to meet the challenges of TB and HIV, the prospect of sustainability of these activities is improved.

Program Area Downstream Targets:

7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	177
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	125
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	190
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3300

Custom Targets:

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 8013.08
Mechanism: USAID Personnel
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 18247.08
Planned Funds: $13,325
Activity System ID: 18247
Activity Narrative: SNop, ID Technical Advisor, FSN -- salary and benefits, local and international travel
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 18204, 18246, 18205

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18246	18246.08	8013	8013.08	USAID Personnel	US Agency for International Development	$43,725

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7342.08

Mechanism: CDC_Post_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 11167.08

Planned Funds: $43,697

Activity System ID: 18486

Activity Narrative: USG staff provide direct technical support in this program area to the Ministry of Health and its National Centers, and to the Provincial Governments of Banteay Meanchey, Battambang, Pailin and Pursat. The USG and its partners assist in the implementation of activities.

This funding is for the portion of the salary of the Program Development Specialist dedicated to TB/HIV ($30,697). Based in Battambang, this Program Development Specialist will be well situated to improve HIV testing rates of TB patients in this province. In 2006, only 17% of TB patients in the province were tested for HIV. Through workshops supported by USG that rate increased to 36% in 2007, but a goal of 75-80% testing cannot be reached without the presence of a mentor working both with the Provincial TB Supervisor and TB/HIV coordinator, as well as with health center staff, to emphasize the importance of HIV testing of TB patients and to help develop mechanisms to accomplish this. In addition, the USG will be implementing HIV testing of TB patients at health centers in Battambang, Banteay Meanchey, and Pursat Provinces plus Pailin City. The Program Development Specialist will be integral to the training of the TB staff in these provinces in counseling and testing. He will also assist in data analysis of the Improving Diagnosis of TB in HIV-infected Persons Study (The ID-TB/HIV Study) being conducted by USG.

In addition to the funds requested to support the work of the Program Development Specialist, $8,000 in post-held travel funds are budgeted for international and field travel and $5,000 in funds are budgeted to procure Determine HIV rapid tests for the TB clinics at which HIV testing will be introduced as a demonstration project. Holding these funds at post will allow for rapid implementation of this activity.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 18464, 18455

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18464	11166.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$85,615
18455	11172.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$46,828

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7341.08
Mechanism: CDC_HQ_Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 11166.08
Planned Funds: $85,615
Activity System ID: 18464

Activity Narrative: USG staff members provide direct technical support in this program area to the Ministry of Health and its National Centers, and to the Provincial Governments of Banteay Meanchey, Battambang, Pailin and Pursat. The USG and its partners assist in the implementation of activities.

This funding is for the portion of the contracts of the HIV Clinical Advisor and the Microbiologist dedicated to TB/HIV activities. The activities of the HIV Clinical Advisor that these monies support include participation in sub-technical working group on TB/HIV at the National TB Program (NTP) and the National Center for HIV/AIDS, Dermatology, an STDs (NCHADS) to update clinical guidelines on evaluation of HIV positive patients for TB and the screening of TB patients for HIV, as well as the management of co-infection; ongoing assistance in implementing Provider Initiated Testing and Counseling; oversight of implementation of TB screening tools being introduced in Banteay Meanchey; oversight of TB infection control activities supported by USG, consultation upon request to USG implementing partners to help assure harmonization of activities within USG, supervision and oversight of a demonstration project in the cited provinces in which screening for HIV is offered at point of service for TB; and serving as liaison between USG and NTP and NCHADS as USG hopes that lessons learned from demonstration project can be translated into national policy.

The activities of the microbiologist that these monies support include technical assistance to the NTP in implementation of the five year strategic plan for laboratory development that he authored for the NTP in 2006, development of EQA panels for sputum smears and for CD4 testing, training of laboratory staff at the National TB Program in mycobacterium liquid culture technique, which will facilitate the diagnosis of TB especially in PLWHAs (who have increased likelihood of sputum smear negative TB), helping NCHADS and NTP establish guidelines for the rational use of the laboratory in the management of PLWHAs with TB disease, and serving as liaison between USG and the National Institute of Public Health Laboratory.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11166
Related Activity: 18469, 18486, 18468, 18455

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25688	11166.25688.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9694	9694.09	CDC_HQ_Base	$92,403
11166	11166.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$138,144

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18469	18469.08	7347	7347.08	CDC_DTBE_GHAI	US Centers for Disease Control and Prevention	$250,000
18486	11167.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$43,697
18468	11303.08	7344	7344.08	NCHADS CoAg GHAI	National Center for HIV/AIDS Dermatology and STDs	$47,679
18455	11172.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$46,828

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	N/A	True
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	N/A	True
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	N/A	True
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7347.08
Mechanism: CDC_DTBE_GHAI
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Palliative Care: TB/HIV
Budget Code: HVTB
Program Area Code: 07
Activity ID: 18469.08
Planned Funds: $250,000
Activity System ID: 18469

Activity Narrative: The emphasis area of this activity is to improve the diagnosis of TB among HIV-infected persons through enhancement of tuberculosis laboratory capacity.

In FY 08, the USG will work alongside the Cambodia national TB program (CENAT) to expand capacity for culture and drug-susceptibility testing at the one national laboratory and one provincial laboratory. The target population includes all HIV-infected persons in HIV care services, as any of these persons would be able to get sputum culture if needed. Making liquid culture available would be a major focus of this laboratory expansion. Other laboratory enhancements would include strengthening external quality assurance and proficiency testing in those laboratories for microscopy and solid culture, training, and development of human resources. This activity augments current GFATM activities, which support smear microscopy and chest radiography, both of which are components of TB diagnosis in HIV-infected persons.

In addition to enhancing laboratory capacity, the USG will also develop a transportation network to deliver specimens from HIV care facilities in Pursat, Battambang, and Banteay Meanchey to the provincial laboratory, which is in Battambang, one of 3 provinces in which the USG supports TB/HIV activities. Banteay Meanchey and Pursat, the other two provinces the USG supports are adjacent to Battambang. This activity links to other TB/HIV activities by improving the diagnosis of TB among HIV-infected persons in HIV care within these 3 provinces, which increases the number of HIV-infected persons diagnosed with TB and excludes TB for a larger group of HIV-infected persons, thus allowing the initiation of isoniazid preventive therapy in these provinces.

In FY 08, the USG will continue to engage partners, including the Tuberculosis Control Assistance Program (TBCAP) and the Japan Anti-Tuberculosis Association (JATA) to assist with the development of this system.

In order to achieve the above results, the USG will conduct: site-assessments of existing TB laboratories in Battambang and at CENAT, fund any renovations needed prior to implementing liquid culture, procure supplies and equipment needed, provide training for solid and liquid-based culture techniques, identification, and drug-susceptibility testing, develop systems for transport of specimens to the laboratories, strengthen laboratory information management system for monitoring and evaluation of laboratory capacity enhancements, provide technical assistance for all aspects of this work.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 18464, 18486

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18464	11166.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$85,615
18486	11167.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$43,697

Table 3.3.07: Activities by Funding Mechansim

Mechanism ID: 7344.08

Mechanism: NCHADS CoAg GHAI

Prime Partner: National Center for HIV/AIDS Dermatology and STDs

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Palliative Care: TB/HIV

Budget Code: HVTB

Program Area Code: 07

Activity ID: 11303.08

Planned Funds: $47,679

Activity System ID: 18468

Activity Narrative: The National Center for HIV/AIDS and Dermatology STDs (NCHADS) and the USG have collaborated with TB/HIV activities nationally and with Provincial Health Departments in three provinces. Nationally, they have helped re-invigorate the TB-HIV working group as a forum where the national HIV and TB programs with assistance and support from partners can jointly develop policies around shared themes. These include roles and responsibilities in the diagnosis of TB among PLHAs and the screening for HIV among patients with TB, agreeing on TB screening criteria, on M&E indicators, and on how to share data across programs.

In FY 08, the NCHADS cooperative agreement and the USG will continue to work with national and provincial government partners to make optimal care universally available to HIV-infected persons with TB disease. It will add Pailin City to the locales it serves. Optimal care can be provided when both HIV infection and TB disease are found in its early stages, so active case detection efforts will be expanded. Optimal care can be provided only if available tests for diagnosing TB are of high quality. National TB Program has identified inconsistent quality of diagnostic smear microscopy. The USG regional laboratory analyst will work on site with TB laboratory staff, who do staining and microscopic exam, and health center staff, who do smear preparation, to optimize smear microscopy diagnosis. The cooperative agreement will also continue to provide funds to cover the cost of transport to VCT for impoverished TB patients without NGO support for transport.

The cooperative agreement in conjunction with the USG will continue to support quarterly TB staff meetings in the three focus provinces and will add Pailin as a fourth service area. It will provide mentoring of provincial health department (PHD) personnel who coordinate TB/HIV activities in Battambang and Pailin to improve their leadership in motivating TB staff to send their patients for HIV testing. With that intent, it will fund participation in a regional TB/HIV conference for up to 8 provincial level staff (up to two from each province and Pailin) showing exceptional leadership skills. With the recent opening of a USG office in Battambang, staffed with a project development officer with a focus on TB/HIV, a program support assistant charged with gathering performance indicator data and providing feedback to the PHD and clinical care sites, and a regional laboratory analyst, the USG will have a more consistent presence and will be able to provide regular feedback to health center staff regarding their success in referring TB patients for HIV testing.

However, it is noted that even in Banteay Meanchey, where this approach has been in practice for three years, 24% of TB patients with unknown HIV status are not receiving their test results. Recently, in response to a USG supported evaluation of Cambodia's PMTCT program, NCHADS has modified its position regarding HIV testing at primary care sites to allow screening with a single Determine rapid test to be done at the health center level, with all positives referred to VCT or OI/ART clinic for confirmatory testing and appropriate post-test counseling. NCHADS, the PHD, and the USG will identify selected health center sites with high TB case load and will pilot on-site testing at those sites, using training tools developed by the USG and translated into Khmer.

At the national level, CDC-GAP will continue to provide technical assistance by participating on TB-HIV TWG. In addition if the training materials used to train HC staff in counseling and testing prove effective, CDC-GAP will provide these materials to the NTP for use nationwide as it scales up on-site HIV screening of TB patients.

Finally, CDC-GAP will support increased attention to infection control either by sponsoring an international consultant to evaluate care sites in Cambodia or supporting two Cambodians, one from the TB program and one from NCHADS, to get training in this area. Training would consist of attendance at international training courses and mentorship under USG consultants. A field evaluation will also be supported to develop recommendations regarding steps needed to minimize risk of TB transmission in HIV care facilities.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 18486, 18464, 18451, 18455

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18464	11166.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$85,615
18486	11167.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$43,697
18451	11170.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$36,342
18455	11172.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$46,828

Targets

Target	Target Value	Not Applicable
7.1 Number of service outlets providing treatment for tuberculosis (TB) to HIV-infected individuals (diagnosed or presumed) in a palliative care setting	57	False
7.2 Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease	125	False
7.3 Number of individuals trained to provide treatment for TB to HIV-infected individuals (diagnosed or presumed)	190	False
7.4 Number of registered TB patients who received HIV counseling, testing, and their test results at a USG supported TB service outlet	3,300	False

HKID - OVC

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Total Planned Funding for Program Area: $1,500,026

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$35,095
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

In 2005 the United Nations Child Development Health Survey estimated that there were between 470,000 and 580,000 OVCs in Cambodia; this figure is more reflective of widespread poverty than disease burden. A more recent estimate from Cambodia's National Center for HIV/AIDS, Dermatology and STDs (NCHADS) is that in 2006 there were 3,870 children 0-14 years old living with HIV or AIDS. Currently there are no accurate estimates of the number of Cambodian OVC affected or infected by HIV or AIDS.

Cambodia remains one of the poorest countries in the region, with a rural population of over 80% and no social welfare supports which leaves many orphans, children and families economically and socially vulnerable. Identifying and distinguishing AIDS orphans from the multitude of vulnerable children is difficult. Many OVC programs in Cambodia serve to alleviate poverty and enable children to access health care and school. While the USG agrees that a community and family-based assistance approach is the most appropriate for OVC, the needs demand a more holistic rural development and poverty alleviation framework. With limited and possibly decreasing USG funds, and no viable funding alternatives (e.g. GF), the USG will limit support to maintaining assistance to OVCs currently benefiting from USG-funded activities. Efforts to transition current OVC activities to host country mechanisms will continue where possible. With no data to determine the extent of OVC infected or affected by HIV/AIDS, it is difficult to limit assistance to these populations given the enormous educational, nutritional, and health care needs of most rural and many urban Cambodian children.

In FY 06, Cambodia's initial year under PEPFAR, USG surpassed its targets for direct service provision to OVC, with 21,758 OVC served (equally to both sexes) and 2,293 providers/caretakers trained. Positive outcomes include: integration of OVC activities with other HIV program areas such as pediatric Antiretroviral Therapy (ART), Home Base Care (HBC) and clinical palliative care; increased OVC access to HIV and basic health services, nutritional, educational and psycho-spiritual services; increased skills of HBC teams and caregivers to provide HIV-related and basic health care to OVC; policy development at national levels and implementation at commune levels; and establishment of community-led initiatives addressing OVC needs. USG OVC activities leverage funding from GF and other donors, and food support from the World Food Programme (WFP).

In FY 08, USG will implement programs that continue to support OVC activities in all key HIV/AIDS prevention, care, and treatment service areas and mitigate the impact of HIV where possible. Community activities will be supported to enable communities and caretakers to assume increased responsibility and care for OVC and extended/foster families by ensuring they receive holistic care and access to critical community (non-clinical) services. The USG will implement activities that increase caretaker skills to assess OVC health status, and educational, psychosocial, nutritional and basic needs; provide referrals for medical and support services; provide HIV prevention counseling and legal protection for OVC; increase parenting skills; and reduce stigma against HIV positive OVC and their families. On a limited basis, USG will support residential care when preferable options are not available. USG will also continue to support FBO programs in pagodas, mosques and churches that provide cost-effective, community-based non-clinical OVC services.

USG will continue to provide support to develop the capacity of home care teams in counseling and palliative care; succession planning; child participation; life skills; parenting skills; and stigma and discrimination reduction. Efforts will be made to strengthen the links between OVC community-based interventions and those in health facilities in order to increase access to services such as VCT, PMTCT, OI treatment, ARVs, and pediatric AIDS care. In addition, strong links and partnerships will be established with community development organizations that can support additional comprehensive economic activities and skills for beneficiaries.

USG collaborates with the Ministry of Health and Ministry of Social Affairs, Veterans and Youth (MoSAVY) to implement OVC activities in accordance with the National Multi-Sectoral HIV/AIDS Strategy. Funding is leveraged from the GF and the European Commission through USG implementing partners that enables them to expand services for OVC services to additional provinces and support interventions that cannot be funded by USG (e.g. food which is provided by WFP). Collaborative relationships with GF and UNICEF will continue at the national and provincial policymaking, advocacy, and program coordination levels.

Program Area Downstream Targets:

8.1 Number of OVC served by OVC programs	13560
*** 8.1.A Primary Direct	10730
*** 8.1.B Supplemental Direct	1770
8.2 Number of providers/caregivers trained in caring for OVC	2655

Custom Targets:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	8013.08	**Mechanism:**	USAID Personnel
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Orphans and Vulnerable Children

Budget Code: HKID
Program Area Code: 08
Activity ID: 18248.08
Planned Funds: $15,200
Activity System ID: 18248
Activity Narrative: BSok, HIV/AIDS Technical Advisor, FSN – salary and benefits, local and international travel
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 18204, 18246, 18206, 18207, 18249

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18246	18246.08	8013	8013.08	USAID Personnel	US Agency for International Development	$43,725
18249	18249.08	8013	8013.08	USAID Personnel	US Agency for International Development	$15,200

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	N/A	True
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	N/A	True

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7766.08
Mechanism: CSHAC
Prime Partner: Khmer HIV/AIDS NGO Alliance
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Orphans and Vulnerable Children
Budget Code: HKID
Program Area Code: 08
Activity ID: 11387.08
Planned Funds: $1,000,000
Activity System ID: 17935

Activity Narrative: In FY 08, Khmer HIV/AIDs NGO Alliance (KHANA) will continue to focus on HIV positive children as well as children who are directly affected by HIV and AIDS in ten provinces. KHANA will address human and local organization capacity development and in-service training, targeted evaluation, strategic information, and food security.

In FY 08, KHANA will continue to provide basic medical care to OVC through the home care teams (HCT) during home visits and will increase efforts to refer more OVC to other services such as vountary counseling and testing (VCT), opportunistic infection (OI), tuberculosis (TB) and pediatric anti-retroviral therapy (ART). OVC that are HIV positive and their caregivers will receive education and support from HCT to cope with the side effects of ARV and to ensure treatment adherence and follow up.

Additional OVC will continue to be supported to attend school. HCT will also provide counseling and psychological support to children infected and affected by HIV and their families and to refer eligible OVC to appropriate vocational training opportunities. These children will be provided with information, education, and communication (IEC) material when parents become terminally ill, preparation for foster care, memory books and succession plans. Additional social services will also be available to reduce stigma and discrimination towards OVC within communities and serve as platforms for HIV prevention education.

In FY 08, KHANA will organize community mobilization meetings, including the engagement of local faith-based structures, such as pagodas and churches to help reduce the stigma and discrimination that is so often experienced by OVC and their families and to encourage a community response to HIV/AIDS with particular reference to OVC.

KHANA will conduct refresher training for HCT and care givers to improve their skills at delivering home based care services for OVC. Partners design training based on needs of HCT including; responding to the needs of OVC, child rights and child protection policy, school support, life skills, succession planning, memory book development, seeking foster care, and pediatric ARV.

As specified in the 5-year strategy, KHANA will focus on the children and families affected by AIDS who require medical care and psychosocial and economic support. KHANA's activities will directly address the real or threatened prospects faced by these HIV-affected children of abandonment, stigma and discrimination, exclusion from community activities and schooling, malnutrition, and exploitation, including trafficking into commercial sex.

KHANA aims to improve the lives of these children by providing care and treatment, social support and legal protection for them and their foster and extended families. KHANA will also strengthen the capacity of families, communities, and non governmental organizations, community base organizations and faith base organizations to care for OVC.

KHANA works closely with the World Food Program (WFP) to provide monthly food rations for OVC in all USG supported provinces outside of Phnom Penh and Kandal.

In FY 08, KHANA will continue to be a member of the OVC National Task Force and contribute to technical working groups working on OVC and service-related policy. The KHANA USG-funded activities with OVC are complimentary to the KHANA OVC activities funded by the Global Fund and the European Union (EU).

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11387

Related Activity: 17932, 17934, 17936, 17937

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11387	11387.07	U.S. Agency for International Development	Khmer HIV/AIDS NGO Alliance	5732	5732.07	KHANA	$525,932

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17932	11384.08	7766	7766.08	CSHAC	Khmer HIV/AIDS NGO Alliance	$180,000
17934	11386.08	7766	7766.08	CSHAC	Khmer HIV/AIDS NGO Alliance	$600,000
17936	11388.08	7766	7766.08	CSHAC	Khmer HIV/AIDS NGO Alliance	$70,000
17937	11389.08	7766	7766.08	CSHAC	Khmer HIV/AIDS NGO Alliance	$200,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Wraparound Programs (Other)

* Food Security

Food Support

Estimated PEPFAR dollars spent on food	$35,095

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	10,000	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	575	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Special populations

Most at risk populations

Street youth

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	7727.08	**Mechanism:**	PRASIT
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Orphans and Vulnerable Children
Budget Code:	HKID	**Program Area Code:**	08
Activity ID:	17683.08	**Planned Funds:**	$347,576
Activity System ID:	17683		

Activity Narrative: FHI's primary beneficiaries under this component are OVC/PLHA infected and affected persons and their families. FHI's OVC and HBC interventions are integrated to develop a more comprehensive family focused approach. In FY 08, focus will be placed on targeting families directly infected and affected by HIV/AIDS and technical assistance at the national level, targeted capacity building training, development of tools, monitoring and supervision, and quality assurance.

In FY 08, FHI will provide extensive capacity building to home care teams on topics such as counseling and palliative care; succession planning; child participation; life skills; parenting skills for caregivers; providing or establishing linkages for medical, psychosocial, and economic support; and stigma and discrimination reduction. Efforts will be made to strengthen the links between OVC community-based interventions and those in health facilities in order to increase access to services such as VCT, PMTCT, OI treatment, ARVs and pediatric AIDS care. In addition, strong links and partnerships will be established with community development organizations that can support more comprehensive economic activities and skills to beneficaries. Regular comprehensive monitoring will be conducted using the regionally adapted OVC QA/QI tools and resources. Horizontal cross sharing among different sub partners will be encouraged.

To enable effective implementation, FHI links with a variety of partners, including provincial authorities and NGOs. This ensures the coordination of activities and HIV/AIDS care, support and treatment referrals, NGOs for income generation and vocational training support; school authorities; legal bodies; local wats and pagodas, commune and village chiefs; the National AIDS Authority (NAA), UNICEF and MoSVY for development of national policy and advocacy; and Global Fund for additional funding resources and implementation in selected sites in Kampong Cham

In FY08, FHI will support its partners to provide direct support to 2500 children living with and affected by HIV/AIDS. Another 2000 caregivers and health care providers will be trained to provide care and protection for OVC.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	2,500	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	2,000	False

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 7909.08

Mechanism: SCICH

Prime Partner: CARE International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Orphans and Vulnerable Children

Budget Code: HKID

Program Area Code: 08

Activity ID: 11371.08

Planned Funds: $130,000

Activity System ID: 18003

Activity Narrative: In FY 08, the CARE home based care (HBC) teams will be responsible for monitoring and assisting households with OVC and assisting families with succession planning for child care when necessary. Adequate parenting by biological parents or an extended family member will be facilitated where possible and placement with appropriate non-related caretakers where not. This will be accomplished through advocacy with village leaders, religious leaders, and the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSALVY) to involve village Child Protection Networks (CPNs) in child placement. CARE will train local leaders in the new adoption law and related procedures, and assist in establishing and supporting community-based mechanisms to evaluate and select OVC family placements, assist adoptive families in securing legal status, and provide follow up support.

CARE will also provide subgrants to support group homes for OVC who cannot be placed in a family, and will monitor the care they provide. In FY 07, CARE served over 1,680 children in the proposed project area who are either orphaned due to HIV/AIDS or unusually vulnerable due to chronic illness in the family, physical or mental disability, physical psychological or economic abuse/exploitation, and/or extreme poverty.

In FY 08, CARE will ensure strong linkages between the program activities and its literacy, life skills and livelihoods program in Koh Kong province, integrating vocational training and/or scholarship support for young people identified through the OVC support activities. This will be operationalized through partnership with Pagodas and other existing youth groups.

HBC teams will advocate for and mobilize community support to OVC households and CARE will implement interventions to enhance community resources in villages with a high concentration of PLHA/OVC. CARE will encourage communities to establish play activities, such as painting, for OVC and non-OVC in the same village, enabling them to interact with each other positively and form friendships. This model has proven highly successful in breaking down social barriers and improving the psychosocial well-being of previously marginalized children. In communities with several OVC, CARE will facilitate meetings of caretaker support groups.

In Phnom Penh, The Early Childhood Development Center provides day care and support ensuring that PLHA will not have to abandon their children in order to work. In FY 08, the center will continue to provide a safe place for working mothers and fathers to leave their children while they work.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11371

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11371	11371.07	U.S. Agency for International Development	CARE International	5761	5761.07	CARE	$161,477

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights

Human Capacity Development

* Training
*** Pre-Service Training
*** In-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* Child Survival Activities

Wraparound Programs (Other)

* Economic Strengthening
* Education
* Food Security

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
8.1 Number of OVC served by OVC programs	1,060	False
8.1.A Primary Direct	N/A	True
8.1.B Supplemental Direct	N/A	True
8.2 Number of providers/caregivers trained in caring for OVC	80	False

Target Populations

General population

Children (under 5)

Boys

Children (under 5)

Girls

Children (5-9)

Boys

Children (5-9)

Girls

Ages 10-14

Boys

Ages 10-14

Girls

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Orphans and vulnerable children

HVCT - Counseling and Testing

Program Area:	Counseling and Testing
Budget Code:	HVCT
Program Area Code:	09

Total Planned Funding for Program Area: $566,158

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

In Cambodia, the Voluntary and Confidential Counseling and Testing (VCT) sites are managed and supervised by the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS -- the Ministry of Health (MOH) HIV/AIDS Program) with financial support from bilateral partners (USG, DFID, French Cooperation), UNICEF, Global Fund, and various NGOs. VCT centers operated by NGOs are accredited by NCHADS and follow national guidelines and reporting procedures.

VCT is an important entry point to the AIDS Continuum of Care (CoC, see uploaded diagram). CoC is the national network model which links care and support services at all levels, and includes VCT, PMTCT, opportunistic infection/anti-retroviral treatment (OI/ART), and community and home-based palliative care. NCHADS endorses a national algorithm using two rapid tests: the first screening test is highly sensitive (Determine, Serodia) and the confirmatory test is highly specific (Uni-Gold, Stat-Pak). NCHADS has a comprehensive national-standard VCT training curriculum, and provides ongoing training to counselors and laboratory technicians in counseling and HIV rapid test protocols and procedures. A quality control program has been implemented recently, but there is a need for improvement.

Since the first VCT site was established in Cambodia in 1995, there has been rapid expansion. As of March 2007, 156 VCT sites provide counseling and testing services in all 24 of Cambodia's provinces/municipalities. The number of people seeking VCT services has increased correspondingly. From January 2006 through March 2007, 260,713 persons were tested and received their results at VCT sites throughout the country. Of these, 6.2% were found to be HIV-positive. Women account for 45% of all individuals tested, and 54% of all positive test results. To improve the uptake of VCT, the MOH recently approved provider-initiated counseling and testing (PITC).

The USG has played a significant role supporting NCHADS to increase the availability of VCT services. USG support has helped establish half (78/156) of the VCT sites currently operating in 14 provinces. The number of persons tested in those sites in 2006 was 105,150, 54% of the total number tested nationally. There are 17 VCT sites owned and run by NGOs funded by USG. In the past, USG funds supported renovation of facilities to create a secure, confidential space for counseling, equipment, and technical support to assure VCT services were of a high standard. Over time, financial support has been reduced and USG provides support for core and operational costs which include capacity building for counselors and lab technicians, equipment, quality assurance, technical support on an as-needed basis, and other associated costs to enable service delivery. VCT services are supported by USG and other donors. NCHADS has funds from Global Fund and other donors such as UNICEF to support other VCT operational costs (including salary supplementation and test kits) for the majority of VCT centers that were originally established with USG funds.

In FY 08, in line with the USG Strategic Planning 2006-2010, USG and its implementing partners will continue to enhance the capacity of the national program and NGO partners to improve quality VCT services and increase accessibility throughout Cambodia. There will also be an emphasis on quality assurance. The specific activities are as follows:

• Improving the uptake of VCT: The strategy is to increase accessibility of VCT services to most-at-risk populations (MARPs) including military, sex workers, injecting drug users, and men who have sex with men through the creation of mobile VCT, education, and referral “centers”. USG will also support the implementation of new VCT strategies like PITC to increase uptake of VCT services by high-risk groups, couples (including discordant couples), TB patients, pregnant women, orphaned children, and youth. Individuals will be screened for HIV at health centers and USG partners will work with community structures such as Community and Home Base Care Teams, Village Health Support Groups and community volunteer groups. In addition, support for development of information, education, and communication (IEC) materials that explain the benefits of early testing and identify mechanisms for transportation and social support will be provided.

• Quality improvement: USG will provide technical assistance to various levels of the health system to ensure VCT services are linked to prevention, care, and treatment, and other programs that facilitate patient needs are met through linking CoC services; work with the National Institute of Public Health, Pasteur Institute of Cambodia, and NCHADS to expand the quality control system to ensure accurate HIV rapid test results; and strengthen capacity of national and provincial staff in conducting monitoring and supervision of VCT centers, including use of monitoring data to improve service delivery.

• Capacity building: At the national level, USG partners actively participate in VCT technical working groups and advisory groups as well as provide technical assistance for the revision of national policies, strategies, and counselor training curricula. USG supports the primary and refresher training of VCT counselors and laboratory staff as well as the regular regional counselor network meetings. USG supports VCT sites to promote and implement couples counseling to mitigate negative outcomes related to disclosure, especially those faced by women. USG also supports counselors to improve the quality of counseling provided to discordant couples.

VCT has been integrated into 38 existing CoC sites in referral hospitals where there is a comprehensive package of services including OI, ART, PMTCT, TB/HIV, Pediatric AIDS, and community-based care services. A referral linkage has been set up between all VCT sites around the CoC to refer all positive clients for TB screening, OI, and ART treatment. This referral system is well coordinated by the CoC committee and the Home Based Care network. To enhance the referral linkages, NCHADS has developed Standard Operation Procedures (SOP) for strengthening referral linkages within and between community-based and health facility based services to support a coordinated response for prevention, care, and treatment of HIV and STI. USG team and its partners participated in the development of this document and supported implementation activities of this SOP. In addition, in the 17 USG NGO funded VCT sites, an integrated package of services has been provided including services for family planning, reproductive health, STI treatments, and PMTCT.

Despite the rapid expansion of VCT clinics over the past 2 years in Cambodia, the uptake of these services is still limited due a variety of factors including HIV-related stigma and discrimination, and high transportation costs to access services. There are some concerns about the quality of services and the delay in supplying test kits to the service outlets. In addition, there are weak linkages between VCT and other services within the national CoC framework. In FY 08, USG and other donors will continue to work closely with NCHADS to address these challenges.

Program Area Downstream Targets:

9.1 Number of service outlets providing counseling and testing according to national and international standards	89
9.3 Number of individuals trained in counseling and testing according to national and international standards	326
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	69285

Custom Targets:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7727.08
Mechanism: PRASIT
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 11223.08
Planned Funds: $101,708
Activity System ID: 17684

Activity Narrative: In FY 08, at the national level, FHI will continue providing technical assistance to the National Center for HIV/AIDS Dermatology and STDs (NCHADS) in the revision of voluntary and confidential counseling and testing (VCT) guidelines, policies and procedures, and training curricula to incorporate new and emerging issues. FHI will support quarterly in-country regional counselor networks in Battambang and Kampong Cham provinces, which will provide a forum for sharing of experiences, providing updated skills and knowledge, and discussing approaches for quality assurance and quality improvement. These forums will also be used to provide training on important issues such as discordant couples counseling, positive prevention and family planning options counseling for HIV positive clients during post test counseling. There will also be more aggressive and intensive promotion of VCT services for families of PLHA, especially partners through counseling and other approaches.

At the facility level, in FY08, emphasis will be placed on quality assurance and improvement, setting up integrated STI/VCT/RH systems and sites. Through counselor network meetings and other specific training opportunities for counselors, targeted training will be provided on family planning options counseling during post test counseling among HIV-positive clients, PMTCT and STIs. Due to the lack of systematic links between STI, reproductive health (RH) and VCT, two additional health centers will be piloted as sites for ‘one stop shop’ RH, STI, VCT services. The process will be documented. STI providers in these sites will be trained on ‘Provider Initiated Testing and Counseling' (PITC). Efforts will be made to strengthen linkages between TB and HIV through piloting of options mentioned in national SOPs.

At the community level, in selected sites, such as military and police schools including drug rehabilitation centers in Battambang and Banteay Meanchey, border battalions and Korsang, mobile integrated VCT/STI services will be promoted. Outreach and home based care services will promote counseling and testing services so vulnerable groups and their families have multiple options for HIV testing where they can be directly linked with community-based prevention, treatment, care, and support services. Regular monthly supervision using QA/QI tools will be undertaken by FHI VCT officers, as well as by periodic joint operational district (OD), provincial health department (PHD), NCHADS, and FHI supervision teams. Blood samples will be sent to the National Institute of Public Health (NIPH)/ Pasteur Institute periodically for quality control checks.

Training is a cross cutting component, with health providers and counselors being trained on topics such as discordant couple counseling, positive prevention, data management, and adherence to national guideline and procedures. 56 counselors and providers are expected to be trained on VCT issues.

FHI will provide direct technical assistance to 28 VCT sites, but also promote VCT services in general in all prevention, care, support and treatment programming. At least 35,000 individuals are expected to use and collect results from these sites by the end of the year.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	28	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	56	False
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	34,400	False

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7942.08
Mechanism: Good Health
Prime Partner: World Relief Corporation
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 11319.08
Planned Funds: $82,000
Activity System ID: 18086

Activity Narrative: The main Counseling and Testing activities World Relief will undertake through the Strengthening Capacity for Improved Community Health, Sokhapheap Phum Young: "Our Healthy Village" project (SPY) and through its Mobilizing for Life (MFL) project are: training and education to several population groups about VCT in order to increase the number of persons who receive VCT services. As World Relief does not directly support VCT service delivery, no direct targets have been established, however, the project efforts intend to indirectly contribute towards increased utilization of VCT services and improved quality of services.

The emphasis areas of the training includes increasing knowledge about the benefits of testing, where testing can be obtained, who should get tested, and how testing happens.

Currently, only a very small proportion of the population from SPY's geographical area is accessing VCT. In 2006, 4739 persons, up from 1015 individuals in 2005, from the target population (men and women 15-49 year) were tested.

Education will be provided through a variety of channels to different population groups. The main channel is through training. In SPY, 30,045 persons will receive training in HIV including VCT topics. In MFL, the project expects to train 15,850 persons in VCT topics. More people will be reached through interpersonal communication from trainees. Within SPY, an additional 348,925 people will be reached with information from those trained, and in MFL, 136,000 people will be reached. SPY adapts and distributes information, education and communication (IEC) material including leaflets, flip charts, and other materials which its trainees use as a reference to assist in educating others. Another channel used is radio, SPY produces and airs one hour radio programs once per week on all project topics, including VCT, which reaches SPY's geographical focus areas. Another channel used is folk media performances – each quarter SPY's male behavior change team stages performances (such as story telling and puppet shows) which incorporate education into the entertainment and reach most village residents.

The key population groups reached in SPY include: 12,202 women health educators – 20 to 50 year old women volunteers selected by their communities, 1,993 male behavior change communication volunteers – 2 male leaders selected by their community, 183,030 heads of households, and community members. The population groups reached in MFL include 1,050 CREDIT microfinance group members – a cross section of the population and mostly women, 5,000 church leaders and members, 4,500 youth aged 11-18 and 5,300 village leaders and community members.

MFL activities are also focused on providing education to several audiences and the project expects to train a total of 15,850 persons in VCT topics during the fiscal year. CREDIT microfinance group members, church leaders and members, youth 11-18 and village leaders and members all receive training on a biweekly basis (weekly for teens) on different aspects of HIV and related topics. VCT is covered on a regular basis. The project will also raise awareness of the available ARV treatment from MSF in Kampong Cham and to address possible fears of testing, including the perception that HIV treatment is not available. In addition, the project will encourage all openly HIV positive individuals to be tested for TB.

These activities contribute towards achieving the vision outlined in the USG Cambodia HIV/AIDS 5 Year Strategy.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11319

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11319	11319.07	U.S. Agency for International Development	World Relief	5716	5716.07	Our Healthy Village	$45,071

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing women's access to income and productive resources

PHE/Targeted Evaluation

Wraparound Programs (Health-related)

* Child Survival Activities
* Family Planning
* Safe Motherhood

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Indirect Targets

The project efforts intend to indirectly contribute towards increased utilization of VCT services and improved quality of services. The emphasis areas of the training include: increasing knowledge about the benefits of testing, where testing can be obtained, who should get tested, and how testing happens.

Target Populations

General population

Ages 10-14

Boys

Ages 10-14

Girls

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

Religious Leaders

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 8013.08
Mechanism: USAID Personnel
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 18249.08
Planned Funds: $15,200
Activity System ID: 18249
Activity Narrative: BSok, HIV/AIDS Technical Advisor, FSN – salary and benefits, local and international travel
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 18206, 18204, 18246, 18248, 18207

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18246	18246.08	8013	8013.08	USAID Personnel	US Agency for International Development	$43,725
18248	18248.08	8013	8013.08	USAID Personnel	US Agency for International Development	$15,200

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	N/A	True
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 7909.08
Mechanism: SCICH
Prime Partner: CARE International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Counseling and Testing
Budget Code: HVCT
Program Area Code: 09
Activity ID: 11372.08
Planned Funds: $60,000
Activity System ID: 18101

Activity Narrative: In FY 08, CARE will continue to integrate VCT into its larger ABC prevention activities. Using the same platforms that are outlined in the activity narratives of AB and Condoms and other prevention, CARE will work in Koh Kong province and Phnom Penh with high risk populations including beer promotion girls, garment factory workers, youth out of school, young urban males and married couples in rural areas. Building on FY 07 activities, and initiating new innovations in FY 08 VCT health promotion messages will be packaged as part of a gender based approach to HIV prevention, which addresses cultural sexual norms that put both men and women at risk for HIV.

Building on the sound relationship already established in 2007, CARE will particularly target newly married couples, through a peer educator approach, termed Couples in the Know (CITK). Youth will also be targeted through a peer educator approach. VCT referral will be supported, by providing training and incentives to Village Health Volunteers for referral. 1600 people will be tested at 2 VCT centers.

In the urban areas, CARE predominately implements through local partner NGOs, which work in factories or other targeted sites delivering the activities outlined below. In FY 08, CARE will work with 8 NGO partners. VCT messages are delivered using small and large health promotion activities based on strong partnerships with private industries and volunteers.

In FY 08, CARE will specifically address the areas of gender, capacity building and workplace programs.

Peer education for youth and adults will enhance lifeskills and empower young people not to engage in high risk behavior. Life skills, HIV/AIDS awareness and prevention, reproductive and sexual health messages, and the benefits of being tested are incorporated into the training of peer educators for each nominated high risk group. In the the urban areas there are 200 peer educators (PE) for young urban males, 2,400 PE working in 40 garment factories, and 120 beer promotion peer facilitators. Target groups are identified through workplace and employers groups in the case of the women, and for Young Urban Males (YUM) in outreach promotions such as universities, nightclubs and bars. Peer educators receive three days of intensive training using curricula and materials developed and supplied by CARE. Refresher trainings and monitoring and tracking of peer educators is followed on a monthly basis by each individual NGO partner and organisation learning is shared at a monthly meeting of all partners.

CARE will assist in raising awareness of the benefits of VCT through its network of PEs, who will be trained and supported in actively promoting the benefits of VCT and publicizing the locations of MoH approved VCT centers. They will stress the importance of being tested only at an MoH approved site, as there are many unregulated private testing services.

In Koh Kong province, CARE will train and support PE who are "model" couples, one per 30 families in the village. These Couples in the Know (CITK) are the focal points for queries or referral to VCT. CARE staff will train the CITK for three days, then monitor activities on a monthly basis. CARE will support monthly meetings of CITK where experiences, successes, and obstacles are exchanged. In previous years this approach has proven successful in generating demand for VCT, particularly when the CITK peer educators are highly respected in the village.

With all activities and target groups CARE will promote VCT by providing health promotion materials showing the location and cost of available services. CARE will also train and support both workplace-based and public health providers in VCT. This training will emphasize confidentiality and respectful provider demeanor so that clients feel comfortable accessing the services. CARE will conduct sessions with providers to sensitize them to the special needs of vulnerable populations and provide them with skills in breaking down real and perceived barriers.

In FY 08, CARE will also conduct small and large scale target group mobilization and health promotions, with a focus on the benefits VCT. These will be conducted at participating employer facilities, universities, nightclubs, at health facilities, with youth groups, as well as at the village level with local authority participation. The messages will be delivered using media, IEC material, interactive games, and other participatory activities.

For youth, who are often hesitant to seek testing, the location of ‘youth friendly’ VCT will be specifically publicized, e.g., the RHAC clinics and ‘youth-friendly’ Health Centers (HC). VCT education and information materials will include information on HIV care and treatment to assure people that services are available if they test positive. CARE will support the National Center for HIV/AIDS and Dermatology (NCHADS) training of people living with HIV/AIDS (PLHA) as VCT counselors and strengthen referrals from VCT to HIV/AIDS care and treatment through provincial Continuum of Care (CoC) technical support teams and the Operational District (OD) CoC coordination mechanism.

In FY 08, in Phnom Penh CARE will continue to advocate and facilitate the provision of VCT referral network by the garment factory and beer distributors management for their staff. This will be done through the employers association channels that have been established by CARE with the private institutions in FY 06 and FY 07. CARE facilitates and provides logistics support to participating referral clinics to meet regularly to discuss operating issues and responsibilities. Referral data is collated monthly and reported to CARE quarterly. The exisiting referral network will be accessed by the YUM target group through a confidential counseling function in the CARE youth center.

In FY 08 CARE will pilot a mobile VCT van, which arrives in villages following promotion messages through the volunteers, and encourages testing on the spot. Activities around the arrival of the van will include theater and music messages, as well as formal welcoming by village leaders and volunteers. The VCT will be done by health staff from the VCT facility. Follow up and tracking will be done through the exisiting channels already established in the VCT facility.

CARE will continue to strongly advocate that employers take responsibility for their staff in the areas of reproductive and sexual health with key HIV/AIDS prevention and VCT focus. Activities include logistics and technical support to employers groups and associations, development and refinement of good corporate citizen code of conduct with emplyees and leveraging the power of the private organizations to advocate for safe and healthy work practices at the national level.

Activity Narrative: CARE will continue to participate in HIV/AIDS TWG at national level feeding into national policy, guidelines, and protocol refinement.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11372

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11372	11372.07	U.S. Agency for International Development	CARE International	5761	5761.07	CARE	$77,744

Emphasis Areas

Gender

* Addressing male norms and behaviors

Human Capacity Development

* Training

*** Pre-Service Training

Local Organization Capacity Building

Wraparound Programs (Health-related)

* TB

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
9.1 Number of service outlets providing counseling and testing according to national and international standards	2	False
9.3 Number of individuals trained in counseling and testing according to national and international standards	N/A	True
9.4 Number of individuals who received counseling and testing for HIV and received their test results (excluding TB)	N/A	True

Target Populations

General population

Ages 15-24

Men

Ages 15-24

Women

Adults (25 and over)

Men

Adults (25 and over)

Women

Other

Pregnant women

HTXS - ARV Services

Program Area:	HIV/AIDS Treatment/ARV Services
Budget Code:	HTXS
Program Area Code:	11

Total Planned Funding for Program Area: $1,107,546

Amount of Funding Planned for Pediatric AIDS	$13,502
Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0
Estimated PEPFAR dollars spent on food	$0
Estimation of other dollars leveraged in FY 2008 for food	$0

Program Area Context:

Cambodia has rapidly scaled up ARV services in the last 3 ½ years from four service sites to 47 with at least one clinic in 19 of the 24 provinces and 38 of 69 operational districts; 22 of the 47 sites provide pediatric services and 42 provide treatment for adults. One hundred seventy-nine clinicians have received the national training in management of adult infection and 73 have received the national pediatric training. Cambodia exceeded WHO 3X5 treatment targets; it exceeded USG Five Year Strategy targets for September 2007 in 2006, and is likely to exceed targets set for September 2008 prior to the end of calendar year 2007. Those targets were established when infected patients were estimated at 123,100, which has since been revised to 67,200. As of July 2007, 23,587 PLHAs were on ART, including 2,155 children. (71% of adults and 72% of children estimated to be eligible). Targets for 2009 and 2010 will be established by National Center for HIV/AIDS, Dermatology and STDs (NCHADS) in October 2007. NCHADS plans to train additional personnel sufficient to open three or four more care sites, and to add pediatric services to eight more sites by 2009. Through Global Fund support, the estimated demand for opportunistic infection (OI) and anti-retroviral (ARV) drugs is met through 2009 (the approval of Round 7 proposal would assure drug support through 2012).

Rapid scale-up has facilitated the active involvement of international partners. The USG has provided technical support to the national program in development of the national curriculum for clinicians, treatment guideline revisions, and participation on several technical working groups. It has funded WHO to develop and provide technical assistance to a data management unit at NCHADS, which receives performance indicator data from Provincial AIDS Offices (PAO). USG also provides direct support to 16 service sites as of October 2007, which it will maintain through FY 08. Six of these sites offer pediatric care. The nature of future support includes trainings to maintain providers' clinical expertise, transportation support for patients and in some instances food and lodging, strengthening physical infrastructure of care facilities, strengthening linkages across the continuum of care and with the community, improving quality by sharing data on performance indicators with staff, and setting up systems for monitoring and supervision activities. Two USG funded NGOs are establishing satellite clinics so that stable patients can receive care closer to home, as well as providing training to staff of home based care teams and "non-OI/ART health centers" so that they can provide medical back-up for PLHA in the community. Community support activities also include strengthening the roles of Village Health Support Groups and PLHA groups as promoters of ART adherence and providing a DOTS service for pediatric AIDS dosing.

Given rapid scale-up in services and variable opportunity for on-site mentoring, NCHADS requests that USG provide support for a quality assurance/improvement system (QA/QI). This will be a new focus of USG activity in FY 08. Limited information regarding quality of care is currently available. Data from seven sites where treatment outcomes were reported for 2,093 patients on ART for 12 months is as follows: 9.1% died, 4.1% were lost to follow-up, 82.6% were alive and on first line therapy, and 1.1% of survivors were on second line therapy. Follow-up CD4 counts were available at one USG supported site: among 276 patients enrolled in 2005, started on ART and still in care through 2006, 267 had follow-up CD4 available. The mean increase was 156 cells/μL; CD4 response gradually increased over time on ART, with a median increase of 90 cells/ μL at four months, and 180 cells/ μL at 18 months.

The USG team will work with NCHADS to develop a standard operating procedure (SOP) for quality of care organized at the regional level involving a geographic cluster of provinces. The USG and NCHADS will jointly examine QA/QI tools used in other countries to assess feasibility for Cambodia. In FY 08 QA/QI SOP will be introduced in the northwest region of the country, where USG supports the areas' HIV care and treatment services. If successful there, NCHADS will introduce it in step-wise fashion nationwide in 2009.

The USG recognizes that as the number of patients on treatment grows, so does the challenge of assuring an uninterrupted supply of OI/ART drugs and supplies. The USG will work with the Reproductive and Child Health Alliance (RACHA), an indigenous NGO that developed a drug management inventory database for the Central Medical Stores (CMS), and the Clinton Foundation to strengthen CMS' supply chain management, procurement, and logistics systems. The USG may bring in short technical assistance to help CMS develop procedures to prevent stock outs of essential drugs, reagents, and supplies.

USG will also collaborate with WHO and NCHADS in developing a drug resistance monitoring system, the specific contribution to be coordinated with WHO and NCHADS. This will be a new USG activity.

Pediatric HIV/AIDS treatment has also been rapidly scaled up. USG partially supports six of 22 pediatric treatment sites, serving 1035 children on ART; these sites will increase support to 1240 children by the end of FY 08. NCHADS has adequate expert clinical advisors through the Clinton Foundation and Brown University. There are no surveillance data regarding pediatric HIV/AIDS burden in Cambodia. Current estimates of 3900 infected children in 2006, 3300 in 2007, 2800 in 2008 are based on Asian Epidemic Model and are likely underestimates. NCHADS has set draft targets for children on ARVs at the end of 2008 and 2009 at 3000 and 3,500. Targets will be finalized in October 2007. The Clinton Foundation purchases all pediatric ARVs. As of 2008, 3-drug fixed dose combinations (FDC) will be available for infants. AZT/3TC and D4T/3TC are provided in FDC now. Emergency stock is kept at NCHADS for quick deployment to avert stock-outs. The rest are distributed through CMS.

Informal surveillance of treatment sites suggests few children under the age of two years are under care, reflecting weaknesses of the PMTCT program and likelihood of high death rate among undiagnosed HIV+ infants. USG pediatric strategy is to strengthen PMTCT services to identify more HIV positive exposed infants and to strengthen the referral linkage between PMTCT and pediatric AIDS care by developing a database shared by programs to capture HIV-exposed infants known to the PMTCT program. This will help assure smooth hand-off from PMTCT to pediatric AIDS care and provision of basic preventive care package of services.

Program Area Downstream Targets:

11.1 Number of service outlets providing antiretroviral therapy	20
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	2554
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	9111

11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	8454
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	427

Custom Targets:

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7342.08
Mechanism: CDC_Post_Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 18488.08
Planned Funds: $27,351
Activity System ID: 18488

Activity Narrative: USG staff provide direct technical support in this program area to the Ministry of Health and its National Centers, and to the Provincial Governments of Banteay Meanchey, Battambang, Pailin and Pursat. The USG and its partners assist in the implementation of activities.

This funding is for the portion of the salary of the Deputy Director dedicated to ARV Services ($14,351). The Deputy Director will be a liaison between NCHADS and the three provincial and city AIDS directors on budgeting, planning, and reporting. He will work closely with CDC HIV Clinical Advisor and partners to assist NCHADS in developing a Quality Assurance (QA) Program to be piloted in the above provinces. In addition, $13,000 in post-held travel funds are budgeted for international and field travel.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 18456, 18460, 18457, 18455

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18460	11168.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$74,000
18456	11308.08	7344	7344.08	NCHADS CoAg GHAI	National Center for HIV/AIDS Dermatology and STDs	$96,195
18455	11172.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$46,828

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	N/A	True
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	N/A	True
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	N/A	True
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	N/A	True
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7727.08
Mechanism: PRASIT
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: HIV/AIDS Treatment/ARV Services
Budget Code: HTXS
Program Area Code: 11
Activity ID: 11228.08
Planned Funds: $270,000
Activity System ID: 18181

Activity Narrative: FHI works to ensure that ownership of all processes lies not with FHI but with the national and provincial governments, local organizations, and community members. The overarching approach includes strengthening the linked response and providing technical assistance to the national government on integrating different components; quality assurance and quality improvement, and strengthening data management and data use at facility and provincial levels. In FY 08, emerging issues that will need to be dealt with include people on second line regimens, treatment failures, adherence fatigue, increasing number of children on treatment, and greater need for polymerase chain reaction (PCR) and viral load testing.

To address these emerging issues, FHI will work with stakeholders at both the national/ provincial and site levels. At the national level, FHI will continue to work with National Center for HIV/AIDS, Dermatology and STDs (NCHADS) and other partners to develop and update curricula, policies, and guidelines and to establish standard operating procedures for a linked response and for quality assurance. In FY 08, FHI will support seven operational district referral hospitals and Chhouk Sar (a center providing care and treatment to most at risk populations (MARPs)) to provide ART, clinical care, and supportive services to PLHA. Regional opportunistic infection OI/ART networks for adult and pediatric patients will be supported quarterly to provide a forum for ART service providers to share experiences, build their capacity, and gain a better understanding of treatment intolerances and adverse clinical events. Greater emphasis will be placed on monitoring drug resistance, treatment failure and adherence issues. Targeted training through a combination of onsite mentoring and formal trainings will be provided. To promote greater learning and experience sharing, case discussions, expert group reviews, quarterly physician network meetings and Continuum of Care (CoC) coordination meetings will be used as fora. Training and capacity building will increasingly look at aspects of RH/STI, drug use, etc. in addition to ART clinical issues. Quality assurance and data use through fora including weekly case discussions, supportive supervision of services through in-country supervisors, and ongoing mentoring and coaching from technical teams at the national and provincial levels will be undertaken. To ensure better coordination, linkages and high quality, FHI will collaborate closely with organizations such as the Clinton Foundation, CDC, WHO, and other USG partners.

At the community level, home-based family care teams, composed of NGO, community, PLHA, and health center representatives, will continue to promote ART adherence, treatment literacy, and appropriate follow up for ART patients. In FY 08, FHI will continue to strengthen the roles of Cambodian People Living with HIV/AIDS network (CPN+) and Village Health Support Group (VHSG) to expand current treatment literacy programs and health education. Community level activities are closely linked to facility-based activities; within the health facility, all components such as PMTCT, voluntary counseling and care (VCT), OI and ART are inter-linked. The equity fund will be tapped into as a resource in order to increase access to care and treatment services for those who cannot afford to pay.

In FY 08, 1,300 individuals will initiate ART during the reporting period, and 3,800 people will be receiving ART. Nine service outlets across the country will be providing ART. Approximately 56 health workers will be trained to deliver ART services, according to national and/or international standards.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	9	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	1,300	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	4,000	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	3,800	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	56	False

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7909.08

Mechanism: SCICH

Prime Partner: CARE International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 11373.08

Planned Funds: $160,000

Activity System ID: 18005

Activity Narrative: CARE will collaborate with the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) and the Koh Kong Provincial AIDS Office (PAO) to establish a satellite anti-retroviral therapy (ART) site in Sre Ambel. During the period, CARE will continue to support ART services in Smach Meanchey and Sre Ambel, with an emphasis on improving quality while promoting universal access to treatment for eligible PLHAs. CARE will support access to NCHADS training and refresher courses by MOH clinicians, counselors, and pharmacists in opportunistic infection (OI)/ART team, and facilitate onging quality improvement through in-service training by NCHADS-approved trainers, supportive supervision, case conferences, telemedicine, regular participatory problem-solving sessions, workshops, and regional conferences. CARE will also support NCHADS to establish a regional/ provincial network of OI/ART clinicians and conselors and help organize their semi-annual meetings.

In both full and satellite ART locations, CARE will provide technical and financial support to establish minimum adequate levels of physical infrastructure and materials for ART services, and provide expertise in data management for patient and program monitoring. Since CD4 values are sensitive to specimen collection and transportation practices, CARE will continue to support quality control of CD4 counts in the field in collaboration with the National Institute of Public Health and CDC, and to support specimen transportation costs. CARE will continue to support institutional pediatric ART via sub grants to New Hope for Cambodian Children which will provide transitional homes to enable children to be stabilized on ART and train hospital staff in pediatric AIDS care; quality improvements mentioned above; and coordinating special laboratory requirements, for Smach Meanchey pediatric ART program. CARE will also train home-based care teams in follow-up of children on ART and adherence support.

CARE will support transportation costs to OI/ART facilities for indigent PLHA to ensure uninterrupted therapy, and train home based care teams, PLHA support group leaders, and family members to serve as adherence supporters. CARE is now developing curriculum to promote ARV treatment literacy, and it is expected that 30 PLHA support group members will be trained using this curriculum by mid-2008. In addition, CARE will strengthen supply management of ARV and related medical supplies at facility and provincial level to avert potential stock outs.

HIV/AIDS care and treatment is heavily dependent upon the willingness of providers to treat PLHA and their ability to do so in an empathetic and non-discriminatory manner. CARE will provide training to providers on HIV transmission which stresses an accurate understanding of risks associated with occupational exposure, the protection afforded by universal precautions (UP), and the availability and efficacy of post-exposure prophylaxis (PEP). CARE will assist SMC and SA hospitals in establishing a system to monitor UP practices and to promote readiness to repond and report accidental occupational exposure.

Strengthening of clinical service provision will be closely coordinated with activities funded under GFATM Round 4 in Koh Kong province.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11373

Related Activity: 18460, 18194, 18181

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11373	11373.07	U.S. Agency for International Development	CARE International	5761	5761.07	CARE	$200,785

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18181	11228.08	7727	7727.08	PRASIT	Family Health International	$270,000
18460	11168.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$74,000

Emphasis Areas

Human Capacity Development

* Training

*** Pre-Service Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	2	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	140	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	480	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	539	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	N/A	True

Target Populations

Other

Orphans and vulnerable children

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7341.08 **Mechanism:** CDC_HQ_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 11168.08

Planned Funds: $74,000

Activity System ID: 18460

Activity Narrative: USG staff provide direct technical support in this program area to the Ministry of Health and its National Centers, and to the Provincial Governments of Banteay Meanchey, Battambang, Pailin and Pursat. The USG and its partners to assist in the implementation of activities.

This funding is for the portion of the contract of the HIV Clinical Advisor dedicated to ART activities. Those activities include assistance provided to the National Center for HIV, AIDS, Dermatology, and STDs (NCHADS) in developing a Quality Assurance (QA) Program to be piloted in the above provinces, assistance to provinces as QA activities are initiated including support to clinical mentors in identifying quality concerns and interventions to address those concerns, plus evaluation of impact of QA program on actual quality of care; participation in meetings of regional clinical network and clinical symposia; and participation in appropriate NCHADS technical working groups.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11168

Related Activity: 18456, 18475, 18488, 18194, 18457, 18181, 18455

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25689	11168.25689.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9694	9694.09	CDC_HQ_Base	$197,994
11168	11168.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$125,091

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18181	11228.08	7727	7727.08	PRASIT	Family Health International	$270,000
18488	18488.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$27,351
18456	11308.08	7344	7344.08	NCHADS CoAg GHAI	National Center for HIV/AIDS Dermatology and STDs	$96,195
18455	11172.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$46,828

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 7344.08

Mechanism: NCHADS CoAg GHAI

Prime Partner: National Center for HIV/AIDS Dermatology and STDs

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: HIV/AIDS Treatment/ARV Services

Budget Code: HTXS

Program Area Code: 11

Activity ID: 11308.08

Planned Funds: $96,195

Activity System ID: 18456

Activity Narrative: This activity is linked to the CDC-TBD request to develop a Quality Assurance/ Quality Improvement program to be initiated at ten OI/ART sites in FY 08 in the provinces of Banteay Meanchey, Battambang, and Pursat, and the City of Pailin. In FY 08, the National Center for HIV, AIDS, Dermatology, and STDs (NCHADS), with technical assistance from the USG and its partners, will begin to implement the Quality Assurance/Quality Improvement program which will include the following:
1) Development of a set of quality of care indicators by a team assembled by NCHADS and the USG. The USG HIV clinical advisor will assist in the development of the indicators, and will work with NCHADS to implement this activity in the three provinces and municipality.
2) Develop a tool that is compatible with the current data management system that with minimal investment in additional data entry personnel can generate automatic site or provider specific reports, assessing quality of care based on the selected indicators.
3) A core management committee consisting of Provincial Health Department (PHD) directors or deputy directors and Provincial AIDS Office (PAO) managers that convenes quarterly to review quality of care reports and gets feedback from PLHA representatives regarding their care from the patients' perspective.
4) A team of clinical mentors, one from each province, selected by their peers to be available for one week assignments at a care site where quality indicators have identified a quality concern. The core management team of the project will give no more than two such assignments per year to each mentor. Mentors will submit reports to the core management team and to NCHADS regarding findings and recommendations, and corrective actions would be initiated with follow-up of indicators to monitor for improvement in performance. The USG HIV clinical advisor will monitor mentoring interventions and assess whether mentoring led to improvements in performance quality indicators, and assess whether investment in quality improvement program results in a demonstrable improvement in quality.

This new activity will require funds to be incorporated into a Cooperative Agreement with NCHADS to cover:
• Cost of one day quarterly meetings (per diems and travel expenses) of four PHD directors or deputy directors and Provincial AIDS office managers plus NCHADS personnel in attendance;
• Cost of one day quarterly meetings (per diems and travel expenses and small stipend) for PLHA representatives from each represented OI/ART site (10 sites);
• Stipend, per diem, and travel expenses for three clinicians for two one week assignments;
• Data entry, management, and analysis costs;
• Cost of two regional one day meetings, one to enlist responses and feedback from the providers and managers from the sites where this will be implemented to assure a sense of ownership and so that appropriate adjustments in the plan can be made prior to implementation, and a second implementation meeting to review procedures that are to be followed.

In addition to this new activity, NCHADS, with technical assistance from the USG and its partners, will continue to strengthen ARV services in Banteay Meanchey, Battambang, and Pursat Provinces (and will add Pailin City) by:
o sponsoring two clinical case conferences/ clinical training workshops in the northwest Cambodia region. The USG HIV clinical advisor will participate in these conferences;
o sponsoring two regional network meetings;
o providing funds for 3 providers from each province (and Pailin) to attend an appropriate regional conference.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11308

Related Activity: 18475, 18460, 18194, 18457, 18181, 18455

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25911	11308.25911.09	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	9699	9699.09	NCHADS CoAg Base	$277,000
11308	11308.07	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	5755	5755.07	NCHADS CoAg GHAI	$37,700

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18181	11228.08	7727	7727.08	PRASIT	Family Health International	$270,000
18460	11168.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$74,000
18455	11172.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$46,828

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
11.1 Number of service outlets providing antiretroviral therapy	4	False
11.2 Number of individuals newly initiating antiretroviral therapy during the reporting period	488	False
11.3 Number of individuals who ever received antiretroviral therapy by the end of the reporting period	2,208	False
11.4 Number of individuals receiving antiretroviral therapy by the end of the reporting period	1,966	False
11.5 Total number of health workers trained to deliver ART services, according to national and/or international standards	30	False

Target Populations

Other

People Living with HIV / AIDS

HLAB - Laboratory Infrastructure

Program Area:	Laboratory Infrastructure
Budget Code:	HLAB
Program Area Code:	12

Total Planned Funding for Program Area: $1,099,513

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

In support of Cambodia's National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS, 2006-2010 (NSP -II), USG provides support to the National Institute of Public Health (NIPH) and to the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS) to establish HIV testing sites, further develop the National Reference Laboratory for HIV, provide laboratory support for HIV and STD surveillance, monitor care and treatment, and improve the quality of diagnostic laboratories.

Under the Cambodian Ministry of Health (MOH), the NIPH houses the NIPH Laboratory (NIPHL). NIPHL is designated as the national HIV Reference Laboratory and is responsible for assessing training needs, developing the necessary training to respond to those needs, carrying out regular laboratory supervision, setting standards for equipment, test protocols and lab design, serving as a reference laboratory for national hospitals, and providing quality assurance programs for laboratories throughout the country. NIPH has a five-year strategic plan which calls for developing the NIPHL as a national reference laboratory with international accreditation. Although NIPHL has assumed these reference laboratory-like activities, it has done so without much guidance from MOH. The major objective over the next year will be to define those activities appropriate for an HIV Reference Laboratory.

While improvements are evident, the national laboratory system remains weak. Many facilities are inadequate and in poor repair, and lack essential equipment and supplies to perform even basic diagnostic tests. Laboratories located at referral hospitals housing blood banks or providing ARV treatment services have received the most support to date and, as such, have stronger capacity than other referral hospitals or health centers. However, the capacity of Cambodia's HIV laboratory services has not expanded with the same speed as expansion of ARV treatment sites and available services are unbalanced. In some locations, the laboratory provides CD4+ testing, but has difficulty reliably conducting more rudimentary tests such as blood counts, electrolytes, liver function tests, gram stains, or routine bacterial cultures.

Lack of unexpired reagents and supplies provided through the MOH Central Medical Stores remains a major obstacle to quality laboratory services. Because of limited capacity to perform needed diagnostic tests, and lack of reliable test results, clinical staff rely little on laboratories to inform diagnoses and treatment. Laboratory capacity is further limited by segregation of services in line with national vertical programs. TB may share laboratory facilities with VCT, ARV monitoring, blood bank, and other programs, or each program may maintain distinct laboratories with separate personnel. In either situation, the staff, supplies, and other support is program-specific, resulting in multiple programs duplicating effort, services, and resources.

Recently, NCHADS initiated a movement to integrate the laboratory activities in some referral and former district hospitals. While political obstacles remain, USG advocates strongly for laboratory integration in national technical working groups and will support the integrated laboratories with technical assistance and, to a limited extent, essential equipment and reagents.

Historically, few donors have provided technical and financial assistance to NIPHL. Recognizing the pivotal role the national laboratory system has specifically for HIV/AIDS treatment and care, and the health system in general, the USG has supported essential equipment and supplies and provided extensive technical assistance to NIPHL and the National Blood Transfusion Center at the national level to support increased capacity of laboratories and blood banks throughout the country. Recently, NIPH was awarded Global Fund support to expand quality assurance systems that were initially established by the USG. The $830,000 provided in the first three years of Global Fund grant will also support equipment and capacity to institute a national ARV resistance surveillance system.

In FY 08, the priorities of USG-supported laboratory services are to improve and expand HIV testing, and monitoring laboratory services, at the NIPHL and regional laboratories. Additionally, USG supports the improvement of TB culture for PLHA in Cambodia. USG provides policy input at the technical working group (TWG) level including the TWG for blood safety and laboratory services and the TWG for TB Control. Both of these TWG are intended to provide a forum for discussion of necessary policy changes at the MOH level.

NCHADS is the principal implementing partner for providing HIV screening at 67 VCT sites and ARV services at 43 sites. Currently, the number of USG-supported labs at the levels of the network model are as follows: (a) Reference Laboratory Level: the National Institute of Public Health Laboratory; (b) Referral Level: Five referral hospital laboratories in three provinces: Pursat, Battambang, and Banteay Meanchey; and (c) Health Center Level: One, the Poipet Health Center 1 in Banteay Meanchey Province.

There is a tiered public health laboratory services structure in Cambodia. There is only one national reference laboratory in NIPH. FASCount machines, supported by the Clinton Foundation, are used for CD4 testing in three provincial laboratories and NIPHL. NIPHL will perform approximately 30,000 CD4 counts in 2007 and 2,000 HIV screening tests. Each of the 24 provinces has one provincial referral hospital with a full service laboratory. Within each province are operational districts each with a referral hospital with a laboratory. These laboratory services are dependent on the services available in that particular referral hospital. Additionally, there are more than 950 health centers in Cambodia. Laboratory services, with the exception of sputum smear preparation, are not provided at the health center level.

The National HIV Reference Laboratory at NIPH has recently developed the capacity to perform DNA PCR for infant diagnosis of HIV. This testing will initially be available for five provinces with dried blood spot and laboratory supplies provided by the Clinton Foundation. Within the national laboratory network, viral load testing is only available at the national level. USG will continue to partner with other donors such as the Clinton Foundation to provide technical assistance to the NIPHL to improve the quality and expand the capacity for viral load and CD4 testing and for DNA PCR for infant diagnosis.

The National TB Reference Laboratory (NRL) is housed at the National Center for Tuberculosis and Leprosy and is a part of the National TB Program; it is not a part of NIPHL. There are three national laboratories which are capable of performing cultures for TB, although these are underutilized. Drug susceptibility testing is only available at the NRL. Sputum smears prepared at the health centers nationwide are transported (usually weekly) to a microscopy unit in a district or provincial hospital laboratory. USG will work closely with the National TB Program, the Japan International Cooperation Agency, and WHO on TB laboratory issues at the national and provincial levels. Additionally, the National TB Program has a National TB Laboratory Strategic Plan 2007-2010. Among the activities planned is the expansion of TB culture capabilities. USG supports this activity and proposes to introduce liquid culture at the NRL and in the Battambang Referral Hospital laboratory.

Laboratory-specific unmet needs include: Adequately trained laboratory staff is the biggest unmet need in the national laboratory network. Quality assurance needs to be improved throughout the network and this includes the need for improved laboratory management, equipment maintenance, uninterrupted supply of quality control (QC) reagents, communication with clinicians and improved turn around time for specimen processing. Positive sputum smear examination results may take seven to ten days to reach the ordering clinician, for example. Laboratory equipment is often donor provided. However, ongoing equipment maintenance and supplies of reagents, including QC reagents, are not provided by either the donor or MOH on a regular basis. Hematology and biochemistry testing, essential for monitoring ARV toxicity, is generally not supported by the vertical programs such as the National TB Program or NCHADS. Outside of the three CDC focus provinces and laboratories supported by USG implementing partners, quality assurance of laboratory services is weak.

USG NGO partners will provide training of 30 laboratory staff and assist with the development of integrated laboratories in Battambang and Kampong Cham provinces. They will also provide transport for specimens for CD4 and viral load testing and TB laboratory supplies in Koh Kong province. Additionally, USG NGO partners will focus on providing refresher training for laboratory technicians, recording and reporting test results, and quality assurance in referral hospital and clinic laboratories.

Program Area Downstream Targets:

12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	2
12.2 Number of individuals trained in the provision of laboratory-related activities	369
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	96140

Custom Targets:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	7346.08	**Mechanism:**	NIPH CoAg GHAI
Prime Partner:	National Institute of Public Health	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure

Budget Code: HLAB **Program Area Code:** 12

Activity ID: 11299.08 **Planned Funds:** $250,000

Activity System ID: 18459

Activity Narrative: The National Institute of Public Health (NIPH), with technical assistance from the USG, will continue its work in establishing a national public health laboratory network. The objective of the laboratory network is to increase availability of a minimum package of laboratory tests, decrease dependence on the NIPH Laboratory (NIPHL) in Phnom Penh for such tests, and reduce the proportion of samples that need to be sent to NIPHL for testing. NIPH will continue to emphasize quality laboratory systems and will support the development of guidelines and standard operating procedures for integrated laboratories, including standardization of staffing, equipment, and operations.

NIPH, with technical support from the USG and the Clinton Foundation, will expand the capacity of NIPHL to provide DNA polymerase chain reaction (PCR) testing for the timely diagnosis of HIV infection in infants. Expansion of infant diagnosis is urgently needed. Among an estimated 4,420 pregnant women who were HIV-positive in 2006, only 311 received antiretroviral treatment at the time of delivery. If treatment has a 5% failure rate and the probability of HIV transmission from an infected mother to her child is 35%, then approximately 1,455 infants were born with HIV in 2006. Initial plans are to make testing available in five provinces.

CD4 testing, important for assessing eligibility for and monitoring ARV treatment, is available at NIPHL and in three provincial hospital laboratories. The USG will continue to work with NIPHL where nearly 30,000 CD4 tests will be performed in 2007. NIPH, with USG technical assistance, will support a quality assurance network for CD4+ testing in the other three laboratories, as well.

For health care providers of HIV patients receiving ARV treatment, measurements of viral load to monitor the effectiveness of treatment on viral suppression are extremely important. Presently, within the Ministry of Health and the national laboratory network, viral load assays are only available at NIPHL and this testing has only just become available. The demand for viral load monitoring is expected to increase as an increasing number of persons living with HIV/AIDS survive longer due to benefits of receiving ARV treatment. NIPH, with assistance from the USG, will work to increase the number of viral load assays NIPHL can perform. NIPH cooperative agreement funds will be used to purchase kits for viral load testing and reagents for HIV screening at NIPHL.

To enable laboratories to provide reliable HIV antibody test results, NIPHL will continue to produce and distribute serum panels to laboratories throughout the country. The number of laboratories supported by the external quality assurance (EQA) system will be expanded to include national hospitals and voluntary confidential counseling and testing (VCT) sites under the supervision of NCHADS. Presently, NIPHL distributes EQA panels to the blood transfusion centers, but the national hospitals are not enrolled in any formal EQA program. This issue will be addressed in the next year. The Pasteur Institute has been providing the175 VCT sites with EQA panels, but this responsibility will shift to NIPHL. Additionally, the number of VCT sites will increase to 230 and EQA will have to be provided for all of these sites.

In FY 08, USG funds, through a cooperative agreement, will support NIPHL in improving and expanding HIV laboratory testing as outlined in the Program Area Context. The activities will focus on workshops and travel to regional HIV reference laboratories so that the NIPH leadership can define and implement the activities of a national HIV reference laboratory. This funding will also support the purchase of laboratory reagents and equipment maintenance agreements. Additionally, the NIPHL staff will provide training and supervision at one provincial hospital laboratory to be used as a model for integrated laboratory development and supervisory visits to other provincial laboratories. The emphasis of this activity will be on providing technical assistance for the definition of the tasks of a National Reference Laboratory for HIV and for the implementation of those tasks.

These activities are consistent with the strategic approaches for strengthening laboratory capacity and infrastructure outlined in the USG Cambodia HIV/AIDS Strategy 2006-2010. In summary, the USG will support: quality assurance (QA) systems, laboratory staff capacity building, equipment for expanding diagnostic and monitoring capacity, reagents and supplies, facilities, laboratory staff, supervision and networking, and establishment of regional and national referral networks to increase coverage and access to necessary diagnostic tests.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11299

Related Activity: 18460, 18194, 18181, 18005, 18467, 18470

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25872	11299.25872.09	HHS/Centers for Disease Control & Prevention	National Institute of Public Health	9698	9698.09	NIPH CoAg GHCS	$229,000
11299	11299.07	HHS/Centers for Disease Control & Prevention	National Institute of Public Health	5756	5756.07	NIPH CoAg GHAI	$100,000

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18467	11302.08	7344	7344.08	NCHADS CoAg GHAI	National Center for HIV/AIDS Dermatology and STDs	$68,688
18005	11373.08	7909	7909.08	SCICH	CARE International	$160,000
18181	11228.08	7727	7727.08	PRASIT	Family Health International	$270,000
18460	11168.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$74,000
18470	11310.08	7344	7344.08	NCHADS CoAg GHAI	National Center for HIV/AIDS Dermatology and STDs	$175,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	False
12.2 Number of individuals trained in the provision of laboratory-related activities	150	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	50,434	False

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7341.08
Mechanism: CDC_HQ_Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 11169.08
Planned Funds: $167,733
Activity System ID: 18450

Activity Narrative: This is an ongoing activity.

The USG will provide direct technical support in this program area to the Ministry of Health and its National Centers, and to the Governments of Banteay Meanchey, Battambang, and Pursat provinces and Pailin municipality. The USG and its partners will assist in the implementation of laboratory activities required for diagnosis of HIV and TB and monitoring of patient care and treatment.

This funding is for the portion of the salary of the Senior Laboratory Scientist (USG direct hire) and the contract of the Clinical Microbiology Advisor dedicated to laboratory activities.

The Senior Laboratory Scientist provides technical assistance and consultation in support of the USG effort to develop and strengthen laboratory capacity of the National Institute of Public Health (NIPH). This staff identifies, evaluates, and provides training in advanced serologic, immunologic, and molecular technology applicable to the detection and characterization of HIV and associated infectious agents; recognizes and defines problems in diagnostic testing and evaluates methods for solution, and recommends addition of new tests to the laboratory services, as needed; and participates in the countrywide effort to establish a quality assurance system at the provincial and operational district hospital laboratory level.

The Clinical Microbiology Advisor provides expert advice and consultation on all aspects of laboratory management as it relates to HIV, TB, and other opportunistic infections. Other major activities include serving as an advisor to NIPH to expand the NIPH Laboratory (NIPHL) as a national reference laboratory for local and provincial hospitals, determine reference and training needs of provincial and operational district hospital laboratories, ensure the adequacy of scientific knowledge needed in the performance of diagnostic tests and research. The Clinical Microbiology Advisor works with the National Laboratory Sub-Committee, laboratory professionals, epidemiologists, and infectious disease specialists to improve the capacity of Cambodia's public health and hospital laboratories to diagnose HIV and TB and to clinically monitor patients on ARV treatment with an emphasis on quality assurance.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11169
Related Activity: 18451

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25690	11169.25690.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9694	9694.09	CDC_HQ_Base	$180,452
11169	11169.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$278,322

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18451	11170.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$36,342

Emphasis Areas

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7342.08
Mechanism: CDC_Post_Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 11170.08
Planned Funds: $36,342
Activity System ID: 18451

Activity Narrative: This is an ongoing activity.

The USG will provide direct technical support in this program area to the Ministry of Health and its National Centers, and to the Governments of Banteay Meanchey, Battambang, and Pursat provinces and Pailin municipality. The USG and its partners will assist in the implementation of laboratory activities required for diagnosis of HIV and TB and monitoring of patient care and treatment.

This funding is for the portion of the salary of the Laboratory Analyst (locally employed staff) dedicated to laboratory activities ($17,092). In addition, $19,250 in post-held funds are budgeted for international and field travel, and for housing for the Senior Laboratory Scientist (Lab_CDC_HQ).

The Laboratory Analyst is stationed in Battambang to provide expert technical advice on laboratory operations, procedures, and quality assurance in the four focus areas of Banteay Meanchey, Battambang, and Pursat provinces and Pailin municipality. The Laboratory Analyst is responsible for working with laboratory staff to assess training needs and to develop standard operating procedures for laboratory testing, equipment maintenance, and quality assurance. The staff is also responsible for conducting analytical systems assessments of national, provincial, and operational district laboratories to evaluate the level of laboratory medicine practiced, make recommendations for improvement, and to provide the technical assistance and training necessary to implement these recommendations.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11170

Related Activity: 18450

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25698	11170.25698.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9695	9695.09	CDC_Post_Base	$93,898
11170	11170.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5746	5746.07	CDC_Post_Base	$127,142

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18450	11169.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$167,733

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Target Populations

Other

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7461.08
Mechanism: NCHADS CoAg Base
Prime Partner: National Center for HIV/AIDS Dermatology and STDs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 18452.08
Planned Funds: $375,000
Activity System ID: 18452

Activity Narrative: The USG cooperative agreement with NCHADS partially supports an integrated laboratories initiative proposed by the director of the National Center for HIV/AIDS and Sexually Transmitted Diseases (NCHADS) and approved by the Ministry of Health (MOH). This initiative addresses several laboratory infrastructure problems including old, crowded, often unsafe facilities and fragmented laboratory services. USG funds will be used to renovate three laboratories in the provinces of Banteay Meanchey, Battambang and Pursat. Additionally, NCHADS will work with the National Institute of Public Health (NIPH) and the USG and its partners to provide training and onsite technical assistance for laboratory staff in these provincial laboratories. Laboratory technicians will be cross-trained as necessary to provide integrated services. These laboratories will be in facilities where ARV services are provided and laboratory services must be available to clinically monitor care and treatment of HIV patients receiving ARV treatment.

As described in separate PMTCT and TB/HIV activity narratives, the USG will support the purchase of HIV test kits for screening TB patients and pregnant women at health centers in four focus areas: the provinces of Banteay Meanchey, Battambang, Pursat and the municipality of Pailin. HIV screening of TB patients and pregnant women at health centers is a newly approved initiative. NCHADS, with technical support from the USG and its partners, will train health center staff in HIV screening methods and interpretation of test results. Although there are 164 health centers in the four focus areas screening will be conducted initially in those health centers with sufficient staff and TB and antenatal care services, and will be expanded to others when sufficient resources are available to ensure high-quality testing and referral.

The USG and it partners will provide technical assistance to NCHADS to conduct refresher training for the staff of the 25 voluntary confidential counseling and testing sites in the provinces of Banteay Meanchey, Battambang, Pursat and the municipality of Pailin.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25915	11309.25915.09	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	9700	9700.09	NCHADS CoAg GHCS	$87,000
18453	11309.08	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	7344	7344.08	NCHADS CoAg GHAI	$87,438
11309	11309.07	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	5755	5755.07	NCHADS CoAg GHAI	$145,300

Emphasis Areas

Construction/Renovation

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	1	False
12.2 Number of individuals trained in the provision of laboratory-related activities	214	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	45,706	False

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7344.08
Mechanism: NCHADS CoAg GHAI
Prime Partner: National Center for HIV/AIDS Dermatology and STDs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 11309.08
Planned Funds: $87,438
Activity System ID: 18453

Activity Narrative: The USG cooperative agreement with NCHADS will continue to support laboratories in four focus areas: the three provinces of Banteay Meanchey, Battambang, Pursat, and the municipality of Pailin. Onsite technical assistance, to include review of laboratory methods, standard operating procedures, and quality assurance, will be provided by the CDC laboratory analyst stationed in Battambang. Workshops on laboratory techniques and quality assurance will be conducted in collaboration with the National Institute of Public Health Laboratory. USG funds will be used to support laboratory equipment maintenance agreements and purchase quality control reagents, as necessary. In addition, USG funds will be used to purchase three new hemoanalyzers, needed for monitoring HIV patients receiving ARV treatment.

As described in separate PMTCT and TB/HIV activity narratives, the USG will support the purchase of HIV test kits for screening TB patients and pregnant women at health centers in the four focus areas. HIV screening of TB patients and pregnant women at health centers is a newly approved initiative. NCHADS, with technical support from the USG and its partners, will train health center staff in HIV screening methods and interpretation of test results. Although there are 164 health centers in the four focus areas screening will be conducted initially in those health centers with sufficient staff and TB and antenatal care services, and will be expanded to others when sufficient resources are available to ensure high-quality testing and referral. Note that components of this activity are dually funded through both GHAI and CDC Base funds through the NCHADS Cooperative agreement.

HQ Technical Area:
New/Continuing Activity: Continuing Activity
Continuing Activity: 11309
Related Activity: 18452, 18450, 18459, 18454, 18470

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25915	11309.25915.09	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	9700	9700.09	NCHADS CoAg GHCS	$87,000
11309	11309.07	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	5755	5755.07	NCHADS CoAg GHAI	$145,300

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18450	11169.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$167,733
18459	11299.08	7346	7346.08	NIPH CoAg GHAI	National Institute of Public Health	$250,000
18452	18452.08	7461	7461.08	NCHADS CoAg Base	National Center for HIV/AIDS Dermatology and STDs	$375,000
18454	11171.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$177,053
18470	11310.08	7344	7344.08	NCHADS CoAg GHAI	National Center for HIV/AIDS Dermatology and STDs	$175,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

* Task-shifting

Local Organization Capacity Building

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	N/A	True
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 7727.08
Mechanism: PRASIT
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Laboratory Infrastructure
Budget Code: HLAB
Program Area Code: 12
Activity ID: 11231.08
Planned Funds: $83,000
Activity System ID: 18184

Activity Narrative: In FY 08, FHI will collaborate with the USG, Clinton Foundation, National Center for HIV/AIDS Dermatology and STD (NCHADS) and the National Institute of Public Health (NIPH) for laboratory strengthening, including training, supervision, quality assurance and quality control in FHI supported sites. FHI will seek support from NIPH on laboratory quality control and training to laboratory staff in referral hospitals on CD4 testing and other laboratory tests important in monitoring HIV disease progression. NCHADS will also provide supportive supervision to laboratory staff, as well as provide training on blood testing to VCT counselors, health center staff and PMTCT counselors. To ensure quality testing and application of skills by laboratory technicians after receiving training and monitoring, samples will be sent to the NIPH laboratory or Pasteur Institute for retesting. Monitoring of retesting reports will be used to provide feedback to the program and improving quality of laboratory services. Laboratory support will be provided to referral hospitals supported by FHI and STI clinics where laboratory activities are implemented.

In support of PMTCT programs, PCR testing for exposed infants will be encouraged; laboratory support will be provided by the NIPH laboratory. This will enable early diagnosis and hence timely treatment for HIV positive infants.

In FY 08, 30 persons will be trained in the provision of lab-related activities in collaboration with the USG, NIPH and NCHADS.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
12.1 Number of laboratories with capacity to perform 1) HIV tests and 2) CD4 tests and/or lymphocyte tests	N/A	True
12.2 Number of individuals trained in the provision of laboratory-related activities	30	False
12.3 Number of tests performed at USG-supported laboratories during the reporting period: 1) HIV testing, 2) TB diagnostics, 3) syphilis testing, and 4) HIV disease monitoring	N/A	True

HVSI - Strategic Information

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Total Planned Funding for Program Area: $1,212,002

Estimated PEPFAR contribution in dollars $0

Estimated local PPP contribution in dollars $0

Program Area Context:

USG plays a significant role in assisting the Royal Government of Cambodia (RGC) to strengthen national strategic information (SI) activities by collaborating with the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS – the Ministry of Health (MOH) AIDS Program), the National Institute of Public Health (NIPH), and other major international donors and partners.

Due to funding cuts to the overall USG Cambodia HIV/AIDS program, it is imperative that the USG continues to collaborate closely with RGC and other donors to ensure continued advancement of various ongoing national SI/M&E activities and to identify vital resources to cover future planned SI/M&E activities in support of the "Third One."

Cambodia has a well-developed surveillance system that provides essential information on the HIV epidemic in Cambodia, particularly among several most-at-risk populations (MARPs). USG has provided significant financial and technical support to establish the national surveillance program and to help build surveillance capacity. The national surveillance system, implemented by NCHADS, is considered a model of second-generation surveillance, and one of the most advanced in Southeast Asia. USG supported development of the NCHADS indicators and guidelines and with WHO, UNAIDS, and others, has provided technical and material support for training and placement of provincial data management officers throughout the country.

One of USG's key activities is providing technical assistance (TA) to build capacity in the national HIV/AIDS program. USG supports the National AIDS Authority (NAA), which is responsible for coordinating the national AIDS response, guided by the National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS, 2006-2010 (NSP-II). NAA coordinates M&E activities through the National M&E Advisory Group, which endeavors to harmonize monitoring indicators and methods in line with the "Three Ones". UNAIDS provide technical support to NAA, and to the M&E functions of its member RGC ministries, including support for capacity building in data analysis, interpretation, utilization, and reporting. NAA continues to be challenged by the lack of financial and political support. NAA's ability to guide RGC M&E efforts is hindered by limited capacity of its M&E staff. USG continues to play a lead role in the national M&E Advisory Group.

In FY 08, the overall USG SI Strategy will focus on providing SI/M&E TA and capacity building to RGC and all NGOs partners. Sustainability is a key component of the SI strategy and the USG will focus on continuing to build local capacity for M&E with an emphasis on data quality and use for program management and program improvement. USG will provide support to RGC in building a sustainable and robust national surveillance and M&E system, with efforts to harmonize indicators and Health Management Information Systems (HMIS), in line with the "Third One". USG will assist RGC and NGO partners at both the national and provincial levels to strengthen national surveillance systems and surveys; provide TA for conducting in-depth analyses of surveillance and survey data; and advocate for the use of data for evidence-based strategic program planning, program improvement, and decision-making. Finally, USG will support key program assessments as an integral part of the USG program implementation focusing on MARPs.

With FY 08 funds, USG SI support will focus on four areas:

1) Strengthen national surveillance systems, surveys, and data use:
Cambodia's surveillance system is relatively robust. Behavioral surveillance surveys (BSS) have been conducted regularly since 1997 (8 rounds). HIV sentinel surveillance (HSS) serosurveys have been conducted regularly since 1996 (8 rounds). DHS+ was conducted in 2005 and two integrated behavioral and biological surveys (IBBS) have been conducted (2001 & 2005). IBBS includes STI surveillance and will be repeated every three years. In 2007, RGC held an international consensus workshop in which results of DHS+ HIV testing and HSS 2006 were analyzed to provide updated adjustments (male:female ratio of PLHA, calibrator for estimating general population prevalence, and urban-rural population distribution weights) needed for estimating national HIV prevalence. Workshop outcomes included revised national HIV prevalence estimates and projections through 2012 of the number of PLWHA (children and adults), AIDS-related deaths, new HIV infections, and HIV-infected persons in need of ART.

Specific activities will include: (a) support to NCHADS to conduct an IBBS in five priority provinces among three target groups -- female sex workers (FSWs), clients of FSWs, and men who have sex with men (MSM); (b) HSS will be conducted in 2009 in 22 provinces/municipalities. USG will support the RGC surveillance system by providing assistance with protocol development; supply procurement; sampling; training at the national and provincial levels; laboratory quality assurance; data analysis, interpretation, and reporting; and validation of estimates and projections; (c) Population size estimates – USG will work closely with NCHADS and partner NGOs to design and conduct projects to estimate or improve previous estimates of size for three MARP groups (MSM, IDU, and OVC); and (d) other behavioral surveys for MARPs such as the TRaC survey and other special assessments/formative research.

2) Building SI/M&E capacity in RGC (NCHADS, NIPH, NAA) and NGOs:
Building M&E capacity within RGC (NCHADS, NIPH, NAA) and especially local NGOs is an essential component of the USG program for sustainability. Strengthening government partners ensures the leadership is in place to lead national SI/M&E activity planning. Strengthening civil society's local M&E capacity ensures that various NGO implementing partners collect high quality information for use in program planning and quality improvement.

Specific activities will include: (a) provide theoretical and practical SI/M&E training for NCHADS, NIPH, NAA and its member ministries, and USG focus province staff to assure that skills development is in line with M&E system advancement. SI/M&E training topics may include: M&E, HMIS, Geographic Information System mapping, surveillance, survey methodology, operational research, data collection and management, data quality, using data for evidence-based decision making and program planning, and indicator reporting; (b) promote analysis and use of data for purpose of evidence-based policy and program planning and design at the national and provincial level. Support use of routine monitoring data by focus provincial AIDS program technical supervisors in supervision visits to build service delivery staff capacity in analysis and use of data to improve service utilization; and (c) provide support and TA to NGO partners and sub-partners to improve program monitoring systems for tracking individuals served and monitoring intervention intensity, conduct new or refresher training on data quality, convene meetings to promote civil societies' participation in successful implementation of district and provincial M&E systems, and build capacity of USG sub-partners to better use data for performance management and program quality improvement.

3) Building and strengthening a sustainable national M&E system, with efforts to harmonize indicators and HMIS:
USG will support expansion of the scale and scope of NCHADS's data management system, including improved exchange of program monitoring data with relevant ministries and programs at district, provincial, and national levels, improved monitoring of data quality and increased analysis and use of data at the service delivery level. USG will continue to support the NCHADS Data

Management Unit to strengthen their data management and monitoring activities. Additionally, USG will continue to provide technical support to NAA's M&E unit to build the national M&E framework and to improve data analysis and use.

4) USG will support key assessments as an integral part of USG MARPs-focused program implementation:
In collaboration with NCHADS and NGO partners, USG will evaluate specific aspects of supported programs, including coverage and quality of prevention services for MARPs; quality of life and risk behaviors of PLHA and OVC; and access to and participation in PMTCT services, including a cost analysis of the PMTCT routine testing (opt-out) program and family-based care initiatives.

The USG Cambodia SI Team underwent a transition in FY 07 after the long-time SI Liaison left in March. In FY 08, the USG Cambodia SI Team will consist of a new local Personal Service Contractor who will serve as the PEPFAR SI Liaison, an FSN HIV/AIDS Team Leader/M&E Specialist who works on program management including oversight of USG SI/M&E activities, and a USDH Surveillance Officer/Epidemiologist. The SI Team also is supported by a USAID/Washington SI Advisor.

Program Area Downstream Targets:

13.1 Number of local organizations provided with technical assistance for strategic information activities	329
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	1312

Custom Targets:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 8016.08
Mechanism: USAID Personnel
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 18252.08
Planned Funds: $143,200
Activity System ID: 18252
Activity Narrative: JQuinley, SI Advisor, US PSC/local hire -- salary, benefits (FICA, health insurance, life insurance, medivac), local and international travel
HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity: 18238

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7766.08
Mechanism: CSHAC
Prime Partner: Khmer HIV/AIDS NGO Alliance
USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 11388.08

Planned Funds: $70,000

Activity System ID: 17936

Activity Narrative: The strategic information (SI) efforts of the Khmer HIV/AIDS NGO Alliance (KHANA) will benefit the national response to HIV/AIDS as a whole. Monitoring data, lessons learned, and best practices will be shared with and collected from all partners, target groups, other USG partners, the government of Cambodia, and local, national, and international forums.

In FY 08, KHANA target populations are existing partners and other stakeholders, including government institutions and other USG partners. They will be reached through training, as well as existing fora, committees and working groups. Strategic information will also be shared internationally.

In FY 08, KHANA and its partners will continue to participate in international and national conferences, exchange visits, and donor fact-finding missions. These will provide fora by which KHANA can distribute its strategic information and also learn from the strategic information of others.

With FY 08 funds, KHANA's operational research priorities will be guided by national priorities and government-led initiatives. KHANA's research associate will continue to work with the government agencies, NGO partners, and other organizations to identify and address potential areas in research. As this is the final year of this current funding program, it will be a suitable time to review KHANA's packages of services and to assess whether they are effectively addressing the current priorities of the targeted populations. To do this, target communities and the beneficiaries will be involved in the design and implementation of evaluations and other research.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11388

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11388	11388.07	U.S. Agency for International Development	Khmer HIV/AIDS NGO Alliance	5732	5732.07	KHANA	$147,461

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

PHE/Targeted Evaluation

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	43	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	80	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7727.08
Mechanism: PRASIT
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 11233.08
Planned Funds: $375,000
Activity System ID: 17687

Activity Narrative: In the area of strategic information (SI), Family Health International (FHI) and its partners: (1) collect data to provide information on indicators at the impact, outcome, and process/output level for USG programming in Cambodia; (2) strengthen the capacity of the HIV surveillance/monitoring system and its personnel; (3) provide information to explain changes in HIV prevalence, including the impact of USG-funded prevention programming; (4) provide information for advocacy and policy; (5) assess effectiveness of programs that provide care and treatment to ART patients; (6) assess costs of programs, recurrent costs and implications of costs in the context of scale up; and (7) through these assessments and special studies develop a clear understanding of the HIV/AIDS epidemic in the country so that that effective national policies and appropriately targeted programs can be developed.

At the national level, in FY 08, FHI will provide targeted support, with emphasis placed more on technical assistance rather than operational costs, especially in relation to the Integrated Behavioral Surveillance Survey (IBSS). In FY 08, FHI will collaborate closely with organizations that conduct annual tracking surveys to see how linkages can be established with the BSS/IBBS and information can be better utilized at all levels for program improvement. FHI will also collaborate and plan for conducting size estimations of selected most-at-risk populations (MARPs), such as men who have sex with men (MSM) in collaboration with NCHADS and using wrap around funds from GFATM. In FHI-supported special surveys, surveillance, research activities, FHI will ensure that it contributes to the priorities set forth in the 'National Research Agenda', the National M&E framework and the Country Impact Task Force data gaps analysis. FHI will continue participation in technical working groups and other networks that review country progress against national HIV/AIDS targets; and strengthen the implementation of one integrated national M&E system.

At the provincial and site level, emphasis will be placed on strengthening data quality and data use. At specific sites such as referral hospitals, FHI will partner with organizations such as HHS/CDC and the University Research Co. (URC) to ensure good use of quality data for program improvement. Close collaboration with organizations such as WHO and HHS/CDC will be done to roll out any data management, analysis, and usage models. At the site level, data management and use will be strengthened in the supported sites and a standardized filing system based on technical areas will be used in all FHI supported sites. Follow-up support will be provided for the FHI Cambodia Management Information System (FHI CAMIS) database, which has the provision for data analysis and graph generation. Data use will be strengthened through monthly and quarterly coordination meetings and regular program activities. Quality assurance/quality improvement (QA/QI) tools will be used during regular site visits. In addition, in facilities such as referral hospitals and health centers, FHI will collaborate with organizations such as URC to ensure development of comprehensive health facility surveys and periodically measure progress against set targets. In CoC sites, strong emphasis will be placed on monitoring treatment failure and resistance.

Refresher training will be conducted for staff and implementing agencies (IAs) on data management, analysis, quality, and use. Training will be conducted at provincial levels in basic interpretation and use. Ongoing capacity building of the surveillance unit staff will be intensified with seconded FHI surveillance unit staff within the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS). FHI will collaborate and link closely with HHS/CDC, WHO, NCHADS, GFATM, the National Institute of Public Health (NIPH) and other key stakeholders to plan and implement high quality strategic information activities and ensure good use of results. In FY 2008, 37 organizations will be provided with technical assistance on strategic information activities and 400 individuals will be trained in SI.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	37	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	400	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 7341.08

Mechanism: CDC_HQ_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Area Code: 13

Activity ID: 11171.08

Planned Funds: $177,053

Activity System ID: 18454

Activity Narrative: USG staff members provide direct technical support in this program area to the Ministry of Health (MOH) and its National Centers, and to the Governments of Banteay Meanchey, Battambang, and Pursat provinces and Pailin municipality.

This funding will support salary, benefits, and official travel costs for the epidemiologist dedicated to strategic information activities. As a member of the PEPFAR SI Team, this staff will provide technical assistance (TA) to Royal Government of Cambodia Agencies including MOH; the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS); the National Institute of Public Health (NIPH); and other USG partners, in particular Family Health International (FHI), in the area of strategic information to strengthen capacity for collecting, analyzing, interpreting, reporting, and using data for program implementation, monitoring, evaluation, and planning. Specifically, the USG epidemiologist will work with NCHADS, NIPH, and FHI to design surveys; develop survey and laboratory protocols, field manuals, and training workshops for provincial/municipal survey teams; assist with field supervision; provide technical assistance in the areas of data cleaning, analysis, interpretation, presentation, and reporting; and serve as a member on various HIV and STI surveillance technical working groups and consensus working groups on estimation and projections.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11171

Related Activity: 18458, 17936, 18470, 18455, 18252, 17687

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25692	11171.25692.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9694	9694.09	CDC_HQ_Base	$210,767
11171	11171.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$272,252

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17687	11233.08	7727	7727.08	PRASIT	Family Health International	$375,000
18252	18252.08	8016	8016.08	USAID Personnel	US Agency for International Development	$143,200
18455	11172.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$46,828
17936	11388.08	7766	7766.08	CSHAC	Khmer HIV/AIDS NGO Alliance	$70,000
18470	11310.08	7344	7344.08	NCHADS CoAg GHAI	National Center for HIV/AIDS Dermatology and STDs	$175,000

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	7342.08	**Mechanism:**	CDC_Post_Base
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:	11172.08	**Planned Funds:**	$46,828
Activity System ID:	18455		

Activity Narrative: USG staff members will provide direct technical support in this program area to the Ministry of Health and its National Centers, and to the Governments of Banteay Meanchey, Battambang, and Pursat provinces and Pailin municipality.

This funding will support salary, benefits, and official travel costs of a locally employed staff M&E program assistant dedicated to strategic information activities. The M&E program assistant is stationed in Battambang province to collate, organize, and enter HIV and TB data and information from a variety of government and non-government sources in the four focus areas of Banteay Meanchey, Battambang, and Pursat provinces and Pailin municipality. This staff creates databases and spreadsheets as needed to organize and analyze data in support of programmatic, research, and monitoring and evaluation activities. Types of data to be organized and analyzed include, but are not limited to, ARV treatment clinic patient monitoring data and HIV/TB diagnostic study data.

Funding also includes housing for the USG epidemiologist, who is a member of the PEPFAR SI Team.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11172

Related Activity: 18454, 18469, 18486, 18488, 18252

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25709	11172.25709.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9695	9695.09	CDC_Post_Base	$76,295
11172	11172.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5746	5746.07	CDC_Post_Base	$58,727

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18469	18469.08	7347	7347.08	CDC_DTBE_GHAI	US Centers for Disease Control and Prevention	$250,000
18486	11167.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$43,697
18488	18488.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$27,351
18454	11171.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$177,053
18252	18252.08	8016	8016.08	USAID Personnel	US Agency for International Development	$143,200

Emphasis Areas

Human Capacity Development

* Training

*** In-Service Training

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	N/A	True
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	N/A	True

Target Populations

General population

Adults (25 and over)

Men

Adults (25 and over)

Women

Special populations

Most at risk populations

Injecting drug users

Most at risk populations

Men who have sex with men

Most at risk populations

Persons in Prostitution

Most at risk populations

Persons who exchange sex for money and/or other goods with one or more multiple or concurrent sex partners (transactional sex), but who do not identify as persons in prostitution

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	7344.08	**Mechanism:**	NCHADS CoAg GHAI
Prime Partner:	National Center for HIV/AIDS Dermatology and STDs	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Strategic Information
Budget Code:	HVSI	**Program Area Code:**	13
Activity ID:	11310.08	**Planned Funds:**	$175,000
Activity System ID:	18470		

Activity Narrative: The National Center for HIV/AIDS, Dermatology and STDs (NCHADS) Surveillance Unit is responsible for conducting routine sentinel surveillance and special surveys for prevalence of HIV, sexually transmitted infections (STIs), and risk behaviors. Additionally, in collaboration with several partners, NCHADS is responsible for developing estimates and projections of HIV prevalence, incidence, and mortality. NCHADS Data Management Unit is responsible for managing all of NCHADS program data (voluntary confidential counseling and testing (VCT), ARV, etc.) needed for monitoring care and treatment and supporting the data management needs of the Surveillance Unit. In 2006, Data Management Teams were placed in the Provincial AIDS Offices of 11 provinces. NCHADS plans to expand Data Management Team coverage to 9 provinces by the end of 2009. Both Surveillance and Data Management Units work closely with staff in Provincial AIDS Offices.

In FY 08, NCHADS, with USG support, will conduct an integrated biological-behavioral sentinel survey. Until 2005, Cambodia's sentinel surveillance system had not included MSM as a sentinel population. Prevalence of HIV, sexually transmitted infections (STI), and related risk behaviors among MSM had not been routinely monitored. NCHADS included MSM in a cross-sectional integrated biological-behavioral survey (IBBS) for the first time in 2005. In 2008, NCHADS will conduct a follow-up IBBS in 5 priority provinces (Phnom Penh, Kampong Cham, Battambang, Sihanoukville, Banteay Meanchey) among three target populations: female sex workers, clients of female sex workers, and men who have sex with men (MSM). MSM will be tested for HIV as well as STIs. Technical assistance in protocol development and data collection, analysis, and interpretation will be provided by Family Health International (FHI) and the USG.

The USG will provide technical and financial support to conduct HIV Sentinel Surveillance (HSS) in 2009 in 22 provinces and municipalities. The ninth round of this national survey is projected to cost well over $200,000 and USG will provide partial funding ($140,000). HIV prevalence will be measured among pregnant women attending antenatal care clinics, female sex workers, and other at-risk populations. From this data, national estimates and projections of HIV prevalence, incidence, and mortality will be derived.

The USG will also support NCHADS to develop population size estimates. Projects to estimate or improve previous estimates of population (MSM, IDU, OVC) size will be conducted in Phnom Penh and several other USG-supported provinces (to be determined). NCHADS will conduct the projects in collaboration with the World Health Organization (WHO) and USG. USG will contribute $2,500 to support partial costs of in-country training and data collection and provide technical assistance in project design and data collection, analysis, interpretation, and reporting.

And finally, USG will provide $2,500 to support NCHADS data management and monitoring and evaluation activities. NCHADS Data Management Unit will continue to collect program data needed to monitor VCT and Continuum of Care programs as well as support surveillance data entry and management. The unit will continue to be supported primarily by WHO with technical assistance provided by USG as requested. USG funds will be used to provide computer equipment and support training on data collection, analysis, use, and management in USG's four focus areas (Banteay Meanchey, Battambang, and Pursat province and Pailin municipality).

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity: 18458, 17936, 18454, 18252, 17687

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
17687	11233.08	7727	7727.08	PRASIT	Family Health International	$375,000
18252	18252.08	8016	8016.08	USAID Personnel	US Agency for International Development	$143,200
18454	11171.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$177,053
17936	11388.08	7766	7766.08	CSHAC	Khmer HIV/AIDS NGO Alliance	$70,000

Targets

Target	Target Value	Not Applicable
13.1 Number of local organizations provided with technical assistance for strategic information activities	5	False
13.2 Number of individuals trained in strategic information (includes M&E, surveillance, and/or HMIS)	235	False

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9222.08
Mechanism: N/A
Prime Partner: Thailand Ministry of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Strategic Information
Budget Code: HVSI
Program Area Code: 13
Activity ID: 23910.08
Planned Funds: $70,921
Activity System ID: 23910
Activity Narrative: Note: Augsut 08 Reporgramming:

This change reflects a shift in the funds used for paying for the Field Epidemiology Training Program (FETP). Funds for FETP were originally budgeted in FY2007 GAP Base funds under TBD. It has been determined that the Thailand MOPH - US CDC (TUC) Cooperative Agreement is the appropriate mechanism for funding the FETP. However, funds can not be obligated during FY2008. The proposed shift is to use FY2007 funds to pay for local guard services and to use FY2008 funds originally budgeted for local guard services to replace the FETP funds. This will result in no changes in targets.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

OHPS - Other/Policy Analysis and Sys Strengthening

Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14

Total Planned Funding for Program Area: $1,313,992

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

Cambodia's Health Sector Strategic Plan (2001-2008) established the policy framework for improvement of the health sector and it's stated goal, "that all people in Cambodia of whatever gender, age, place of residence or ability to pay, should have equitable access to good-quality, basic and essential specialized health services, staffed by competent health professionals and at a cost people can afford and that they should have information that empowers them to make informed choices about matters affecting the health and well-being of themselves and their families," is the scaffold on which all USG programs are fixed.

The national health system, while still relatively weak, has demonstrated it can deliver results in partnership with donors and non-government players. Particularly notable successes have been achieved in the area of HIV/AIDS. Prevalence has been reduced to 0.9%, approximately 85% of Cambodians eligible for ART are now on treatment and vibrant community and civil society network are providing excellent prevention and care services. To its credit, the Royal Government of Cambodia (RGC) was quick to recognize the severity of the HIV epidemic and establish an effective policy framework and enabling environment that willingly adopted outside innovations and coordinated internal efforts to scale up successful initiatives. HIV/AIDS services were established, communities mobilized and continued support for quality surveillance, research and analysis of Cambodia's HIV epidemic has provided critical information on transmission patterns and guided program interventions at every step. However, this early and significant success was achieved at the expense of a sector-wide approach. The National AIDS Program established parallel services and systems which, given adequate resources, were unburdened by the systemic and chronic problems of the national health system. But parallel practices bring high transactional costs for HIV patients, donors, and the government and, in the long term, fail to achieve the full benefits of sustainable, accessible and quality services. In 2007 approximately 3% of Cambodia's HIV/AIDS budget was supported by the government, highlighting the fragility of a program that relies on donor-funding –primarily the USG and the Global Fund- for over 95% of costs.

The USG objective to strengthen national prevention, care and treatment capacity remains firm while recognizing enormous changes in the health sector. In the last ten years humanitarian assistance and reconstruction projects have been superseded by long-term development objectives in a sector-wide approach. As the Cambodian MOH launches the development of it's second Health Strategic Plan (2009-2015), health policy and systems strengthening issues will necessitate greater integration of HIV/AIDS services into public sector health delivery systems; increased RGC stewardship and financial commitment for health expenditures; the alignment of planning, disbursement and monitoring instruments between the Ministry of Health and the Ministry of Economy and Finance; and greater donor program harmonization and coordination at all levels of the health delivery system.

In FY 08, HIV/AIDS policy dialogue between the MOH and the USG will focus more on how to work together strategically rather then on what activities to fund. Leveraging the USG role in key public sector institutions and USG participation on national technical working groups that shape health sector priorities and policies to advance the development of public systems and which address obstacles to the integration of PMTCT into existing maternal and child health care services and improving the integration of TB and HIV services will be priority program areas. Identifying and addressing obstructions to improved service delivery, program integration, improved public sector performance in addition to building consensus on new service delivery modalities will require dedicated time, technical insight, and political space. Any such reorientation will require increases in RGC ownership and funding in the coming years and will be fundamentally tied to government-wide Public Financial Management and Civil Service reforms as well as the future directions of Decentralization and Deconcentration (D&D) efforts. In the near-term, the USG will focus on pragmatic steps as part of this longer-term strategy:

- Strengthen Cambodian's policy, planning and management capacity in the public sector, local non-government sector and civil society;
- Improve the quality of national surveillance systems and effective use of data for HIV/AIDS policymaking and programmatic decisions and rebalance technical assistance towards skill transfer and mentoring;
- Support widespread and accessible antenatal care which integrates PMTCT services and addresses the continuing needs of HIV treatment and care of the mother and baby in the post-partum period;
- Create demand strategies to engage communities around maternal, newborn health, TB and HIV issues and improve referral linkages at all levels;
- Strategic support of Health Equity funds, within a broader health financing framework, to improve HIV service uptake, particularly by women of reproductive age; and
- Strengthen human resources in public and private sectors and foster governmental leadership.

Program Area Downstream Targets:

14.1 Number of local organizations provided with technical assistance for HIV-related policy development	75
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	325
14.3 Number of individuals trained in HIV-related policy development	68
14.4 Number of individuals trained in HIV-related institutional capacity building	826
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	0
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	0

Custom Targets:

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7341.08

Mechanism: CDC_HQ_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 11173.08

Planned Funds: $161,205

Activity System ID: 18448

Activity Narrative: This is an ongoing activity.

In FY 08, USG staff members will continue to provide direct technical support in this program area to the Ministry of Health and its National Centres, and to the Provincial Governments of Banteay Meanchey, Battambang, Pailin and Pursat. The USG collaborates with its partners to assist in the implementation of activities.

This funding is for the portion of the salary of the CDC GAP Director and Associate Director dedicated to policy development and system strengthening. This includes work with the National Center for HIV/AIDS, Dermatology and STDs (NCHADS), the National Maternal and Child Health Center (NMCHC), and other key partners within the Ministry of Health to develop improved policies and operations. This also includes work with other bilateral donors, multilateral organizations, and NGOs to coordinate activities, particularly as they relate to the Ministry of Health and the Global Fund grants.

This activity relates to CDC_Post_Base-Other, as well as with other activitiy areas such as PMTCT, TB/HIV, and Lab within the NCHADS and NIPH cooperative agreements, where considerable effort is underway to revise policies and procedures related to HIV-screening.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11173

Related Activity: 18449

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25693	11173.25693.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9694	9694.09	CDC_HQ_Base	$146,336
11173	11173.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$306,941

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18449	11174.08	7342	7342.08	CDC_Post_Base	US Centers for Disease Control and Prevention	$44,787

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7342.08

Mechanism: CDC_Post_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 11174.08

Planned Funds: $44,787

Activity System ID: 18449

Activity Narrative: This is an ongoing activity.

In FY 08, USG staff members will continue to provide direct technical support in this program area to the Ministry of Health and its National Centers, and to the Provincial Governments of Banteay Meanchey, Battambang, Pailin and Pursat. The USG collaborates with its partners to assist in the implementation of activities.

This funding is for the portion of the salaries of the Budget Analyst and the Administrative Assistant dedicated to working directly with Ministry of Health partners to develop capacity to manage cooperative agreements ($23,667). Considerable time is spent with NCHADS, NIPH, the National Maternal and Child Health Center, and the provincial governments in Banteay Meanchey, Battambang, Pailin and Pursat to monitor cooperative agreement expenditures, assist with activity and spending plans, and jointly evaluate proposed procurements. As a result, there is a growing team of local staff at these organizations who have been trained in the management of US cooperative agreements.

In addition, $21,120 is budgeted for housing of the GAP Director and Associate Director, prorated by the proportion of their time dedicated to policy and systems strengthening.

This activity relates to CDC_HQ_Base-Other, as well as with other activities within the NCHADS and NIPH cooperative agreements.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11174

Related Activity: 18448

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
25736	11174.25736.09	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	9695	9695.09	CDC_Post_Base	$23,075
11174	11174.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5746	5746.07	CDC_Post_Base	$85,986

Related Activity

System Activity ID	Activity ID	System Mechanism ID	Mechanism ID	Mechanism Name	Prime Partner	Planned Funds
18448	11173.08	7341	7341.08	CDC_HQ_Base	US Centers for Disease Control and Prevention	$161,205

Emphasis Areas

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	N/A	True
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Target Populations

Other

Pregnant women

People Living with HIV / AIDS

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7727.08

Mechanism: PRASIT

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Other/Policy Analysis and System Strengthening

Budget Code: OHPS

Program Area Code: 14

Activity ID: 11238.08

Planned Funds: $208,000

Activity System ID: 17688

Activity Narrative: In FY 08, FHI will continue to play a key role in the development of the National Center of HIV/AIDs Dermatology and STDs (NCHADS), National Maternal Child Health Center (NMCHC) and provincial annual operational workplans. FHI will also strengthen existing national networks such as the National MSM Network, Cambodian People Living with HIV/AIDS Network and the Women's Health Network that advocate for reduction of stigma and discrimination among these marginalized groups. FHI will support institutional capacity to all partners, implementing agencies and networks in specific areas. Documentation of programs and processes will enhance sharing of best practices and evidence based programming. In FY 08, FHI will continue to show leadership in new approaches and to share these experiences with partners and stakeholders to improve the HIV/AIDS response.

Approximately 700 people will be trained in HIV-related community mobilization for prevention, care and/or treatment in FY 08. 700 individuals will be trained in HIV-related institutional capacity building, and 30 trained in HIV-related policy. 700 people will be trained in HIV-related stigma and discrimination reduction. Forty seven sites will be provided technical assistance for HIV-related institutional capacity building; FHI will provide technical assistance to nine organizations--particularly governmental bodies, for HIV-related policy development.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11238

Related Activity:

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	9	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	37	False
14.3 Number of individuals trained in HIV-related policy development	30	False
14.4 Number of individuals trained in HIV-related institutional capacity building	700	False
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7766.08
Mechanism: CSHAC
Prime Partner: Khmer HIV/AIDS NGO Alliance
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 11389.08
Planned Funds: $200,000
Activity System ID: 17937

Activity Narrative: In FY 08, KHANA will focus on the emphasis areas of strengthening the systems of its partners and promoting an enabling environment for HIV /AIDS activities by working with a range of actors in the government, the UN community, donors, NGOs, and networks.

KHANA will continue to contribute to a coordinated response at the national level and will help to ensure continuity and complimentary activities at provincial and community levels. In so doing, KHANA will continue to support partner advocacy efforts at national, provincial and community levels and provide partners with the tailored technical support they need to contribute to policy development, publications, and campaigns aimed at reducing the impact of HIV/AIDS.

Populations targeted in this activity are civil society stakeholders, beneficiaries, donors and the national government.

In seeking to reach targets for this program area, KHANA will organize awareness-raising and media work during special events such as World AIDS Day, International Women's Day, Water Festival and others. This will be carried out in collaboration with partners as this remains an effective way of mobilizing both government and community support around specific themes.

In FY 08, KHANA will continue to build on its partners' technical, organizational, and institutional capacity through a variety of methods, including workshops, follow-up and monitoring visits, one to one technical support visits and mentoring to partner staff. Other approaches will include project reviews, tools development, documentation, sharing lessons learned, and facilitating partner meetings to provide additional ways of exposing NGOs to new approaches and best practices.

Building on FY 06 and FY 07 activities, KHANA will continue to concentrate on strengthening selected partner NGOs as the lead NGOs within their province and as leaders within the HIV sector as whole .

In line with the USG 5-year strategy, KHANA will support policy and advocacy issues such as treatment access, provision of counseling and testing, care and support for infected and affected, and prevention. In particular, KHANA will actively participate in technical working groups including Care & Support, M&E, Prevention, TB/HIV, and PMTCT to provide technical guidance on development and revision of policy, protocols, and guidelines, and will support treatment advocacy and education efforts for PLHA groups.

An emphasis area for all of KHANA's programs is Gender particularly, increasing gender equity in HIV/AIDS programs. In line with the 5-year strategy, in FY 08, KHANA will work closely with other stakeholders to promote policy that facilitates access by women to antenatal care, skilled attendance at delivery and postnatal care, PMTCT programs, and ARV treatment. Mother-to-child transmission is estimated to account for nearly one-third of new HIV infections.

KHANA will continue to support MARPs with a view to strengthening the solidarity and networking capacity of these groups to advocate for reduced stigma and discrimination and access to health services. For example, KHANA will support CBO groups of PLHA, MSM, and SW to implement prevention and advocacy activities, recognizing the significant progress made in skills development in leadership and management among these groups.

HQ Technical Area:

New/Continuing Activity: Continuing Activity

Continuing Activity: 11389

Related Activity:

Continuned Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
11389	11389.07	U.S. Agency for International Development	Khmer HIV/AIDS NGO Alliance	5732	5732.07	KHANA	$227,002

Emphasis Areas

Gender

* Addressing male norms and behaviors
* Increasing gender equity in HIV/AIDS programs
* Increasing women's access to income and productive resources
* Increasing women's legal rights
* Reducing violence and coercion

Local Organization Capacity Building

Strategic Information (M&E, HMIS, Survey/Surveillance, Reporting)

Food Support

Public Private Partnership

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	43	False
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	43	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 7909.08
Mechanism: SCICH
Prime Partner: CARE International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Other/Policy Analysis and System Strengthening
Budget Code: OHPS
Program Area Code: 14
Activity ID: 18008.08
Planned Funds: $50,000
Activity System ID: 18008

Activity Narrative: In FY 08, CARE will continue to build upon strong partnerships formed in FY 06 and FY 07 with local and national authorities and ministries; District, provincial and national level health teams; private providers and industry representatives; community and youth based volunteer networks; and local NGO partners. In FY 08, activities will emphasize gender, capacity building and workplace programs.

In FY 06 and FY 07, CARE initiated several influential partnerships in the private industry to support HIV in the workplace and increase HIV prevention education. Industry based associations have been formed that meet directly with factory and distribution owners and managers. Industry codes of conduct will continued to be refined, and monitored by CARE, leveraging the power of private organizations and the data collected on the improved situation of workers, particularly women, to inform national policy.

Cross cutting activities relating to gender and right to health will continue in 2008. This includes advocacy through national and more local campaigns to various ministries including health, womens affairs, education and labor. CARE will provide a voice for the high risk populations that it works directly with to advocate for access to the Continuum of Care (CoC).

In FY 08, CARE will build upon FY 07 pilot activities in Koh Kong in the area of post partum care. An inportant part of the post partum package is the identification and referral of HIV/AIDS positive mothers into the PMTCT program.

In FY 08, CARE will carry out surveys in both Koh Kong and Phnom Penh. All survey results will be shared with appropriate national organizations, as well as with other USG partners. Through consultancy technical support, the technical capacity of CARE M&E staff and local partners will be strengthened. Survey results will be diseminated at District level, helping to measure performance against baseline surveys taken in 2007/2008.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Targets

Target	Target Value	Not Applicable
14.1 Number of local organizations provided with technical assistance for HIV-related policy development	N/A	True
14.2 Number of local organizations provided with technical assistance for HIV-related institutional capacity building	1	False
14.3 Number of individuals trained in HIV-related policy development	N/A	True
14.4 Number of individuals trained in HIV-related institutional capacity building	N/A	True
14.5 Number of individuals trained in HIV-related stigma and discrimination reduction	N/A	True
14.6 Number of individuals trained in HIV-related community mobilization for prevention, care and/or treatment	N/A	True

HVMS - Management and Staffing

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Total Planned Funding for Program Area: $1,627,827

Estimated PEPFAR contribution in dollars	$0
Estimated local PPP contribution in dollars	$0

Program Area Context:

A USAID and HHS/CDC interagency team manages Cambodia's PEPFAR; the Country Coordinator is a USAID DH. Since PEPFAR's 2005 inception in Cambodia, CDC and USAID continue to pursue improved integration of activities. Over the past year the team engaged on new approaches to jointly develop and manage PEPFAR activities; including joint workplan development, CDC inclusion on USAID technical review panels and participated on each other's new employee selection committees.

Our Staffing for Results (SFR) vision is a country coordination team directing and overseeing four planning, technical working groups (TWGs): (1) Prevention among most at risk populations (MARPs), (2) Facility Based Services (PMTCT, VCT, TB-HIV, lab), (3) Community Based Services (PMTCT, HBC, OVC, TB-HIV), and (4) SI/Systems Strengthening. We anticipate that each TWG will be composed of USG agencies and partner experts, whose efforts will be coordinated by a designated team leader.

The current, overall USG team includes 20 full-time HHS/CDC staff, including 9 technical/managerial and 11 administrative/support staff. Seventy percent of the employees are FSNs; three are technical positions. Ten team members are either solely or partially funded under M&S, with the rest funded by specific program areas, namely MTCT, HVTB, HVXS, HLAB, HVSI and POHS.

USAID has 7 employees dedicated to PEPFAR, 5 of which are full-time, including 4 technical/managerial and 1 administrative/support. Thirty-eight percent of USAID's staff is FSN, with 2 in technical positions. Two technical positions are local hire USPSCs, including the SI Advisor. Three USAID employees are included under M&S and the remainder under specific program areas, namely HBHC, HVTB, HKID, HVCT, and HVSI.

CDC positions among PEPFAR are now fully encumbered. USG Cambodia uses GHAI funds to employ the SI Advisor through a USAID hiring mechanism, to fill a technical gap in SI and data collection. CDC's recruitment of a direct-hire laboratory scientist completes the laboratory team and strengthens our expertise in virology and micro bacteriology. The USG team continues to receive excellent support from CDC's Division of TB Elimination for TB/HIV activities in Atlanta, which complements the in-country TB-HIV expertise that USAID funds through the TBCAP program.

After the fourth quarter FY 07 SFR visit, the country team reviewed the recommendations vis-à-vis staffing needs and determined that our greatest need is a prevention advisor who can also oversee program implementation as a CTO. The addition of a seasoned, senior expatriate technical advisor to the team would enable us to more effectively respond to the DP recommendations: that senior staff at USAID engage in policy work and dialogue with the Cambodian government and other partners and donors, particularly in preparation for support under PEPFAR II; support the professional growth of the FSN staff looking toward transition to greater FSN leadership over the next five years (requiring significant time to mentor promising FSN); and developing joint and unified programs and linkages with other USG health investments, specifically Reproductive Health, Safe Motherhood, Child Survival and TB, to leverage resources and strengthen service capacity. In the coming months USAID will design new, integrated activities that include HIV/AIDS, ID, MCH, RH/FP and nutrition, with systems strengthening and human capacity development as cross-cutting themes.

The USAID executive management officer will undertake a comprehensive management assessment of the entire Office of Public Health to determine if there are additional structural and/or staffing impediments to meeting the work load. Regardless of the outcome, USAID will need to seek USAID/ANE approval to exceed Manage to Budget levels. The USG team requests the following new position in the COP: Prevention Advisor. The position is listed in the Staffing Database under Technical Leadership/Management.

The major responsibilities include:
• Serve as lead advisor for prevention activities among MARPs, including serving as Team Leader of USG Prevention Among MARPs working group;
• Provide strategic technical direction and guidance to USG implementing partners and lead new activity design based on SI data analysis;
• Provide leadership on donor-government technical working groups that focus on MARPs;
• Coordinate with government officials and other donor agencies (e.g. UNAIDS, GFATM, the World Bank, DFID, UNICEF, WHO, etc.) on planning, Global Fund, implementation and policy issues related to HIV/AIDS prevention activities;
• Serve as cognizant technical officer (CTO) for USAID-supported grants, cooperative agreements and contracts to ensure that PEPFAR/USAID regulations and procedures are followed and field activities are monitored;
• Identify and oversee visits by short-term advisors, evaluators or other visitors associated with assigned HIV/AIDS activities;
• Prepare documentation of USG HIV/AIDS activities for submission to OGAC and/or USAID/Washington.

Program Area Downstream Targets:

Custom Targets:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7343.08
Mechanism: CDC Cost of Doing Business - State
Prime Partner: US Department of State
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 18445.08
Planned Funds: $514,209
Activity System ID: 18445

Activity Narrative: 08-08 Reprogramming:This change reflects a shift in the funds used for paying for the Field Epidemiology Training Program (FETP). Funds for FETP were originally budgeted in FY2007 GAP Base funds under TBD. It has been determined that the Thailand MOPH - US CDC (TUC) Cooperative Agreement is the appropriate mechanism for funding the FETP. However, funds can not be obligated during FY2008. The proposed shift is to use FY2007 funds to pay for local guard services and to use FY2008 funds originally budgeted for local guard services to replace the FETP funds. This will result in no changes in targets.

CDC pays three separate cost-of-doing-business charges to the Department of State. For FY 08, these are as follows:

ICASS Charges for HHS/CDC GAP
This charge is for the administrative support given by Department of State service providers to HHS/CDC GAP Cambodia. This estimate is based on the proposed ICASS budget for Post Phnom Penh, and on current staffing levels for the Embassy. ICASS costs for CDC are determined in part on the basis of 4 direct hire staff and 14 FSN staff. The estimated ICASS charge for FY 08 is $320,000.

Capital Security Cost Sharing
These funds are sent to the Department of State, OBO, to support new embassy compound construction. For FY 08, this is reported to be $161,130.

Non-ICASS Residential Guard Service
Requested funding would cover the cost that the Department of State charges CDC GAP for non-ICASS residential guard services. This was $78,000 in 2007, up from $38,000 in 2006, a 105% increase. Although we do not anticipate an increase of this magnitude in FY 08, we do expect a 33% increase because direct hire staff residences are increasing from 3 to 4 as of September 2007. We estimate the FY 08 cost to be $104,000.

HQ Technical Area:
New/Continuing Activity: New Activity
Continuing Activity:
Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7341.08
Mechanism: CDC_HQ_Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Area Code: 15
Activity ID: 18446.08
Planned Funds: $285,169
Activity System ID: 18446

Activity Narrative: This activity includes $195,169 in costs for portions of the salaries of the CDC GAP Director and Associate Director associated with management and administration of the program. In addition, this activity includes the following operations costs:

Headquarters-based travel - $20,000. This would cover two TDYs in excess of 2 weeks for management and staffing, one for COP preparation for FY09 and one for temporary coverage during home leave of the associate director.

Shipping - $30,000. This would cover shipping of materials from headquarters to Cambodia. Included in this are any charges for shipping personal effects for direct hire moves.

Supplies - $20,000. This covers credit-card purchase of supplies, including office, IT and laboratory supplies.

Equipment - $20,000. This covers credit-card purchase or headquarters-based purchase of equipment, including laboratory equipment and small office equipment items not available or not reasonably priced in Cambodia.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 7342.08

Mechanism: CDC_Post_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 18447.08

Planned Funds: $470,199

Activity System ID: 18447

Activity Narrative: Post-held CDC M&S funds are used to support administrative FSN staff salaries, including those of the budget analyst, administrative assistant, administrative associate, 2 secretaries, and 3 chauffeurs. In addition, funds support operations costs, including travel not specifically for a designated program area, shipping charges, telephone and Internet charges, office supplies, motor vehicle fuel and maintenance, utilities, furniture, office equipment, reference materials, printing, and translation. Requested funding also covers FSN awards, FSN training, FSN international travel, local travel, office furniture, office equipment, computer equipment, and contractual funds for office improvement.

In addition, during 2007 CDC renovated and moved into a new office and opened a satellite office. Funding is budgeted to cover the additional costs of completing office setup and starting up operations.

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 3.3.15: Activities by Funding Mechansim

Mechanism ID: 8013.08

Mechanism: USAID Personnel

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Area Code: 15

Activity ID: 18250.08

Planned Funds: $293,000

Activity System ID: 18250

Activity Narrative: JR, Deputy Director/OPHE, USDH – residence, residential utilities and security guards, local and international travel, home leave, educational allowance, COLA, and medivac

AHogg, Deputy Director/PROG, USDH -- residence, residential utilities, security guards, local and international travel

VHughes, Health Technical Advisor, US PSC/local hire -- salary, benefits (FICA, health insurance, life insurance, medivac), local and international travel

HQ Technical Area:

New/Continuing Activity: New Activity

Continuing Activity:

Related Activity:

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2008?	**Yes**	**X**	**No**
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is an Demographic and Health Survey(DHS) planned for fiscal year 2008?	**Yes**	**X**	**No**
If yes, Will HIV testing be included?	Yes	X	No
When will preliminary data be available?			
Is a Health Facility Survey planned for fiscal year 2008?	**Yes**	**X**	**No**
When will preliminary data be available?			
Is an Anc Surveillance Study planned for fiscal year 2008?	**Yes**	**X**	**No**
If yes, approximately how many service delivery sites will it cover?	Yes		No
When will preliminary data be available?			
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2008?	**Yes**	**X**	**No**

Other Significant Data Collection Activities

Name: HIV Sentinel Surveillance (HSS)

Brief Description of the data collection activity:

HSS will be conducted in 2009 in 22 provinces/municipalities. USG will support the RGC surveillance system by providing assistance with protocol development; supply procurement; sampling; training at the national and provincial levels; laboratory quality assurance; data analysis, interpretation, and reporting; and validation of estimates and projections.

Preliminary Data Available:

12:00:00 AM

Name: Population Size Estimations

Brief Description of the data collection activity:

Population size estimates – USG will work closely with NCHADS and partner NGOs to design and conduct projects to estimate or improve previous estimates of size for three MARP groups (MSM, IDU, and OVC)

Preliminary Data Available:

12:00:00 AM

Name: Integrated Behavioral and Biological Survey (IBBS)

Brief Description of the data collection activity:

USG will provide support to NCHADS to conduct an IBBS in five priority provinces among three target groups -- female sex workers (FSWs), clients of FSWs, and men who have sex with men (MSM).

Preliminary Data Available:

12:00:00 AM

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
OPH organogram Updated 09 20 07.doc	application/msword	9/23/2007		Other	PSou
CDC KH org chart 20070920.doc	application/msword	9/23/2007		Other	PSou
CoC Model.doc	application/msword	9/25/2007	Continuum of Care (CoC) Model	Other	VHughes
2007 09 28 Cambodia FY08 COP Submission_BRW.xls	application/vnd.ms-excel	9/28/2007		Budgetary Requirements Worksheet*	PSou
Cambodia GLOBAL FUND SUPPLEMENTAL.doc	application/msword	9/28/2007		Global Fund Supplemental*	VHughes
Treatment requirement.doc	application/msword	10/5/2007		Justification for Treatment Budgetary Requirements	VHughes
2007 09 28 List of Staffing database COPFY08.xls	application/vnd.ms-excel	10/2/2007		Other	PSou
PEPFAR_SFR_Coord_Chart_a.doc	application/msword	10/2/2007		Other	PSou
COP FY 09.doc	application/msword	10/4/2007		Fiscal Year 2009 Funding Planned Activities*	PSou
CN Summary Cambodia.doc	application/msword	10/5/2007		Executive Summary	VHughes
Ambassador letter.pdf	application/pdf	10/5/2007		Ambassador Letter	VHughes
FY08 COP 8% or 2M justification final.doc	application/msword	10/5/2007	8% or 2M justification	Justification for Partner Funding	VHughes
AB justification.doc	application/msword	10/5/2007		Justification for AB Budgetary Requirements	VHughes
FINAL USG Cambodia Target Justification FY 2008 FY 2009.doc	application/msword	10/21/2007		Explanation of Targets Calculations*	VHughes
USG Cambodia Human Capacity Development.xls	application/vnd.ms-excel	10/21/2007	Human Capacity Development Table	Other	VHughes