



Cambodia
Operational Plan Report
FY 2011



Operating Unit Overview

OU Executive Summary

BACKGROUND:

Cambodia is one of the most compelling success stories in the global fight against HIV/AIDS. From 1998 to 2006, adult HIV prevalence declined from 2.0% to 0.9%. More recently, the Royal Government of Cambodia (RGC) has expanded access to care and treatment for people living with HIV. Since the first HIV treatment Continuum of Care (CoC) site was established with support from US Government (USG) partners in 2003, Cambodia has expanded to 52 CoC sites, extending HIV-related care to more than 70% of HIV-infected adults and antiretroviral treatment (ART) to 93% of eligible patients. As a result of these successes, Cambodia received an international award from the United Nations for achieving its Millennium Development Goals for HIV/AIDS in September.

Many of Cambodia's early successes in fighting HIV/AIDS resulted from prioritizing programs for often marginalized and stigmatized people engaged in high-risk behaviors – such as commercial sex – and thereby reducing the chances of ongoing transmission to lower-risk groups. The USG has contributed substantially to these efforts, providing almost 50% of the financial resources behind the national response, and establishing the surveillance, service delivery, and quality assurance platforms needed for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM) and other donor investments to achieve their goals. Most donor investments in Cambodia's health sector focus on HIV-, tuberculosis-, and malaria-specific outcomes, with relatively little attention to quality, efficiency, or broader health priorities. Therefore, the PEPFAR program focuses on:

- reducing the number of new HIV infections through targeted prevention activities;
- establishing cost-effective approaches to expand the coverage and quality of HIV/AIDS programs, while;
- making investments in HIV that are aligned with RGC strategies, benefitting the overall health system, and improving other priority health outcomes such as tuberculosis (TB) and maternal health.

Despite Cambodia's renowned successes in combating HIV, substantial challenges remain, including:

- maintaining low rates of new HIV infections in light of changes in the resource and sociopolitical environments which led to brothel closures and subsequent difficulties in targeting high risk populations
- obtaining and using strategic information (SI), including surveillance, to make informed decisions about the allocation of HIV resources;
- improving the quality of care and integrating services to address the comprehensive health needs of clients;
- enhancing the technical skills of providers, and improving access to accurate diagnostic tests;
- developing more cost-effective intervention models to reduce host-country dependence on donor support, and;
- establishing performance-based financing approaches that improve service delivery and complement RGC reforms aimed at equitable provision of a living wage to health providers.

To respond to these challenges, the FY 2011 Cambodia Country Operational Plan (COP) builds on prior investments to support:



- the delivery of an essential package of services for most-at-risk populations (MARPs) and people living with HIV (PLHIV) that includes:
 - individual and small-group peer education,
 - access to condoms,
 - HIV testing and counseling (HTC),
 - sexually transmitted infection (STI) services,
 - reproductive health (RH) and family planning (FP) services,
 - HIV care and treatment services, and,
 - linkages to other health and social services;
- the establishment and evaluation of confidential systems to track individuals across health services and improve the delivery of essential HIV services;
- the introduction of point-of-care HTC, using finger-prick approaches and prioritizing access for populations with high HIV prevalence;
- the expansion of innovative venue-based education programs to high-risk urban men;
- improved condom availability in high-risk settings (in/outside of Entertainment Establishments [EE]) and clinical sites serving HIV-infected and high-risk persons;
- increased availability of safe blood;
- improved diagnosis and treatment of tuberculosis and HIV, through case finding, better laboratory diagnosis using TB liquid culture, and infection control;
- the introduction of monitoring and financing systems that reward sites and teams for measurable performance, and;
- targeted assessments to identify service delivery gaps and evolving priorities such as preventing new infections in men who have sex with men.

SUSTAINABILITY AND COUNTRY OWNERSHIP:

In the past year, members of the PEPFAR team have played an active role as members of the core group tasked with the development of Cambodia's third five-year National Strategic Plan for HIV/AIDS, 2011-2015 (NSP III). The Cambodia USG team has also developed a new internal five-year strategy for the PEPFAR program that is aligned to key priorities articulated in the NSP III. In particular, the PEPFAR program will improve systems that provide information to guide the national response, refine the focus of prevention interventions to address changing needs, enhance the quality and cost-effectiveness of care and treatment programming, and strengthen HIV-related health service delivery systems. In each of these areas, we will help the RGC and civil society to respond better to the HIV epidemic, and will involve people living with HIV/AIDS and other program beneficiaries in setting priorities and managing activities.

Existing USG programs and agreements are well-placed to advance these objectives in the coming year. The Centers for Disease Control and Prevention (CDC) has direct cooperative agreements with the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS), as well as with other RGC Ministry of Health (MOH) centers that play leading roles in the national response to HIV/AIDS. Almost all HIV treatment in Cambodia is provided through public sector institutions by MOH staff. Three out of the six HIV/AIDS implementing partners of the US Agency for International Development (USAID) are local non-government organizations (NGOs) that were established with USG assistance, and now receive and manage GFATM resources.

Both USG and implementing partner staff play active roles in the government-led technical working groups that establish protocols for service delivery and surveillance in Cambodia. The CDC country director chairs the joint Government-Donor Technical Working Group for HIV/AIDS. USG staff participate in the development of national and provincial annual action plans for HIV and other health issues.



The Royal Government of Cambodia (RGC) is pursuing needed public sector reforms that have already impacted health system performance. Going forward, RGC-led efforts to ensure salary equity among civil servants must address the extremely low salaries of most public sector health care providers. To sustain and extend Cambodia's achievements in combating HIV/AIDS, the PEPFAR program will support performance-based financing systems that complement host-country reforms. In particular, PEPFAR will support information systems that provide reliable, objective performance measures.

As part of the reform process the RGC is decentralizing management of health care to provinces and districts. The PEPFAR program is supporting local public health providers develop leadership and management skills that are essential for a well-functioning health system.

In 2009, the GFATM invested more than \$30 million, surpassing the USG as the leading HIV/AIDS donor in Cambodia. Since then, Cambodia succeeded in securing a five-year Round 9 GFATM grant, estimated at \$270 million. The GFATM is now the largest donor in the entire health sector, investing more than half a billion dollars, including more than \$300 million in HIV/AIDS grants. The GFATM also covers all of the HIV treatment medication costs in Cambodia. As a result of Cambodia's successes in securing GFATM resources, USG will cautiously begin to scale back PEPFAR service delivery investments in order to enhance support for quality assurance systems and the development of innovative, cost-effective intervention models that can be brought to scale through the GFATM.

The GFATM has increased RGC responsibility in the management of donor resources, but this has not led to greater host-country investments in health or the implementation of more effective and efficient service delivery approaches. The RGC pays for only 3-5% of the costs of Cambodia's \$50 million annual national response to HIV/AIDS. The PEPFAR program therefore prioritizes the introduction of innovations to reduce these costs given the risks associated with Cambodia's reliance on a single funding mechanism.

INTEGRATION ACROSS USG:

Under the direction of the Chief of Mission (COM), USAID and CDC have taken the lead for implementation of PEPFAR since its inception. The Chief of Mission (COM) serves as PEPFAR's spokesperson on strategic issues and is actively engaged in high-level policy discussions with the RGC.

A USG Health, Education and Environment Working Group, chaired by the Deputy Chief of Mission (DCM), was established in March 2010 and is the primary forum for coordination with other USG agencies, including Peace Corps and Department of Defense (DoD). CDC leadership and the USAID Office of Public Health and Education were co-located in 2010 to improve coordination and integration of HIV/AIDS and other health programs, especially RH and TB. USAID and CDC jointly plan regular technical and programmatic meetings with USG-funded partners. A visit by the State Department Office of the Inspector General (OIG) in June 2010 found excellent coordination between the implementing agencies and determined that "the PEPFAR team works exceptionally well across agency lines."

US Treasury has an established presence in Cambodia, working directly with the Ministry of Economics and Finance (MEF) and is a resource to the PEPFAR team in areas of fiscal reform and financing. The Peace Corps has a memorandum of understanding with the MOH and will initiate community health activities in a limited number of locations this year. Peace Corps now participates in PEPFAR meetings and will develop concrete ideas for active collaboration with the PEPFAR program in the coming year.

HEALTH SYSTEM STRENGTHENING AND HUMAN RESOURCES FOR HEALTH:



Although donor investments in HIV and TB have contributed to the achievement of disease-specific goals, there is limited evidence of impact on broader health outcomes such as: improved maternal mortality, nutrition, and family planning. Civil servants in Cambodia do not make a living wage. The USG does not provide salary supplements, but many health care providers receive payments from the GFATM and other donors, and therefore prioritize donor objectives over holistic patient care. Furthermore, some public-sector providers supplement their incomes by moonlighting: operating semi-private fee-for-service clinics to which they refer clients under the auspices of providing a higher quality of care. In the absence of a formal system to link training and certification to public-sector compensation and professional development, many providers seek training simply as a mechanism to supplement their incomes through per-diem payments and travel allowances.

Health information systems have been designed around the donors' disease-specific priorities and reporting requirements. As a result, separate and unlinked client databases exist within and across the national HIV program, the TB program, the malaria program, and the maternal and child health (MCH) program, making it impossible for health providers to use these systems to track clients across services.

HIV service delivery systems are also fragmented. HTC is not routinely offered on hospital inpatient wards or in STI clinics to which individuals at high-risk for HIV are referred. Similarly, voluntary FP services are not integrated in STI clinics, or in the CoC sites that provide HIV care and treatment services, sites where demand for FP may be high. The quality of HIV and FP counseling is an area of particular concern.

Access to needed diagnostic tests is also constrained. Limited access to TB culture results in delays in accurate diagnoses and treatment for people with TB. Although rapid HIV tests are approved for the diagnosis of HIV in Cambodia, the national algorithm requires sample collection via venous blood draw with laboratory processing, rather than finger-stick sample collection and point-of-care performance of the test.

In the past year, the PEPFAR team has made substantial progress in addressing these and other challenges. Consistent advocacy and collaboration with host-country counterparts has resulted in public commitments on the part of NCHADS and MOH to:

- introduce finger-prick, point-of-care HTC;
- integrate HTC into existing STI settings and other clinical sites serving most-at-risk populations for HIV/AIDS;
- improve access to voluntary FP services among people living with HIV/AIDS through the CoC;
- improve access to voluntary FP services in settings serving female entertainment workers and other MARPs for HIV/AIDS, and;
- scale up intensive case finding, Isoniazid Preventive Therapy¹, and infection control to address TB and HIV.

To support these and other objectives, \$1,366,948 in USG health systems investments in the FY 2011 COP will focus on:

- establishing a confidential information protocol that allows for the tracking of individuals across clinical and community service delivery sites to monitor and improve success of referrals;
- removing barriers to integration of FP and HIV services;

¹ Isoniazid Preventive Therapy (IPT), is a treatment administered to persons living with HIV/AIDS (PLHIV) to prevent them from acquiring Tuberculosis, one of the most common and lethal opportunistic infections for PLHIV.



- facilitating the development of a consolidated 10-year national strategy for surveillance and special studies to guide the national response to HIV/AIDS;
- integrating laboratory services to improve client access to diagnostic tests;
- linking different health information systems for a more standardized database in Cambodia, and;
- piloting and evaluating provider certification and performance-based financing systems for HIV and associated health services.

Consistent with principles of the USG's new Global Health Initiative (GHI), and with the new five-year strategy for the PEPFAR program in Cambodia, each of these efforts will concentrate on improving the impacts and efficiency of HIV service delivery systems, while actively prioritizing approaches that improve the health system and health outcomes more broadly.

COORDINATION WITH OTHER DONORS AND THE PRIVATE SECTOR:

There are a number of well-established forums in Cambodia for donor communication and coordination. At the highest level, the U.S. Ambassador engages in policy discussion with government leaders from other donor countries. The PEPFAR Coordinator chairs the Development Partners' Forum for HIV/AIDS (DPFA), and USG participates in the Donor Coordination Committee for Health, chaired by the World Health Organization (WHO). These meetings provide opportunities to discuss program priorities and develop consensus around key areas of mutual interest or concern, such as health care financing and incentives. Technical strategies and operational guidelines for HIV are developed by National Technical Working Groups which include representatives from relevant donors, implementing agencies and the MOH. USG representatives participate in a number of HIV-related technical working groups, including those for the prevention of mother-to-child transmission of HIV (PMTCT), the CoC, HIV prevention, surveillance, laboratory systems, HIV treatment, TB/HIV and monitoring and evaluation (M&E).

To avoid duplication and enhance coordination, the USG participates on the GFATM Country Coordinating Mechanism (CCM) and chairs the CCM Oversight Committee. USG actively participates in the technical review of GFATM proposals and works closely with MOH and other implementers to monitor activities and strengthen the quality of interventions. Most USG partners also receive GFATM grants, through which they expand activities started under USG support. USG has strengthened communications with the GFATM country manager and Local Fund Agent (LFA) to increase involvement in grant implementation and to provide feedback on implementation from a GFATM donor perspective.

A full-time GFATM Liaison, expected to join the PEPFAR team in late 2010, will enhance interaction with the CCM, CCM Secretariat, Principal Recipients (PRs) and LFA on governance and performance.

PROGRAMMATIC FOCUS:

Prevention: \$8,139,547

The HIV epidemic in Cambodia is concentrated in individuals whose behavior places them at high risk for acquiring or transmitting HIV. Historically, HIV transmission has been driven by the high-risk behavior of men who engage in commercial sex with female entertainment workers (EWs). Declines in HIV incidence and prevalence have been attributed largely to the 100% Condom Use Program (CUP), which increased condom use in the context of transactional sex. Cambodia's PEPFAR program builds upon prior success and focuses on providing prevention services to people at high risk for HIV infection.

Despite the clear success that Cambodia has had in reducing incidence and prevalence of HIV, a number of challenges remain. The rapid growth of non-brothel-based entertainment venues and increased



number of EWs has challenged the capacity of prevention programs to ensure adequate coverage with relevant services. These changes are the result of many factors: a shift by men towards perceived, less risky venues to procure sex, a migration by women towards work in entertainment establishments driven by financial necessity and limited employment alternatives, and recent crackdowns on brothels following passage of the new law on human trafficking and sexual exploitation. The planned HIV Sentinel Surveillance (HSS) was delayed until August 2010 due to new GFATM commodity purchasing requirements, and results are not yet available. However, available data from the 2006 HIV Sentinel Surveillance (HSS) found that HIV prevalence among brothel-based sex workers (BBSW) was 14.7%, while the 2003 HSS found HIV prevalence of 11.7% among beer promoters and karaoke workers.

Data on the burden of HIV among other high-risk populations, including male clients of sex workers, men who have sex with men (MSM), and injecting drug users (IDU) are limited. Although surveys suggest high levels of risky behavior among urban men who have multiple, transactional and non-transactional, sex partners, there are currently no reliable estimates of HIV prevalence in this population. The same data gaps exist for MSM, although a USG-supported Ministry of Health (MOH) survey conducted in 2005 in Phnom Penh found that 8.7% of MSM and 17% of transgenders were HIV infected. Other donors are addressing the service needs of a small but high-risk population of IDU concentrated in Phnom Penh, with technical assistance from USG partner staff. Through contributions to protocols and advocacy from USG partner staff, methadone maintenance therapy (MMT) for IDU was launched in Cambodia in June 2010.

The USG will help the RGC address data gaps and identify prevention priorities by:

- working with NCHADS, the National AIDS Authority (NAA) and the National Authority for Combating Drugs (NACD) to carry out regular assessments of the size of and HIV prevalence in MARPs;
- assisting NCHADS in developing a 10-year plan for routine surveillance surveys, and in conducting lower-cost targeted assessments, and;
- supporting implementation of a series of Integrated Behavioral and Biological Surveys, starting with the USG/ GFATM supported 2011 STI survey among EWs.

To focus limited resources on the sources of the most new infections in Cambodia, USG prevention activities primarily target MARPs including EW, their prospective male clients and sweethearts, MSM, and IDU. Specifically, prevention investments aim to: 1) enhance the engagement of clients and communities in identifying and addressing the needs of MARPs; 2) improve access to a client-friendly package of clinical and community services that includes peer education, HTC, STI treatment, FP services, HIV care and treatment (including post exposure prophylaxis for victims of rape), and appropriate linkages to care and treatment and services to address livelihoods, addiction, human trafficking, gender-based violence, and sexual exploitation, and; 3) provide technical assistance to coordinate better with other USG and donor investments and put systems in place to stretch these resources further.

Linking members of high-risk populations to HTC services has been a persistent barrier to HIV prevention and treatment efforts. The rapid scale up of HTC through the Linked Response from five to 70 districts in 2009-2010 has led to improved testing rates among pregnant women and successful follow-up and treatment of those testing positive. The USG PEPFAR team will continue to advocate for and support broadening the Linked Response approach to provide HTC routinely in STI clinics, among hospital inpatients, and to TB patients.

Despite the use of rapid HIV tests for HIV diagnosis, current policies only allow HIV testing to be performed in laboratories. The USG has supported two demonstrations of the feasibility of point-of-care HTC in Cambodia:

- a mobile outreach HTC model targeting high-risk urban men, and;



- HTC by non-laboratory personnel in labor wards in 11 sites.

These initiatives have led to public commitments by RGC to introduce finger prick HTC, and to scale up point-of-care HTC in labor wards and STI clinics through the GFATM.

Securing adequate funding for condoms is an area of concern in Cambodia. USG and partners are working closely with RGC to support socially marketed and free distribution of condoms to address forecasted gaps in donor support.

The National Blood Transfusion Center (NBTC) has policies in place to ensure blood safety; however, little information is available about the need for and use of blood products in Cambodia. In addition, appropriate clinical use of blood is not being monitored, and donors with transfusion transmissible infections, such as HIV, are not being notified, counseled, or referred. GFATM funding is available to support activities to increase the proportion of voluntary blood donations. USG will assist the MOH to carry out an assessment of blood safety needs and provide technical and financial support to NBTC to enhance blood safety monitoring and quality assurance.

During FY 2011, USG support will improve the reach and quality of prevention services for MARPs and increase access to HIV/AIDS services. To achieve this, PEPFAR Cambodia will:

- deliver an essential package of services that includes: one-on-one and small-group peer education, access to condoms, HTC, STI and Reproductive Health (RH) and Family Planning (FP) services, and linkages to other health and social services;
- expand venue-based education programs to high-risk urban men;
- facilitate service referrals and improve referral tracking systems for MARPs;
- provide technical and laboratory support to MOH for point-of-care and mobile outreach HTC;
- improve availability of RH/FP services at ante-natal clinics (ANC), adult care and treatment, and other sites with a special focus on reaching female entertainment workers and other vulnerable populations;
- ensure condom availability in high-risk venues and clinical sites serving MARPs and PLHIV;
- support partner and couples HIV testing, prevention counseling for persons with HIV, RH/FP counseling, and referrals to services as needed, and;
- assess blood safety needs and provide technical and financial support to enhance blood safety monitoring and quality assurance.

Care: \$3,498,991

Care activities in Cambodia include adult and pediatric care and support, programs for orphans and vulnerable children (OVC), and TB/HIV programs.

The RGC has made remarkable progress in scaling up care and treatment services for HIV/AIDS. By the end of June 2010, approximately 79% of adults estimated to be HIV-infected were enrolled in care at the 52 opportunistic infection/ antiretroviral (OI/ARV) clinics in Cambodia and two-thirds of PLHIV were receiving comprehensive care and support services from 337 home-based care teams throughout the country.

In 2010, the MOH expanded its framework for delivery of HIV care to include prevention. The continuum of Prevention to Care and Treatment (CoPCT) encompasses a network of services linking facility and community-based providers. By strengthening linkages within these networks to include RH, TB, and STI services, the MOH is utilizing the HIV care infrastructure to strengthen major components of the health care system. Cambodia currently does not have mechanisms to track individuals across different health information systems. The USG will help address these gaps by piloting the introduction of confidential



client codes that allow health care providers to identify unmet patient needs and improve rates of successful referrals.

Cambodia has a high TB burden, with the highest estimated incidence rate in Asia. In 2007, HIV prevalence in TB patients was 8.6 times higher than in the general population, and only 50.5% of TB patients were tested for HIV. With technical support from USG and as a result of USG-supported operations research on TB/HIV, the MOH approved TB/HIV Standard Operating Procedures and is rolling out a program supporting intensified case finding, isoniazid prophylaxis, and infection control nationally. USG is building the capacity of MOH to culture tuberculosis using newer technologies. This will provide more sensitive methods to detect tuberculosis in HIV infected individuals and to identify patients with multi-drug resistant tuberculosis (MDR-TB), an ongoing threat to tuberculosis control in Cambodia and the region.

In FY 2011, USG support for HIV care will focus on:

- increasing regular follow up rates for care and support among PLHIV;
- strengthening positive prevention, and increasing access to family planning and tuberculosis services for PLHIV;
- expanding opportunistic infection prevention and management services within the CoPCT;
- supporting the revision of national protocols for community and home-based care to a lower-cost, community-centered model;
- improving referral systems between community and HBC services and facilities;
- increasing HIV testing in newly diagnosed TB patients and TB screening at OI/ART clinics using the TB screening algorithm for HIV-infected persons;
- building capacity for TB liquid culture, and;
- developing training materials for providers and patients on reproductive health, including family planning methods and screening for cervical cancer.

As a final component of the USG PEPFAR Care package, orphan and vulnerable children (OVC) programs in Cambodia provide community-based services to children made vulnerable by HIV in Cambodia. In FY 2011, PEPFAR OVC programs will improve the quality of OVC services and increase referrals to other health, education, and social support systems. At the same time, efforts to address the long term needs of OVC within RGC systems will continue, building lasting capabilities to meet the needs of OVC through well-run, transparent health and social service systems. To this end, the USG will provide technical assistance at the national level for policy development and the development of a national OVC M&E framework and tools.

Treatment: \$1,105,801

Treatment interventions are two-pronged in Cambodia, focusing on adult and pediatric anti-retroviral treatment, and funding for laboratory infrastructure to ensure quality clinical services.

With 93% of the estimated number of adults in need on ART, and low rates of loss to follow up and mortality, the Cambodia HIV treatment program is in many ways a remarkable success. Most of the healthcare workforce who staff the 52 HIV care and treatment facilities (OI/ART clinics) are MOH employees and have been providing HIV care for more than three years. Several partners, including USG, the Clinton Foundation, WHO, and Medicins Sans Frontiers (MSF) have assisted the MOH in developing and implementing this successful program.

A number of challenges remain. With the implementation of new guidelines which recommend starting treatment earlier (at 350 CD4 compared to 200 CD4), the number of PLHIV requiring ART will increase by an estimated 4,000 patients. In addition, the capacity of health care providers to detect treatment failure



is limited, because viral-load testing is not generally available and physicians have had no experience using second line drugs. A survey completed in 2010 found ARV resistance mutations in 5-15% of newly infected PLHIV.

The MOH will introduce routine viral-load monitoring for all patients on ART with funding from the GFATM. USG will support this scale up in partnership with MOH by assisting in the development of laboratory and clinical protocols and training materials; strengthening laboratory infrastructure and specimen transport systems; as well as revising drug supply and distribution systems to include second line ART drugs.

With the rapid scale up of services, Continuous Quality Improvement (CQI) is a high priority for the national HIV program. More than 12 ART sites, including seven directly supported by the USG, have ongoing CQI programs. USG provides technical and financial assistance to the MOH to assist the OI/ART sites to use their clinical and programmatic data to improve the quality of the health care services.

Ongoing USG-supported treatment activities in Cambodia operate at 16 OI/ART sites serving 10,154 patients. In FY 2011, USG will assist MOH to:

- develop laboratory and clinical protocols for use of viral load monitoring to detect ART treatment failures and switch to second line treatment;
- develop training curricula and algorithms to build the capacity of health care providers to use viral-load testing;
- establish and strengthen infrastructure, e.g. lab and clinical protocols and drug distribution for HIV treatment monitoring;
- implement CQI, and;
- strengthen referrals between the community and OI/ART facilities.

Other Costs: \$5,755,661 REDACTED

In addition to HIV prevention, care, and treatment, USG will support SI and health systems strengthening activities in FY 2011. Detailed information about PEPFAR investments in health systems strengthening are provided earlier in this document.

As previously noted, important gaps exist in the data available to guide the national response to HIV, especially pertaining to the size of and estimated HIV burden among MARPs. To address these gaps, USG SI activities will support the RGC in:

- building human capacity for improved collection and strategic use of data;
- enhancing understanding of the epidemic through improved monitoring and evaluation systems, targeted assessments, and integrated behavioral and biologic surveys;
- providing laboratory support for HIV and STD surveillance, and;
- expanding and improving national laboratory quality assurance systems.

NEW PROCUREMENTS:

REDACTED

PROGRAM CONTACT:

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TIME FRAME:

October 2011 – September 2012

Population and HIV Statistics

Population and HIV Statistics				Additional Sources		
	Value	Year	Source	Value	Year	Source
Adults 15+ living with HIV	56,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Adults 15-49 HIV Prevalence Rate	01	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Children 0-14 living with HIV						
Deaths due to HIV/AIDS	3,100	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Estimated new HIV infections among adults						
Estimated new HIV infections among adults and children						
Estimated number of pregnant women in the last 12 months	382,000	2007	UNICEF State of the World's Children 2009. Used "Annual number of births (thousands) as a proxy for number of pregnant women.			
Estimated number of	2,000	2009	Towards			

pregnant women living with HIV needing ART for PMTCT			Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010. This mid-point estimate is calculated based on the range provided in the report.			
Number of people living with HIV/AIDS	63,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			
Orphans 0-17 due to HIV/AIDS						
The estimated number of adults and children with advanced HIV infection (in need of ART)	40,000	2009	Towards Universal Access. Scaling up priority HIV/AIDS Intervention in the health sector. Progress Report, 2010.			
Women 15+ living with HIV	35,000	2009	UNAIDS Report on the global AIDS Epidemic 2010			

Partnership Framework (PF)/Strategy - Goals and Objectives

(No data provided.)

Engagement with Global Fund, Multilateral Organizations, and Host Government Agencies

Redacted

Public-Private Partnership(s)

(No data provided.)

Surveillance and Survey Activities

Name	Type of Activity	Target Population	Stage
FHI - IBBS for High Risk Males	Behavioral Surveillance among MARPS	Other	Planning
FHI - MSM Qualitative Behavioral Survey	Qualitative Research	Men who have Sex with Men	Planning
HHS/CDC - IBBS for women who have commercial or transactional sex	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Development
KHANA - DU/IDU Size Estimation	Population size estimates	Injecting Drug Users	Development
PSI - Cambodia (2009): HIV TRaC Study Evaluating Condom Use with Sweethearts among Female Entertainment Workers in Phnom Penh	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Other
PSI - TRaC Survey for High Risk Urban Males	Behavioral Surveillance among MARPS	Other	Data Review
PSI - TRaC Survey for MSM	Behavioral Surveillance among MARPS	Men who have Sex with Men	Data Review
PSI - TRaC Survey for Women Who Have Commercial or Transactional Sex	Behavioral Surveillance among MARPS	Female Commercial Sex Workers	Data Review





Budget Summary Reports

Summary of Planned Funding by Agency and Funding Source

Agency	Funding Source				Total
	Central GHCS (State)	GAP	GHCS (State)	GHCS (USAID)	
HHS/CDC		3,000,000	1,450,000		4,450,000
USAID			1,550,000	12,500,000	14,050,000
Total	0	3,000,000	3,000,000	12,500,000	18,500,000

Summary of Planned Funding by Budget Code and Agency

Budget Code	Agency			Total
	HHS/CDC	USAID	AllOther	
HBHC	245,814	1,265,740		1,511,554
HKID		1,111,230		1,111,230
HLAB	357,000			357,000
HTXS	153,000	400,000		553,000
HVAB		286,497		286,497
HVCT		672,885		672,885
HVMS	2,486,008	1,030,280		3,516,288
HVOP		5,658,106		5,658,106
HVSI	172,000	700,425		872,425
HVTB	234,000	499,707		733,707
IDUP	50,000	424,000		474,000
MTCT	178,500	419,559		598,059
OHSS	38,678	1,328,270		1,366,948
PDCS	42,500	100,000		142,500
PDTX	42,500	153,301		195,801
	4,000,000	14,050,000	0	18,050,000

Budgetary Requirements Worksheet



(No data provided.)



National Level Indicators

REDACTED



Policy Tracking Table

(No data provided.)



Technical Areas

Technical Area Summary

Technical Area: Adult Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
HBHC	1,511,554	
HTXS	553,000	
Total Technical Area Planned Funding:	2,064,554	0

Summary:
(No data provided.)

Technical Area: Biomedical Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
IDUP	474,000	
Total Technical Area Planned Funding:	474,000	0

Summary:
(No data provided.)

Technical Area: Counseling and Testing

Budget Code	Budget Code Planned Amount	On Hold Amount
HVCT	672,885	
Total Technical Area Planned Funding:	672,885	0

Summary:
(No data provided.)

Technical Area: Health Systems Strengthening

Budget Code	Budget Code Planned Amount	On Hold Amount
OHSS	1,366,948	
Total Technical Area Planned	1,366,948	0



Funding:		
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Summary:
(No data provided.)

Technical Area: Laboratory Infrastructure

Budget Code	Budget Code Planned Amount	On Hold Amount
HLAB	357,000	
Total Technical Area Planned Funding:	357,000	0

Summary:
(No data provided.)

Technical Area: Management and Operations

Budget Code	Budget Code Planned Amount	On Hold Amount
HVMS	3,516,288	
Total Technical Area Planned Funding:	3,516,288	0

Summary:
(No data provided.)

Technical Area: OVC

Budget Code	Budget Code Planned Amount	On Hold Amount
HKID	1,111,230	
Total Technical Area Planned Funding:	1,111,230	0

Summary:
(No data provided.)

Technical Area: Pediatric Care and Treatment

Budget Code	Budget Code Planned Amount	On Hold Amount
PDCS	142,500	
PDTX	195,801	
Total Technical Area Planned Funding:	338,301	0



Summary:
(No data provided.)

Technical Area: PMTCT

Budget Code	Budget Code Planned Amount	On Hold Amount
MTCT	598,059	
Total Technical Area Planned Funding:	598,059	0

Summary:
(No data provided.)

Technical Area: Sexual Prevention

Budget Code	Budget Code Planned Amount	On Hold Amount
HVAB	286,497	
HVOP	5,658,106	
Total Technical Area Planned Funding:	5,944,603	0

Summary:
(No data provided.)

Technical Area: Strategic Information

Budget Code	Budget Code Planned Amount	On Hold Amount
HVSI	872,425	
Total Technical Area Planned Funding:	872,425	0

Summary:
(No data provided.)

Technical Area: TB/HIV

Budget Code	Budget Code Planned Amount	On Hold Amount
HVTB	733,707	
Total Technical Area Planned Funding:	733,707	0



Summary:
(No data provided.)



Technical Area Summary Indicators and Targets

REDACTED

Partners and Implementing Mechanisms

Partner List

Mech ID	Partner Name	Organization Type	Agency	Funding Source	Planned Funding
5352	National Institute of Public Health	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHCS (State)	225,000
5371	University Research Corporation, LLC	Private Contractor	U.S. Agency for International Development	GHCS (USAID)	1,000,000
5372	Reproductive Health Association of Cambodia	NGO	U.S. Agency for International Development	GHCS (USAID)	1,483,294
5373	Reproductive and Child Health Alliance	NGO	U.S. Agency for International Development	GHCS (USAID)	478,551
5376	Population Services International	NGO	U.S. Agency for International Development	GHCS (USAID)	2,302,005
5377	National Centre for HIV/AIDS, Dermatology and STDs	Host Country Government Agency	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHCS (State)	850,000
7215	Family Health International	NGO	U.S. Agency for International Development	GHCS (State), GHCS (USAID)	4,700,000
9438	NATIONAL	Implementing	U.S. Department	GHCS (State)	200,000

	TUBERCULOSIS CENTER	Agency	of Health and Human Services/Centers for Disease Control and Prevention		
9439	Association of Schools of Public Health	NGO	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP	50,314
9440	American Society of Clinical Pathology	Private Contractor	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	GAP, GHCS (State)	150,000
12256	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
12999	TBD	TBD	U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Redacted	Redacted
13119	Khmer HIV/AIDS NGO Alliance	NGO	U.S. Agency for International	GHCS (USAID)	2,800,000



			Development		
13514	TBD	TBD	U.S. Agency for International Development	Redacted	Redacted



Implementing Mechanism(s)

Implementing Mechanism Details

Mechanism ID: 5352	Mechanism Name: National Institute of Public Health.v22.KH.mech005730.xls
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Institute of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 225,000	
Funding Source	Funding Amount
GAP	25,000
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information



Mechanism ID: 5352			
Mechanism Name: National Institute of Public Health.v22.KH.mech005730.xls			
Prime Partner Name: National Institute of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	25,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 5371	Mechanism Name: University Research Corporation, LLC
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: University Research Corporation, LLC	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,000,000	
Funding Source	Funding Amount
GHCS (USAID)	1,000,000

Sub Partner Name(s)

New Hope for Cambodian Children (NHCC)		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

Child Survival Activities

Safe Motherhood

TB

Family Planning

Budget Code Information

Mechanism ID: 5371			
Mechanism Name: University Research Corporation, LLC			
Prime Partner Name: University Research Corporation, LLC			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	250,000	
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	750,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)



Implementing Mechanism Details

Mechanism ID: 5372	Mechanism Name: Reproductive Health Association of Cambodia.v22.KH.mech005750.xls
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Reproductive Health Association of Cambodia	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 1,483,294	
Funding Source	Funding Amount
GHCS (USAID)	1,483,294

Sub Partner Name(s)

Angkor Hospital for Children (AHC)		
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Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	33,307
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Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Safe Motherhood
- Family Planning



Budget Code Information

Mechanism ID: 5372			
Mechanism Name: Reproductive Health Association of Cambodia.v22.KH.mech005750.xls			
Prime Partner Name: Reproductive Health Association of Cambodia			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	47,430	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	269,011	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	53,301	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	146,497	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	780,120	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	133,228	
Narrative:			



None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	53,707	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 5373	Mechanism Name: Reproductive And Child Health Alliance
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Reproductive and Child Health Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 478,551	
Funding Source	Funding Amount
GHCS (USAID)	478,551

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Construction/Renovation	30,000
Economic Strengthening	13,985



Education	8,300
Food and Nutrition: Commodities	25,579
Human Resources for Health	157,589

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Child Survival Activities
- Safe Motherhood
- TB
- Family Planning

Budget Code Information

Mechanism ID: 5373			
Mechanism Name: Reproductive And Child Health Alliance			
Prime Partner Name: Reproductive and Child Health Alliance			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	95,740	
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	63,800	
Narrative:			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HVCT	153,874	
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	78,806	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	86,331	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 5376	Mechanism Name: Population Services International.v22.KH.mech005754.xls
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Population Services International	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,302,005	
Funding Source	Funding Amount
GHCS (USAID)	2,302,005

Sub Partner Name(s)

Association for Development (AFD)	Buddhist Development Association and Supporting Environment	Cambodian Children Against Starvation and Violence Association
Cooperation for Social Services and Development (CSSD) former	Khemara	Khmer Development of Freedom Organization



of Unbar Sector Group (USG)		
Khmer Women's Cooperation for Development (KWCD)	Men's Health Cambodia (MHC)	Men's Health Social Services
National Prosperity Association (NAPA)	Partner in Compassion (PC)	Phnom Srey Association for Development (PSAD)
Rural Economic Development Association (REDA)	Save Incapacity Teenager (SIT)	Women Organization for Modern Economy and Nursing (WOMEN)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	136,000
Human Resources for Health	636,000
Water	750,000

Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Malaria (PMI)
- Child Survival Activities
- Safe Motherhood
- Family Planning

Budget Code Information

Mechanism ID: 5376			
Mechanism Name: Population Services International.v22.KH.mech005754.xls			
Prime Partner Name: Population Services International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Other	HVSI	76,425	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	22,400	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,203,180	
Narrative:			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 5377	Mechanism Name: National Center for HIV/AIDS Dermatology and STDs v22.KH.mech005755.xls
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: National Centre for HIV/AIDS, Dermatology and STDs	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 850,000	
Funding Source	Funding Amount
GAP	300,000
GHCS (State)	550,000

Sub Partner Name(s)



(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	5377		
Mechanism Name:	National Center for HIV/AIDS Dermatology and STDs		
Prime Partner Name:	v22.KH.mech005755.xls		
	National Centre for HIV/AIDS, Dermatology and STDs		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	195,500	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	153,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	42,500	
Narrative:			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	42,500	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	147,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	178,500	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	57,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	34,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 7215	Mechanism Name: Family Health International
Funding Agency: U.S. Agency for International Development	Procurement Type: Contract
Prime Partner Name: Family Health International	



Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 4,700,000	
Funding Source	Funding Amount
GHCS (State)	1,550,000
GHCS (USAID)	3,150,000

Sub Partner Name(s)

AHEAD	Association of ARV Users (AUA)	Ban Danh Chaktomuk
CADE Advertising	Cambodian Red Cross	Cambodian Save Children Network
Cambodian Women for Peace and Development	Chhouk Sar	Homeland
Kanhaha	Khemara	Khmer Development of Freedom Organization
Khmer Rural Development Association	Khmer Youth Association	Men's Health and Social Service
Men's Health Cambodia	Ministry of Interior	Ministry of National Defense
Nyemo	Orange Brand Elements	Pharmaciens Sans Frontieres (PSF - CI)
Phnom Srey Association for Development	Provincial Health Department Battambang	Provincial Health Department Kampong Cham
Provincial Health Department Pailin		

Overview Narrative

Cross-Cutting Budget Attribution(s)

Gender: Reducing Violence and Coercion	500,000
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Human Resources for Health	25,000
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Key Issues

- Addressing male norms and behaviors
- Increasing gender equity in HIV/AIDS activities and services
- Increasing women's access to income and productive resources
- Increasing women's legal rights and protection
- Safe Motherhood
- TB
- Workplace Programs
- Family Planning

Budget Code Information

Mechanism ID: 7215			
Mechanism Name: Family Health International			
Prime Partner Name: Family Health International			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HTXS	400,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount

Care	HVCT	250,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDCS	100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	PDTX	100,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	400,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	300,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	2,400,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	IDUP	200,000	
Narrative:			
None			



Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	MTCT	200,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	250,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9438	Mechanism Name: CENAT v22.KH.mech009701.xls
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: NATIONAL TUBERCULOSIS CENTER	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 200,000	
Funding Source	Funding Amount
GHCS (State)	200,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID: 9438			
Mechanism Name: CENAT v22.KH.mech009701.xls			
Prime Partner Name: NATIONAL TUBERCULOSIS CENTER			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	200,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9439	Mechanism Name: Association of School of Public Health.v22.KH.mech009702.xls
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: Association of Schools of Public Health	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 50,314



Funding Source	Funding Amount
GAP	50,314

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

TB

Budget Code Information

Mechanism ID: 9439			
Mechanism Name: Association of School of Public Health.v22.KH.mech009702.xls			
Prime Partner Name: Association of Schools of Public Health			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	50,314	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 9440	Mechanism Name: ASCP - Pre-Service
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	Curriculum Development.v22.KH.mech009703.xls
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: American Society of Clinical Pathology	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 150,000	
Funding Source	Funding Amount
GAP	100,000
GHCS (State)	50,000

Sub Partner Name(s)

(No data provided.)

Overview Narrative

Cross-Cutting Budget Attribution(s)

Human Resources for Health	100,000
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Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	9440		
Mechanism Name:	ASCP - Pre-Service Curriculum Development.v22.KH.mech009703.xls		
Prime Partner Name:	American Society of Clinical Pathology		
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	IDUP	50,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HLAB	100,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12256	Mechanism Name: TBD - Blood Safety v22.KH.new003.xls
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No
Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

(No data provided.)

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 12999	Mechanism Name: TBD - OHSS v22.KH.new004.xls
Funding Agency: U.S. Department of Health and Human Services/Centers for Disease Control and Prevention	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No

Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID: 12999			
Mechanism Name: TBD - OHSS v22.KH.new004.xls			
Prime Partner Name: TBD			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13119	Mechanism Name: KHANA
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: Khmer HIV/AIDS NGO Alliance	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: No	Global Fund / Multilateral Engagement: No

Total Funding: 2,800,000	
Funding Source	Funding Amount
GHCS (USAID)	2,800,000

Sub Partner Name(s)

Custom

Aphiwat Strey (AS)	Battambang Women's AIDS Project (BWAP)	Buddhism for Development (BFD)
Buddhism Society Development Association (BSDA)	Cambodian People Living With HIV/AIDS Network	Cambodian Save Children Network
Cambodian Social Economic Development and Democracy Association (CSDA)	Coordination of Action Research on AIDS and Mobility (CARAM)	Indradevi Association (IDA)
Kasekor Thmey (KT)	Key of Social Health Education Road (KOSHER)	Khmer Buddhist Association (KBA)
Korsang (KS)	Men Health Social Services (MHSS)	Men's Health Cambodia (MHC)
Minority Organization Development Economic (MODE)	Nak Akphivath Sahakum (NAS)	Operations Enfants du Cambodge (OEC)
Partner in Compassion (PC)	RACHANA	Salvation Centre Cambodia (SCC)
Save Incapacity Teenager (SIT)	Social Environment Agriculture Development Organization (SEADO)	Solidarity Association of Beers Companies (SABC)
Vithey Chivit (VC)	Women Organization for Modern Economy and Nursing (WOMEN)	

Overview Narrative

Cross-Cutting Budget Attribution(s)

Economic Strengthening	42,000
Education	56,000
Food and Nutrition: Commodities	182,000
Human Resources for Health	1,120,000

Key Issues

Addressing male norms and behaviors



Increasing gender equity in HIV/AIDS activities and services

Budget Code Information

Mechanism ID: 13119			
Mechanism Name: KHANA			
Prime Partner Name: Khmer HIV/AIDS NGO Alliance			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HBHC	1,120,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Care	HKID	700,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	HVSI	224,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVAB	140,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Prevention	HVOP	196,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount



Prevention	IDUP	224,000	
Narrative:			
None			
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Treatment	HVTB	196,000	
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

Implementing Mechanism Details

Mechanism ID: 13514	Mechanism Name: TBD - OHSSv22.KH.new001.xls
Funding Agency: U.S. Agency for International Development	Procurement Type: Cooperative Agreement
Prime Partner Name: TBD	
Agreement Start Date: Redacted	Agreement End Date: Redacted
TBD: Yes	Global Fund / Multilateral Engagement: No
Total Funding: Redacted	
Funding Source	Funding Amount
Redacted	Redacted

Sub Partner Name(s)

(No data provided.)

Overview Narrative



Cross-Cutting Budget Attribution(s)

(No data provided.)

Key Issues

(No data provided.)

Budget Code Information

Mechanism ID:	13514		
Mechanism Name:	TBD - OHSSv22.KH.new001.xls		
Prime Partner Name:	TBD		
Strategic Area	Budget Code	Planned Amount	On Hold Amount
Other	OHSS	Redacted	Redacted
Narrative:			
None			

Implementing Mechanism Indicator Information

(No data provided.)

USG Management and Operations

1.

Redacted

2.

Redacted

3.

Redacted

4.

Redacted

5.

Redacted

Agency Information - Costs of Doing Business

U.S. Agency for International Development

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Computers/IT Services					46,210	46,210
ICASS					139,780	139,780
Non-ICASS Administrative Costs					275,845	275,845
Staff Program Travel					100,220	100,220
USG Staff Salaries and Benefits					468,225	468,225
Total	0	0	0	0	1,030,280	1,030,280

U.S. Agency for International Development Other Costs Details

Category	Item	Funding Source	Description	Amount
Computers/IT Services		GHCS (USAID)		46,210



ICASS		GHCS (USAID)		139,780
Non-ICASS Administrative Costs		GHCS (USAID)		275,845

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention

Agency Cost of Doing Business	Central GHCS (State)	DHAPP	GAP	GHCS (State)	GHCS (USAID)	Cost of Doing Business Category Total
Capital Security Cost Sharing			172,694			172,694
Computers/IT Services			30,000			30,000
ICASS			326,958			326,958
Non-ICASS Administrative Costs			832,233			832,233
Staff Program Travel			190,000			190,000
USG Staff Salaries and Benefits			934,123			934,123
Total	0	0	2,486,008	0	0	2,486,008

U.S. Department of Health and Human Services/Centers for Disease Control and Prevention Other Costs Details

Category	Item	Funding Source	Description	Amount
Capital Security Cost Sharing		GAP		172,694
Computers/IT Services		GAP		30,000
ICASS		GAP		326,958



Non-ICASS Administrative Costs		GAP		832,233
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