

Annex 2. National Operational Plan 2006–2010

*Status Legend:

I–Planned/being implemented, and largely funded
II–Planned/being implemented but future funding or funding for expansion not secured
III–New activity; implementers not identified; funding not secured

Strategy 1. Increased coverage of effective prevention interventions, additional interventions developed					
Specific objective	5–year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
1. Increased coverage and quality of non–judgmental and non–discriminatory integrated interventions for most at risk groups: sex workers and clients, substance users, MSM, and street children	<ul style="list-style-type: none"> ▪ 98% of direct sex workers and 90% of indirect sex workers report always using condoms with clients ▪ 98% of sex establishments as defined by the 100% condom use program have condoms available ▪ 90% of brothel based SW access appropriate STI services in 2007 ▪ <15% of sex workers visiting STI clinics have cervicitis at follow–up consultation ▪ 60% of injecting drug users exposed to HIV prevention interventions ▪ 60% of street children exposed to HIV prevention interventions 	<p>Scale up prevention activities for sex workers⁸ & clients, MSM, street children.</p> <p><u>Indicative</u> activities include:</p> <ol style="list-style-type: none"> 1. Ensure access to condoms and lubricants 2. Promote correct and consistent condom and lubricant use for all sexual encounters 3. Develop targeted materials 4. Maintain and improve outreach and peer education interventions 5. Encourage uptake of VCCT (including child centred VCCT) and access to appropriate STI services 6. Develop skills to use condoms correctly and negotiate their use, and risk reduction and safer sex skills 7. Encourage the delay of sexual debut among street children 8. Ensure that street children and youth are protected from sexual abuse 9. Establish coordination mechanisms and networks among sex workers, MSM, and street children 10. Encourage establishment owners to support STI/HIV prevention initiative for direct and indirect SW 11. Identify and initiate interventions with other high risk men 	NCHADS, PAO, Provincial Outreach Teams, MoSVY, NGOs	II	See NCHADS budget

⁸ Male and female, transgender, direct and indirect, freelance

Strategy 1. Increased coverage of effective prevention interventions, additional interventions developed

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
		<p>Scale up prevention activities for substance users. <u>Indicative</u> activities include:</p> <ol style="list-style-type: none"> 1. Ensure that substance users receive awareness information regarding substance use and HIV vulnerability 2. Promote development of and access to treatment and rehabilitation services for dependent substance users 3. Scale up and ensure quality and appropriate outreach and peer education interventions and related services 4. Ensure that alcohol and drug use prevention are incorporated into programming with most at risk groups 5. Ensure access to risk reduction materials including condoms, syringes, etc in particular for IDUs 6. Advocate for drug prevention programs to reduce HIV vulnerability 	NCHADS, NACD, UNOCD, NGOs		See NCHADS budget
2. Increased coverage & quality of interventions for vulnerable groups	60% of mobile & migrant populations exposed to outreach interventions	1. Scale up prevention activities for mobile and migrant populations.	MoPWT, MoLVT, MoH/NCHADS, UNFPA, ILO, TWG on Mobility, NGOs,	II	USAID, USDOL, CIDA, ADB
	60% of factory workers exposed to outreach interventions 60% of hospitality workers exposed to outreach interventions	2. Scale up prevention activities for factory, construction, hospitality workers and other related workers	MoLVT, ILO, NGOs	II	UNFPA, USAID, USDOL
		3. Integrate HIV/AIDS activities into existing MPA / CPA activities and promote referral and counter referral between HIV/AIDS and MPA/ CPA	MoH/NMCHC, UNFPA, NGOs	II	USAID, UNFPA, Global Fund
	5% of married women report consistent condom use.	4. Promote negotiation skills and safer sex behaviour, including consistent and correct male or female condom use, among married couples.	MoWA, MoND, MoI NGOs, IOs	I	DFID, USAID
		5. Promote the use of VCCT among married couples	NCHADS, NGOs	I	
		6. Scale-up prevention activities for people in institutional setting (e.g. prison, orphanage, rehabilitation centre etc.)	MoI, MoSVY, NGOs	II	

Strategy 1. Increased coverage of effective prevention interventions, additional interventions developed

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
		7. Initiate and scale up prevention activities for indigenous people	MoRD, UNFPA, ILO, NGOs	III	UNFPA,
	100% of military exposed to outreach interventions 100% of police exposed to outreach interventions	8. Continue prevention activities for uniformed services	MoI, MoD, NGOs	I	
3. Strengthen the linkages between prevention and care		1. Ensure positive prevention through the prevention initiatives in health facility based, home and community based care and support settings	NCHADS, NGOs	II	
		2. Strengthen the role of HIV positive people in prevention, care, support and treatment initiatives.	NCHADS, all Ministries, Commune Councils, NGOs	II	
4. Increased access to quality STI services	90% of brothel-based SW covered by STI services	1. Expand availability of targeted STI services for populations in high-risk situations	NCHADS, NGOs	I	EU, DFID
	50% of health facilities with quality STI diagnosis and treatment services (PI 11 ⁹)	2. Expand coverage of integrated STI services for the general population	NCHADS, NGOs,	I	EU, DFID
		3. Ensure adequate dissemination of information related to STI control among all partners in the national response to STI/HIV/AIDS in Cambodia	NCHADS, NGOs	I	EU, DFID
		4. Update knowledge of STI management at university, nursing school and private sector levels	NCHADS, NGOs	I	EU, DFID
5. Increased coverage & quality of blood safety	25% of operational districts with donor recruitment and blood transfusion services (PI 12 ¹⁰)	1. Expand recruitment and retention of blood donors	NBTC, Red Cross	II	MoH, US CDC, WHO, UNICEF, GFATM
	100% of blood units screened for HIV (PI 13 ¹¹)	2. Ensure systematic screening of all donated blood under a QA system	NBTC	I	MoH, US CDC, WHO, UNICEF
		3. Promote the rational use of blood and blood products		II	
		4. Establish hospital based transfusion committees established to monitor blood use in hospital in X% of referral hospitals	NBTC	III	MoH, US CDC, WHO, UNICEF

⁹ Prevention Indicators, WHO et al, 2004, M&E toolkit

¹⁰ Prevention Indicators, WHO et al, 2004, M&E toolkit

¹¹ Prevention Indicators, WHO et al, 2004, M&E toolkit

Strategy 1. Increased coverage of effective prevention interventions, additional interventions developed

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
6. Increased coverage & quality of universal precautions		1. Improve quality and increase coverage of universal precautions.	MoH, NCHADS, NMCHC, NBTC	I	
7. Increased coverage & quality of preventive education interventions for in-school and out-of-school youth	70% of schools with trained teachers who teach life-skills education (PI 2 ¹²)	1. Implementation of the comprehensive work-plan of the MoEYS, including Life skills/peer education, Mainstreaming of HIV/AIDS, Curriculum and IEC development, Teacher Training	MoEYS, UNFPA UNESCO, UNICEF, NGOs	I	DFID, UNESCO, UNICEF, UNFPA, EU, USAIDS, NGOs
	90 % of young people (14–25) report knowledge of HIV transmission and prevention (PI 1 ¹³)	2. Expand interventions targeting young people through peer education, youth friendly centres, health promotion and mass media	NGOs	II	DFID, EU, UNFPA, Red Cross, UNICEF, CDC?
	60 % of young people (14–25) report condom use with last non-regular sex-partner (PI 6 ¹⁴)	3. Expand prevention activities targeting vulnerable youth engaged in high risk activities	NGOs	II	UNFPA, USAID?
8. Increased demand for, and access to, quality PMTCT and VCCT services	50 health facilities offering minimum package of PMTCT (PI 9 ¹⁵)	1. Promote VCCT as a component of comprehensive ANC.	MoH, NMCHC, UNFPA, NCHADS, NGOs	II	
		2. Promote and increase availability of PMTCT+ services	NMCHC	I	
		3. Establish routine referral between TB and VCCT services, and from HBC Teams and PMTCT services	CENAT, NCHADS, NMCHC, Commune Councils; NGOs	II	
		4. Promote the use of VCCT by married couples	MoH, NGOs	I	
9. Increase accessibility and availability of condoms in the public and private sectors	25,000,000 condoms sold annually	1. Social marketing of male and female condoms, including expansion in rural areas	PSI	I	
	10,000,000 condoms distributed free through public and private sectors	2. Distribute free condoms through public and private sectors	MoH, NCHADS, NGOs	II	
		3. Ensure commodity security for free public sector/NGO distribution	MoH, Commodity Supply Working Group, NGOs	I	

¹² Prevention Indicators, WHO et al, 2004, M&E toolkit

¹³ Prevention Indicators, WHO et al, 2004, M&E toolkit

¹⁴ Prevention Indicators, WHO et al, 2004, M&E toolkit

¹⁵ Prevention Indicators, WHO et al, 2004, M&E toolkit

Strategy 1. Increased coverage of effective prevention interventions, additional interventions developed

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
10. Establish and maintain an enabling environment for HIV/AIDS prevention		1. Strengthen advocacy efforts to protect vulnerable people from HIV.	NAA/SEILA, UNFPA, UNDP	II	
		2. Ensure that stigma and discrimination reduction is a fundamental component of HIV/AIDS prevention efforts.	NCHADS, NGOs	I	
		3. Facilitate greater access of vulnerable people to essential HIV/AIDS information, services, commodities and programs.	NGOs	II	
		4. Build individual and community resilience by providing people at community level with the tools and resources to protect themselves from HIV.	Commune Councils; NGOs	II	
		5. Effective use of media and the arts to increase awareness and contribute to behaviour change, including increasing personal risk assessment, and normalizing condoms and their use for dual protection.	UNESCO, UNICEF, UNDP, UNFPA; NGOs	II	

Strategy 2. Increased coverage of effective interventions for care and support, additional interventions developed

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
1. Ensure a Continuum of Care for PLHA at OD level	<ul style="list-style-type: none"> ▪ 70% of PLHA receive comprehensive care and support in 2010 ▪ 90% of respondents say they are willing to care for a family member with AIDS in 2010 	1. Expand and strengthen the CoC for PLHA at OD level	NCHADS, MoH, NGOs,	I	(GFATM, DFID, USAID, ..)
	100% of operational districts with CoC	2. Integrate CoC fully into the health care system	NCHADS, MoH, NGOs,	I	(GFATM, DFID, USAID, ..)
2. Improve and maintain the quality and accessibility of care for PLHA through extension of health facility based care services, including ART	70% of AIDS patients on ART in 2010 ¹⁶	1. Expand coverage of health facility based care services, including provision of ART, nutritional support, treatment literacy, and positive prevention	NCHADS, MoH, NGOs,	I	(GFATM, DFID, USAID, ..)
		2. Integrate PMTCT+ services and TB/HIV activities within the CoC framework at OD level	NCHADS, NMCHC, CENAT, NGOs,	I	(GFATM, DFID, USAID, ..)
3. Increase accessibility of PLHA and their families to quality home based care services		1. Support the extension and expansion of home based care in identified areas of need, including nutritional support, mobility of PLHA, and access to equity funds.	NCHADS, MoH, Commune Councils; NGOs	I	(GFATM, DFID, USAID, ..)
		2. Strengthen and expand referral mechanisms between HBC and other parts of the CoC	NCHADS, MoH, NMCHC, CENAT, Commune Councils; NGOs	I	(GFATM, DFID, USAID, ..)
		3. Strengthen and expand PLHA provincial support group networks	NCHADS, MoH, NGOs	I	(GFATM, DFID, USAID, ..)
		4. Maintain and expand interim social support initiatives responding to the needs of indigent PLHA (e.g. hospice care, equity funds, etc)	Commune Councils, NGOs	II	
4. Increased demand for, coverage and quality of VCCT services	132 health facilities offering VCCT	1. Increase number of public and private sector VCCT sites	NCHADS, MoH, NGOs	I	(GFATM, DFID, USAID, ..)
		2. Ensure quality of HIV counselling and laboratory testing in public and private sectors	NCHADS	I	(GFATM, DFID, USAID, ..)

¹⁶ *NCHADS fig of 66% for 2007; refer to NCHADS for 2010 projections

Strategy 2. Increased coverage of effective interventions for care and support, additional interventions developed

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
	2.93% of Cambodians receive HIV test at VCT service in 2007	3. Promote quality VCCT services	NCHADS, MoH, NGOs	I	(GFATM, DFID, USAID, ..)
		4. Ensure continuity of HIV test kits and supplies	NCHADS	I	(GFATM, DFID, USAID, ..)
		5. Integrate VCCT into CPA package	NCHADS, MoH	I	(GFATM, DFID, USAID, ..)

Strategy 3. Increased coverage of effective interventions for impact mitigation, additional interventions developed

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
1. Increased coverage and quality of interventions for children and families affected by HIV/AIDS	70% of PLWA who are associated with PLWA support groups, disaggregated by gender	1. Increase coverage and effectiveness of self-help & PLWA organisations	MoSVY, NGOs	II	
		2. Increase coverage of nutritional support for families affected by HIV/AIDS	WFP, NGOs	II	
	Assessment of OVC undertaken and used for policy formulation and programme planning ¹⁷	3. Conduct national assessment of numbers of OVCs, needs, and programmatic coverage	MoSVY	III	?
		4. Review and revise existing policies relating to OVC	MoSVY, MoWA, MoEYS, UNICEF, SCA	II	POLICY/USAID through SCA, UNICEF, MoSVY
		5. Improve the coordination mechanisms of policies and programmes at all levels	MoSVY, MoWA, MoEYS, UNICEF, SCA	II	GFATM R5 (if funded), UNICEF?, UNESCO?, DFID?, UNDP? JICA? ADB?
	70% of operational districts with at least one organization providing care and support for households with OVC	6. Maintain and increase access to shelter & alternative care of OVC	MoSVY, MoC&R, Commune Councils, community support mechanisms NGOs, FBOs	II	MoSVY (GFATM Round 1), USAID & UNICEF through NGOs, NGOs, CBOs, Community kinship networks
	70% of OVC with access to shelter or alternative care 70% of households with chronically ill that receive free basic external support (food, school materials and basic health care)	7. Provide nutritional support to OVC and their families	MoSVY, MoEYS, Commune Councils, pagodas, community support mechanisms, WFP, NGOs	II	MoSVY, WFP, GFATM (Round 1, Round 2), NGOs, FBOs,

¹⁷ Expand scope to include community level impact?

Strategy 3. Increased coverage of effective interventions for impact mitigation, additional interventions developed

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
		8. Improve coverage of and access to quality health care services for OVC, their families & caregivers	MoH, MoSVY, Kantha Bopha, Angkor Children's Hospital NGOs, /Centre of Hope	II	PAP, MoH/NCHADS, ADB, USAID, WB, DFID, GFATM R5 (if funded), NGOs, FBOs, CBOs, BTC
	50% of HIV(+) mothers or primary caregivers who report having identified a standby guardian who will take care of the child in the event that she/he is unable to do so	9. Improve coverage of and access to quality psychological & spiritual support services for OVC, their families & caregivers, including guidance for within family disclosure, preparedness for illness and succession planning	MoSVY, MoCR, MoH NGOs, FBOs	II	USAID through IOM, UNICEF
	School attendance rates among orphans equal to or greater than school attendance rates among non-orphans	10. Increase access to basic formal education for OVC	MoEYS, MoSVY, NGOs	II	PAP, UNICEF?, private donors, USAID, NGOs, FBOs, JICA, ADB?, JFPR, BTC
		11. Increase coverage of and access to non-formal education for OVC and their families	MoEYS, MoLV, MoRD, MoSVY, NGOs, private sector	II	PAP, NGOs, ADB?, JICA, JFPR, WB, FPOs, private sector
	50% of households with OVC accessing livelihood opportunities	12. Increase access to livelihood opportunities for OVC and their families	MoSVY, Commune Councils, NGOs micro-credit schemes	II	
2. Reduced impact of HIV/AIDS on key development sectors	5 sectoral impact assessments undertaken and disseminated	1. Assess impact of HIV/AIDS on economic development, agriculture, tourism, mining, fisheries, etc.	Consultancy (Must be Identify agencies)	III	DFID ? UNDP ?
		2. Support design and implementation of interventions in key sectors	Consultancy (must be Identify agencies)	III	DFID ?

Strategy 4. Effective leadership by government and non-government sectors for implementation of the response to HIV/AIDS, at central and local levels

Specific objective	5-year target	Major activities	Lead Government Agency & Key Partners	Status*	Budget (source)
1. Increased capacity for effective leadership in HIV/AIDS response across all sectors of society (government, private & civil society).	100 Commune Council leaders, Vice Governors and Secretary of States actively engaged in Provincial and National planning and dialogue	1. Conduct formative research on Leadership and HIV/AIDS	(Must be Identified)	III	
		2. Provide leadership training for Commune Council members, governors & vice governors, and other political leaders at central & decentralized levels and private sector leaders.	NAA, ILO, MoI, MoLV, MoWA, MoSVY, MoCR, Parliament, UNDP	II	UNDP?
		3. Conduct leadership & advocacy training with PLHAs and CBOs	NGOs	II	UNDP?
2. Increased capacity of relevant ministries to design and implement effective HIV/AIDS programmes.	8 ministries that are actively implementing an HIV/AIDS plan, as per their sectoral strategy	1. Ensure a coordinated and comprehensive response in the health sector, which includes other MoH departments, provinces and NGOs in the annual work plans (NCHADS)	NCHADS, CDC, WHO, UNSW, NGOs	II	(DFID, USAID, MoH)
		2. TA and funding to MoEYS for education sector programmes and policies	MoEYS, NGOs, DFID	I	DFID, UNICEF, UNESCO
		3. TA and funding to MoPWT and MoRD for sectoral programmes and policies	MoPWT, NAA, MoRD, NGOs	I	CIDA
		4. TA and funding for MoWA, MoSVY, MoLV, MoFA.	MoLVT, MoWA, MoSVY, ILO, NGOs	I	DFID, UNICEF, UNFPA, US-DOL
		5. Maintain on-going support to MoI & MoND programming	MoI, MoND, NGOs	I	USAID
3. Increased capacity of provinces, districts* and communes to mainstream HIV/AIDS in development planning.	50% of provincial development strategies address HIV/AIDS	1. Formative research on decentralisation and HIV/AIDS	NAA, NCHADS, DoLA, SEILA program, UNDP	II	UNDP, DFID
	50% of district development strategies address HIV/AIDS	2. TA and capacity development fund for local development & HIV/AIDS planning and implementation, and associated change management	NAA, NCHADS, DoLA, UNDP	I	UNDP, DFID

		3. Support effective provincial coordination mechanisms (PAC, PAS, PAN, etc.) for HIV/AIDS programmes	NAA, UNDP	I	UNDP, UNICEF
		4. Scale up community conversation programme.	NAA, PAS, UNDP	I	UNDP
		5. Mainstream HIV/AIDS into CBO-led activities.	PAS, NGOs	II	
4. Increased involvement of the private sector in the national HIV/AIDS response.	25% of large employers have HIV/AIDS workplace policies and interventions	1. Develop business coalition on HIV/AIDS	NAA, ILO	II	
		2. Strengthen tripartite partners and workplaces on programme and policy development & implementation.	MoLVT, NAA, ILO	II	
		3. TA for workplace-specific policy and programme development & implementation.	MoLVT, NAA, ILO, NGOs	II	
5. Increased effective & appropriate involvement of faith based organisations in the national HIV/AIDS response.	25% of faith-based organisations with HIV/AIDS interventions	1. TA and funding for MoCR and FBOs	MoCR, NGOs	III	UNDP?, DFID? WB?
		2. Mapping of FBO activities	MoCR, NGOs	I	USAID
		3. Conduct leadership development programme for religious leaders	MoCR, UNFPA, UNDP, NGOs	I	UNDP, USAID, UNICEF
		4. Implement and operationalise the Joint Statement of Cambodian Religions	MoCR, FBOs	II	
6. Increased capacity of the media and arts to engage effectively & appropriately in the response to the HIV/AIDS epidemic.		1. Capacity building of mass media and arts in HIV/AIDS prevention and advocacy activities	NCHP, UNFPA, NGOs, UNDP	I	UNFPA, DFID, USAID
		2. Develop and produce a guide for the media to support the effective and appropriate coverage of HIV/AIDS issues.	MoInf, NAA, NGOs, UNDP, WMC	I	UNDP, USAID
		3. Involve the media in implementing the National BCC Strategy on HIV/AIDS	NAA-IEC TWG, NGOs	II	
7. Increased capacity for coordination and monitoring of the national response.	Governance structure and implementation arrangements reflect the goals of NSP-2	1. Review roles, TORs and operation procedures for NAA Policy Board/National Council, Technical Board, TWGs	NAA (identified agencies please!)	I	DFID
		2. Provide TA in response to assessed needs		I	DFID

Strategy 5: Supportive public policy environment for the HIV/AIDS response

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
1. Reduced stigma and discrimination of people affected by HIV/AIDS	70% of respondents say that an HIV(+) female teacher who is not sick should be allowed to continue teaching in 2010 (CDHS)	1. Scale up introduction of workplace policies addressing prevention, stigma & discrimination to all garment factories	NAA, MoLV, MoSVY, GMAC, ILO, NGOs, C/VDC	II	
		2. Expand and integrate GIPA initiatives into various sectors and levels of society	NAA, selected ministries/departments, GIPA, UNV/UNDP	II	UNDP
		3. Increase and strengthen the involvement, representation and participation of PLHAs in advocacy & decision-making	NAA, NCHADS, PPN+, GIPA, PACT	I	GFATM, USAID, Pfizer
		4. Conduct a nationwide information campaign to reduce stigma & discrimination through broadcast media	MoInfo, NAA IEC-WG, NCHADS, NGOs	II	DFID
		5. Work with MoCR and religious leaders to ensure dissemination & implementation of MoCR's HIV/AIDS Policy & Joint Statement	MoCR, NAA, UNFPA, NGOs FBOs	I	UNFPA, USAID, UNICEF, UNDP?
		6. Expand & strengthen Community Capacity Enhancement and HIV/AIDS Leadership Programmes	NAA, UNDP	I	UNDP
		7. Increase the coverage of anti-stigma & discrimination training programme for formal & non-formal education.	MoEYS, NAA, NGOs	I	DFID, ITM, UNICEF, GFATM?
2. Ensure inclusion of HIV/AIDS in national development planning		1. Involvement in NSDP 2006-10 development	NAA, TWG on HIV/AIDS, MoP, line ministries, NGOs, UNAIDS	I	(DFID, UNDP)
3. Disseminate, implement, and review The Law on the Prevention & Control of HIV/AIDS		1. Disseminate implementing guidelines and conduct training for implementation among NGOs, media, judges, police, etc.	MoJ, NAA Legal & Policy WG, Ministry of Interior, NGOs	I	USAID, DFID
		2. Monitor implementation & enforcement of the Law	MoJ, NAA LPWG, NGOs	I	USAID, DFID
		3. Conduct a joint review of The Law on the Prevention & Control of HIV/AIDS in 2007	NAA, MoJ, Mol, LPWG/NGOs	II	USAID, DFID, UNDP

Strategy 5: Supportive public policy environment for the HIV/AIDS response

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
4. Support development of legislation and sectoral policies	Evidence of supportive AIDS policies (UNGASS AIDS Composite Policy Index)	1. Assess need for additional legislation and legislative amendments to ensure consistency with The Law on the Prevention & Control of HIV/AIDS	NAA, MoJ, MoWA, NGOs, LPWG	III	USAID?, DFID, UNICEF
		2. Develop legislation and proposals for legislative amendments as necessary	NAA LPWG, NGOs	III	USAID?, DFID
		3. Conduct an assessment of HIV/AIDS-related policies within line ministries	NAA, MoSVY, NGOs	III	USAID?, DFID
		4. Assist line ministries in developing HIV/AIDS-related policies and operational plans	NAA, line ministries, LPWG/NGOs,	III	USAID?, DFID
		5. Endorse & implement policies and operational plans of MoWA, MoSVY & MoEYS	MoPWT, MoWA, MoSVY & MoEYS	III	USAID?, DFIA, UNICEF
		6. Review, update and implement national policies on internal and cross-border migration and HIV/AIDS vulnerability	NAA, line ministries, UNFPA, MWG/NGOs, IOM	II	UNFPA, CIDA (CSEARHAP project)

Strategy 6. Increased availability of information for policy makers and programme planners through monitoring, evaluation and research

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
1. Finalise national M&E system	Annual report of the national response disseminated	1. Establish M&E framework for the national response, including national indicators, data sources and reporting periods	NAA, NCHADS, M&E advisory group, UNAIDS, CDC, GFATM-PR, USAID	I	(DFID, UNAIDS, CDC, USAID, UNDP)
		2. Strengthen M&E capacity within programmes	M&E Advisory Group, NCHADS, GFATM PR	I	USAID
		3. Collate and analyse core indicator data set and prepare annual national report	NAA, UNAIDS	II	
		4. Assess the feasibility of including financial tracking data in national M&E framework, linking these data to programme outputs	M&E Advisory group	III	
2. Monitor the epidemic and the response	Annual epidemiological update published and disseminated by NCHADS (including passive surveillance, HSS and/or BSS results)	1. Conduct HIV Sentinel Surveillance (HSS) bi-annually (NCHADS)	NCHADS, M&E TWG, CDC, NGOs, UNSW,	I	DFID, CDC
		2. Integrate incidence estimation into HSS	NCHADS, NGOs, CDC	I	DFID, CDC
		3. Revise HIV projections in light of increased survival of PLWHA due to ART scale up and increased accuracy of prevalence estimates	NCHADS, NGOs, CDC	II	
		4. Conduct STI Surveillance (SSS) every 3 or 4 years (NCHADS) (*clarify with NCHADS- planned before 2010?)	NCHADS, M&E TWG CDC, NGOs, UNSW	I	DFID, CDC
		5. Conduct Behavioural Surveillance (BSS) and household male survey bi-annually (NCHADS)	NCHADS, M&E TWG CDC, FHI, UNSW	I	DFID, CDC
		6. Establish and improve the passive surveillance system (NCHADS)	NCHADS	I	DFID, CDC
		7. Conduct demographic and health survey	NIS, MoH	I	UNFPA, UNDP, MoH
		8. Integrate HIV into national information systems (Health, Education, Defence)	NAA, M&E advisory Group ,NCHADS, MoEYS, UNAIDS, PR	I	DFID, UNAIDS, UNDP, CDC, USAID

Strategy 6. Increased availability of information for policy makers and programme planners through monitoring, evaluation and research

Specific objective	5-year target	Major activities	Lead Government Agency & Potential Partners	Status*	Budget (source)
3. Regular review and revision of NSP 2006–10	Annual joint review of the NSP 2006–2010 undertaken	1. Undertake annual joint review of the NSP 2006–10	NAA, M&E Advisory Group, JDGTWG POLICY Project	I	DFID, UNDP, USAID?
4. Ensure a sound evidence base for HIV/AIDS/STD related programmes and policies	10 Research papers presented at annual HIV/AIDS research conference	1. Establish national level research coordination mechanism	NAA, NCHADS, NIPH, NIS, MoEYS, etc	II	
		2. Develop national research agenda and strategy	NAA, NCHADS, NIPH, NIS, universities, NGOs	II	
		3. Undertake evaluation research (NCHADS)	NCHADS, NIS, private sector research organizations	II	
		4. Organise annual conference and report of HIV/AIDS related research (NCHADS)	NCHADS, NIPH, NAA	II	
		5. Training programme to build national capacity to undertake research (NCHADS)	NCHADS, PAOs, IOs, NGOs	II	
		6. Develop and implement knowledge translation strategy	NCHADS, NAA, NGOs IOs	II	
5. Disseminate information to planners, policy makers and donors		1. Establish NAA website and other communication tools and utilize to disseminate regular updates on the national response (i.e. annual national report, resource tracking exercises etc)	NAA, UNAIDS	II	
		2. Publish passive surveillance report (NCHADS)	NCHADS	II	
		3. Provide epidemiological and behavioural data to inform programming (NCHADS)	NCHADS	II	
		4. Conduct regular resource allocation and expenditure tracking exercise to provide data needed to advocate for resource mobilization among policy makers and donor agencies	NAA, NCHADS, NGOs, PR GFATM	II	
		5. Disseminate annual national report of the response according to the national core indicator data set (service data disaggregated by quarter)	NAA, UNAIDS	II	