



Kingdom of Cambodia
NATION RELIGION KING

Royal Government of Cambodia

**NATIONAL STRATEGIC PLAN
FOR A COMPREHENSIVE &
MULTISECTORAL RESPONSE TO
HIV/AIDS
2006–2010**



National AIDS Authority

Foreword

Cambodia has one of the highest rates of HIV infection in the region, yet its decade-long response to HIV and AIDS has been comparatively strong and effective. In the years since HIV was first detected in Cambodia, many thousands of people have died of AIDS-related illnesses and many more have been emotionally and financially affected. Yet, there are successes within this story. Prevention campaigns amongst selected high-risk populations have proven highly effective. Cambodia is now one of the few countries in the world that has demonstrably reversed the HIV/AIDS epidemic, as shown in the declining prevalence rate among adults, reduced by a third. Between 1997 and 2003 the prevalence of HIV in the adult population fell from 3.0% to 1.9%.

Whilst we are proud of our achievements to date, we recognise that the nature of HIV and AIDS does not give us time to pause. The current pattern and dynamic of infection points to a generalising epidemic, shifting from populations associated with commercial sex to couples and their children. And the epidemic increasingly has a woman's face. Women are now almost four times more likely than men to be among the newly infected; with 40% of new infections among monogamous women. Close to 50% of eligible AIDS patients are currently receiving anti-retroviral therapy. However, more than 120,000 people who are living with HIV/AIDS will eventually need care and treatment, including access to high quality and affordable drugs and medical services; this is essential so that they can remain productive members of their communities. Services and support for orphans and vulnerable children remain scattered and inadequate, and stigma and discrimination continue to be widespread against those infected and affected by the disease. Providing effective services for vulnerable migrant and mobile populations in the region also remains a stiff challenge.

Despite Cambodia's success in addressing the epidemic, HIV/AIDS still has the potential to significantly impede the social and economic development of the country and contribute to the poverty gap. Now more than ever the national response needs to be multisectoral, decentralised, and integrated with broader development goals. HIV/AIDS must be on everyone's agenda.

This National Strategic Plan for Multisectoral and Comprehensive Response to HIV/AIDS for 2006–2010 (NSP 2006–2010) is a strategic initiative to set this agenda. It was developed with broad representation from government, civil society including organizations representing those living with HIV/AIDS, and development partners. NSP 2006–2010 draws on the successes and lessons of the years 2001–2005, and broadens and deepens national efforts to prevent and alleviate HIV/AIDS and its impact. Its execution over the next five years will play an important role in the National Strategic Development Plan 2006–2010, into which HIV/AIDS goals have been integrated. This in turn fits with the Royal Government of Cambodia's Rectangular Strategy, and with Cambodia's Millennium Development Goals (CMDGs).

The National Strategic Plan for 2006–2010 builds on the lessons learned from the previous National Strategic Plan (2001–2005) by including Operational Plans for each strategy, with specific objectives, targets and major activities. Each plan identifies the main government actors and Potential partners that are or plan to be involved in implementing activities. The NSP 2006–2010 puts emphasis on leadership development and project cycle management capacity at both central and local levels to facilitate the integration of HIV/AIDS into the development programs of government and civil society institutions and private sector.

The National Strategic Plan and its Operational Plans form a strong platform from which to engage in annual planning with key central ministries, provincial and local governments, and civil society over the next five years. Moreover, the Operational Plans form the basis for engaging in dialogue with donors about Cambodia's national HIV/AIDS programming priorities, and gaps in human and financial resources.

Significantly, the NSP 2006–2010 also debuts the National HIV/AIDS Monitoring and Evaluation Framework and indicators. The National AIDS Authority will use these indicators to report annually on progress in the response, both nationally and internationally. Once the system is in place to implement the framework, Cambodia can proudly state that it is among the first countries in the world to have fulfilled the “The Three Ones” Principle.

In introducing this important document, I would like to conclude by emphasizing that strong leadership is essential for advocating on behalf of the National Strategic Plan, for implementing effective programs, and for successfully integrating HIV/AIDS into broader development programming. The National AIDS Authority is proud and honoured to work jointly with committed government and civil society leaders at central and local levels, and with development partners, to improve our collective human and institutional capacity as we go forward to implement this Multisectoral and Comprehensive Response to HIV/AIDS for 2006–2010.

HE Hong Sun Huot
Chair, National AIDS Authority

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Acronyms

AIDS	Acquired Immune Deficiency Syndrome	NAA	National AIDS Authority
ARV/T	Anti-retroviral Drugs/Therapy	NAA-CC	National AIDS Authority Coordination Committee
AusAID	Australian Agency for International Development	NAA-PB	National AIDS Authority Policy Board
BBCWST	BBC World Service Trust	NAA-TAB	National AIDS Authority Technical Advisory Board
BSS	Behavioural Surveillance Survey	NCHADS	National Centre for HIV/AIDS, Dermatology and STIs
CDC-GAP	Centre for Disease Control-Global AIDS Programme	NCHP	National Centre for Health Promotion
CCM	Country Coordination Mechanism	NGO	Non-Governmental Organisation
CENAT	National Centre for Tuberculosis and Leprosy	NIPH	National Institute of Public Health
CG	Core Group	NIS	National Institute of Statistics
CoC	Continuum of Care	NMCHC	National Maternal & Child Health Centre
CMDG	Cambodian Millennium Development Goals	NPRS	National Poverty Reduction Strategy
DFID	Department for International Development	NSDP	National Strategic Development Plan
DoLA	Department of Local Administration	NSP-I	National Strategic Plan 2001-2005
FBO	Faith-Based Organisations	NSP 2006-2010	National Strategic Plan 2006-2010
FHI	Family Health International	OVC	Orphaned and Vulnerable Children
GFATM	Global Fund to Fight AIDS, Tuberculosis and Malaria	PAC/N/O/S	Provincial AIDS Committee / Network / Office / Secretariat
HBC	Home-based Care	PHD	Provincial Health Department
HCT	Home Care Team	PLHA	Person/People living with HIV or AIDS
HSS	HIV Sentinel Surveillance	PMTCT	Prevention of Mother-to-Child Transmission
HIV	Human Immunodeficiency Virus	POT	Provincial Outreach Teams
HSS	HIV Sero-Surveillance	PSF	Pharmaciens sans Frontières
GDJ-TWG	Government-Donor Joint Technical Working Group	PSI	Population Services International
IEC	Information, Education and Communication	SCF	Save the Children Fund
INGO	International Non-Government Organisation	SRA	Situation and Response Analysis
ILO	International Labour Organisation	STI	Sexually Transmitted Infection
KHANA	Khmer HIV/AIDS NGO Alliance	TB	Tuberculosis
M&E	Monitoring and Evaluation	TBA	Traditional Birth Attendant
MCH	Maternal and Child Health	ToT	Training of Trainers
MDG	Millennium Development Goals	TWG	Technical Working Group
MoAFF	Ministry of Agriculture, Forestry and Fisheries	UNAIDS	Joint United Nations Programme on HIV/AIDS
MoCR	Ministry of Cults & Religions	UNDP	United Nations Development Programme
MoEYS	Ministry of Education, Youth & Sports	UNGASS	United Nations General Assembly Special Session on HIV/AIDS
MoH	Ministry of Health	UNESCO	United Nations Educational, Scientific and Cultural Organization
MoI	Ministry of Interior	UNFPA	United Nations Population Fund
MoJ	Ministry of Justice	UNICEF	United Nations Children's Fund
MoLV	Ministry of Labour and Vocational Training	USAID	United States Agency for International Development
MoND	Ministry of National Defence	VCCT	Voluntary & Confidential Counselling & Testing
MoP	Ministry of Planning	VTC	Voluntary Testing Centre
MoRD	Ministry of Rural Development	WFP	World Food Programme
MoSVY	Ministry of Social affairs, Veterans and Youth Rehabilitation	WHO	World Health Organization
MoWA	Ministry of Women's Affairs		
MSF	Medecins sans Frontières		
MSM	Men who have Sex with Men		

Executive Summary

The prevalence of HIV in the general population has been decreasing for several years. There is, however, no room for complacency as Cambodia still has the highest prevalence in Southeast Asia in spite of this trend. HIV transmission decreased especially in commercial sex settings. The incidence of HIV remains unacceptably high in pregnant women accessing ante-natal care, and from mothers to newborns. The changing face of the HIV/AIDS epidemic in Cambodia requires a strategic plan that will respond to the changed needs and priority issues.

The reversal of the progress of the epidemic is the greatest achievement during the implementation of the first National Strategic Plan. The 2002 Law on the Prevention and Control of HIV/AIDS created a favourable environment for prevention, care and support, even if its enforcement remains a challenge.

Prevention interventions targeted at high-risk groups have proven to be effective as new prevention approaches for other vulnerable groups have been developed and are ready to be expanded. The introduction and scale up of anti-retroviral treatment has been successful, reaching 8,470 patients as of the second quarter of 2005. Many NGOs developed services for orphans and families affected by HIV/AIDS, but the need for more support remains high. Little progress, however, was made towards assessing and addressing macro level impacts of HIV/AIDS, e.g. on economic development and food security. Several non-health ministries started to address HIV/AIDS through HIV/AIDS policies, strategies and action plans, but capacities and funding remain limiting factors for an enhanced multisectoral response. The private sector's response to HIV/AIDS is still slow. The National AIDS Authority (NAA) has been on a steep learning curve in terms of catalysing and coordinating the national response.

The National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006–2010, or NSP 2006–2010, builds on the first National Strategic Plan and includes specific objectives, strategies, and an operational plan with broad activities of all stakeholders, from government, the private sector and civil society. As part of the Third National Strategic Development Plan for 2006–2010, it will contribute to the joint efforts that respond to HIV/AIDS. The NSP 2006–2010 has been developed in a participatory manner, through review and revision of the first NSP. The overall process was chaired by the NAA; supervised by a core group consisting of national stakeholders, development partners, civil society organisations and people living with and affected by HIV/AIDS.

The overall goals of the National Strategic Plan 2006–2010 are:

1. To reduce new infections of HIV;
2. To provide care and support to people living with and affected by HIV/AIDS; and
3. To alleviate the socio-economic and human impact of AIDS on the individual, family, community, and society.

Strategies of the National Strategic Plan are:

1. Increased coverage of effective prevention interventions and additional interventions developed;
2. Increased coverage of effective interventions for comprehensive care and support and additional interventions developed;

3. Increased coverage of effective interventions for impact mitigation and additional interventions developed;
4. Effective leadership by government and non-government sectors for implementation of the response to HIV/AIDS, at central and local levels;
5. A supportive legal and public policy environment for the HIV/AIDS response;
6. Increased availability of information for policy makers and programme planners through monitoring, evaluation and research
7. Increased, sustainable and equitably allocated resources for the national response

The Three Ones Principle of one national multisectoral strategy; one national coordination platform with a multisectoral mandate; and, one monitoring and evaluation framework is being applied in the Cambodian response to HIV/AIDS. Governance of the national response, i.e. overall direction and leadership, rests by legal decree on the NAA Policy Board (NAA-PB) To increase effectiveness, the NAA-PB may delegate authority to subcommittees on specific issues. The implementation of the activities of the NSP 2006–2010, from service delivery to supporting activities, relies on many implementing organisations. Within each sector, activities are coordinated so that goals are jointly, effectively and efficiently achieved. Implementation roles may differ per province, as they are determined in a decentralised manner. The coordination of the national response is crucial, but difficult due to its immensity. As stated in the Law on Prevention and Control of HIV/AIDS, the NAA is at the centre of the overall coordination of the national response. Where appropriate, NAA will delegate coordination to relevant institutions to carry out specific tasks.

Decentralisation is a core implementation strategy of the national response. Where possible, responsibility for coordination and implementation will be delegated to implementing organisations at provincial, operational district and commune level, including funding. The NAA can support ministries and other partners in mobilising resources and accessing external funding. However, the NAA does not allocate resources as it does not receive government or donor funds on behalf of others. The NAA Technical Advisory Board is the platform of HIV/AIDS technical staff of the NAA members. In addition, NAA, the National Centre for HIV/AIDS, Dermatology and STIs (NCHADS) and line ministries establish technical working groups to provide specific technical inputs.

The National M&E Framework follows international best practices in setting indicators and determining data sources. The NAA Secretariat will produce and publish annual progress reports on the national response. This report will be submitted to the Royal Government of Cambodia and the NAA Policy Board, and will subsequently be shared with development partners and implementing organisations. Research complements monitoring and evaluation to build the knowledge base that will guide the national response. A national research agenda should identify major research questions and gaps in understanding. Special efforts are needed to translate evidence into better programs, and to enable everybody to benefit equally from research. All partners who implement research are encouraged to share their findings.

1. Background

1.1 Purpose

The National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006–2010, or NSP 2006–2010, aims to guide the national response to HIV/AIDS for the next five years. This plan builds on the first National Strategic Plan, which underscored a new paradigm for a development-oriented, multisectoral response that is based on human rights. The current plan adds to these principles specific objectives and strategies, and an operational plan with broad activities of all stakeholders, from government, the private sector and civil society.

This plan will form part of the Third National Strategic Development Plan (NSDP) for 2006–2010. Joint efforts for the response to HIV/AIDS will support the Royal Government of Cambodia to implement and deepen its reform program to achieve Cambodia's Millennium Development Goals (MDG) and support the Rectangular Strategy for the development of Cambodia.

1.2 Development of NSP 2006–2010

The National Strategic Plan 2006–2010 has been developed in a participatory manner, through review and revision of the first NSP. The overall process was chaired by the National AIDS Authority; supervised by a core group (CG) consisting of national stakeholders, development partners, civil society organisations and people affected by HIV/AIDS.

Seven Technical Working Groups (TWG) consisting of relevant stakeholders, provided inputs in this plan through detailed summary reports in the following strategic areas: prevention; care and treatment; impact mitigation; legislation and human rights; multisectoral responses and decentralisation; resource mobilization; and monitoring and evaluation. The findings of the TWG were presented at a national joint review workshop for feedback of the CG and national stakeholders.

The summary reports and the feedback generated by the national workshop were utilised to produce the 2005 update of the Situation and Response Analysis (SRA), including:

1. Trends in the HIV/AIDS epidemic, risks and vulnerabilities;
2. Achievements and lessons learnt about the response; and
3. Opportunities for the next five years.

The National Strategic Plan 2006–2010 responds to the lessons learnt and opportunities identified in the updated SRA. The Core Group developed a draft of the NSP, and presented it at a national consultation workshop to national stakeholders for feedback and suggestions for improvements. The operational plan was developed through a series of detailed planning meetings with the relevant implementing organisations and stakeholders.

1.3 Limitations of NSP 2006–2010

Although NSP 2006–2010 embraces a multi-dimensional approach in addressing vulnerability and dealing with the HIV/AIDS epidemic, certain macro level and long-term issues are not explicitly addressed in the NSP 2006–2010. Questions on dealing with HIV/AIDS once it becomes an endemic poverty-related disease or on managing HIV/AIDS in the context of health systems development can be taken up during the annual joint reviews of the national response.

In the same manner, certain important strategic decisions can only be made at the level of project design and implementation. These include formulating specific activities on how to effectively involve people living with HIV/AIDS (PLHA), turning evaluation results into good projects and translating research data into policies.

2. Situation and Response Analysis

2.1 Current situation and projections for the next five years

The prevalence of HIV in the general population has been decreasing for several years. There is, however, no room for complacency as Cambodia still has the highest prevalence in Southeast Asia in spite of this trend. Although transmission in commercial sex settings has decreased over the years, sexual networking is shifting towards casual sex with sweethearts, with whom condom use is much lower. Men who have sex with men (MSM) and drug users have high levels of risk behaviour and rapidly increasing HIV prevalence. Mobile and migrant populations appear to be at increased risk of HIV infection. An increasing proportion of new infections occur in the partners of infected men and their children. As a result, women are disproportionately bearing the burden of disease.

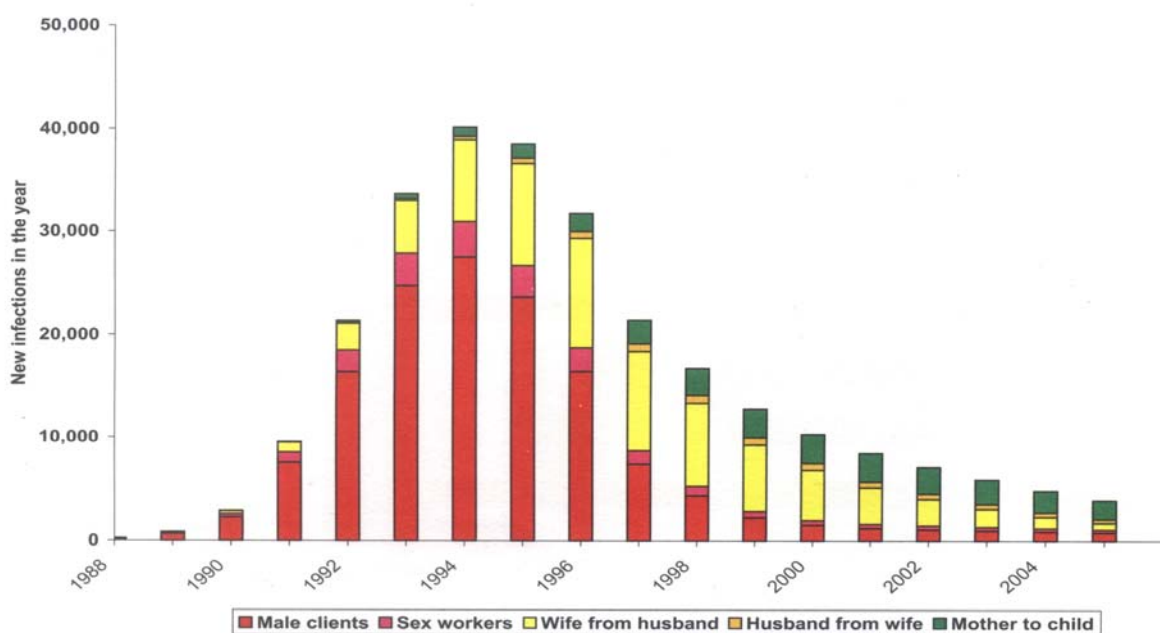


Figure1: Projected HIV incidence 1988 to 2005 (AIDS in Asia: Face the Facts - A comprehensive analysis of the HIV/AIDS epidemics in Asia, 2004)

Despite decreasing prevalence, tens of thousands of Cambodians are infected with HIV, and many more are affected by the epidemic through the loss of parents, spouses, and livelihood. The need for care, treatment, support, and impact mitigation remains enormous. Little is known about the macro level impacts of HIV such as on economic development, poverty, and security.

2.2 Progress and lesson learned in the national response 2001– 2005

The reversal of the progress of the epidemic is the greatest achievement during the implementation of the first NSP. The Law on the Prevention and Control of HIV/AIDS, enacted in 2002, created a favourable environment for prevention, care and support, and in recognising the human rights of vulnerable communities as well as infected and affected individuals. However, enforcement of the law remains a challenge.

Prevention interventions targeted at sex workers and their clients, like the 100% Condom Use Programme (100% CUP) and the military peer education programme, demonstrated their effectiveness in curbing transmission and reached increasingly more people. New prevention approaches for other vulnerable groups such as MSM, drug users and street children were developed and are now ready to be scaled up. However, access to several key services, such as prevention of mother-to-child transmission (PMTCT) and management of sexually transmitted infections (STI) for the general population, remains low.

In the area of care and support, the introduction and scale up of anti-retroviral (ARV) treatment has been the biggest success, reaching 8,470 AIDS patients as of the second quarter of 2005. The Continuum of Care (CoC) package implemented through the Ministry of Health (MoH) has been delivered at increasing numbers of health facilities, in close collaboration with PLHA support networks and public-private Home-based Care Teams (HCT). Many NGOs developed services for orphans and families affected by HIV/AIDS, but the need for more support remains high. Little progress was made towards assessing and addressing macro level impacts of HIV/AIDS, e.g. on economic development and food security.

Several non-health ministries started to address HIV/AIDS through HIV/AIDS policies, strategies and action plans, but capacities and funding remain limiting factors for an enhanced multisectoral response. The private sector's response to HIV/AIDS is still slow.

Overall resources available for the response increased dramatically, partly through successful applications to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). However, the absorptive capacity of implementing institutions lagged behind. Although increasing amounts of funds flow from central to local government in the health sector, this cannot be said for the other sectors.

2.3 Lessons and opportunities for an enhanced response

Based on the lessons learnt during the last five years, the following opportunities for an enhanced multisectoral response are identified:

1. Incorporate HIV/AIDS activities in National Development Planning
2. Enforce the National AIDS Law
3. Scale up prevention services for at-risk as well as general population
4. Scale up care and support services
5. Scale up impact mitigation efforts
6. Improve national coordination
7. Engage more ministries and sectors
8. Decentralise the response to provinces, operational districts and communes

9. Increase resources and improve absorptive capacity
10. Generate strategic information for decision makers and programme planners
11. Monitor and evaluate the national response

3. Guiding Principles for the National Response to HIV/AIDS

3.1 Multisectoral responses and partnerships

HIV/AIDS is a development problem that affects all aspects of society. The enhanced response therefore needs to be holistic and multi-dimensional, involving as many sectors and disciplines as necessary.

3.2 Human rights

Dealing with HIV/AIDS often requires dealing with stigmatised segments of the population with behaviours that are illegal or frowned upon. This often results in abusive and discriminatory reactions. To counteract this, respect for individual and collective rights needs to underpin all interventions.

3.3 Empowerment

Many people have little or no control over their behavioural choices, including (safe) sexual and health or treatment seeking behaviours. Empowering people, especially women and young people, to enable them to make informed decisions and determine their own behaviour is a crucial aspect of the HIV/AIDS response.

3.4 Gender equality

Gender, development, and the HIV/AIDS epidemic are inextricably connected and this connection is particularly apparent in Cambodia. Women and girls are more vulnerable to infection biologically and because of their lower status in the family and the society. Gender inequalities need to be addressed for the national response to be truly effective.

3.5 Community involvement

The perspectives and experiences of communities themselves have to inform the national response, as this not only promotes more effective responses, self-reliance and increased control but also fosters a sense of ownership and responsibility for these programmes and initiatives. Community building of marginalised people can also help reduce vulnerability.

3.6 Involvement of people living with or affected by HIV/AIDS

People with HIV and their carers are not just recipients of social support services: they are also an essential resource for an effective response. Their efforts, experiences and insight are valuable in all aspects of the national response, from policy development to programme planning, implementation, monitoring, and evaluation.

3.7 Linking HIV to poverty and overall development planning

Poverty contributes to the creation of a social environment in which HIV transmission occurs, exacerbating vulnerabilities. To address these underlying vulnerabilities, the national response needs to be effectively linked to poverty reduction strategies and overall development plans.

3.8 Basing strategies on evidence of effectiveness

The national response needs to remain self-critical, encouraging monitoring and evaluation and using evidence of effectiveness to guide all strategies or interventions.

3.9 Harm reduction

The Law on the Prevention and Control of HIV/AIDS endorses the principles of harm reduction in the case of drug use and sexual behaviour. This includes respecting people's behavioural choices, whether considered appropriate or not, and supporting them to make those behaviours as safe as possible.

4. Goals and Objectives

4.1 Goals

The national enhanced response to HIV/AIDS is part of the 3rd National Strategic Development Plan (NSDP) for 2006–2010, in turn supporting the Rectangular Strategy for development of Cambodia. The overall goal of the NSDP is “efficiency and sustainability of social and economic development and poverty reduction in Cambodia”.

The NSP 2006–2010 is aligned with the Cambodia Millennium Development Goals (CMDG) and targets, especially Goal 6: “Halting and reversing the spread of HIV/AIDS, the incidence of malaria and other major diseases such as tuberculosis”.

The overall goals of the National Strategic Plan 2006–2010 are:

1. To reduce new infections of HIV;
2. To provide care and support to people living with and affected by HIV/AIDS; and
3. To alleviate the socio-economic and human impact of AIDS on the individual, family, community, and society.

4.2 Strategies

Strategies of the National Strategic Plan are similar as those for NSP 2001–2005, but are more specific and measurable:

1. Increased coverage of effective prevention interventions and additional interventions developed
2. Increased coverage of effective interventions for comprehensive care and support and additional interventions developed
3. Increased coverage of effective interventions for impact mitigation and additional interventions developed
4. Effective leadership by government and non-government sectors for implementation of the response to HIV/AIDS, at central and local levels
5. A supportive legal and public policy environment for the HIV/AIDS response
6. Increased availability of information for policy makers and programme planners through monitoring, evaluation and research
7. Increased, sustainable and equitably allocated resources for the national response

4.3 Specific objectives and major activities

1. Increased coverage of effective prevention interventions and additional interventions developed

Continued emphasis is needed on HIV prevention in high-transmission environments such as commercial and casual sex networks, because the risk of epidemic resurgence remains. Other priorities are 'bridge populations' such as mobile men and women, MSM, and drug users. At the same time transmission in the general population, while decreasing in absolute terms, is projected to represent an increased proportion of new infection. This needs to be addressed through health services (preventive counselling, PMTCT, STI management, blood safety and condom programming), the educational system, arts and media and other means. Examples of major activities include:

- NCHADS will scale up coverage of targeted interventions for sex workers and their clients under the 100% Condom Use Programme;
- The Ministry of National Defence (MoND) will scale up coverage and comprehensiveness of targeted interventions for military personnel and their sexual partners;
- The Ministry of the Interior (MoI) will scale up coverage of targeted interventions for police personnel
- Relevant ministries in collaboration with supportive partners will increase coverage of targeted interventions for sex workers, garment factory workers, MSM, drug users, street children and other at-risk populations and develop effective prevention strategies for newly emerging vulnerable groups;
- The Ministry of Education, Youth and Sport (MoEYS) will scale up school-based prevention strategies for students;
- MoH will scale up coverage and quality of prevention services for the general population, including prevention of mother-to-child transmission in antenatal service, safe blood transfusion services, injection safety and universal precautions, and STI management in the general health services; and
- Mass media campaigns will be implemented to increase awareness and knowledge about HIV/AIDS.

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

Voluntary and confidential counselling and testing (VCCT) will be scaled up, as the majority of people with HIV/AIDS are not aware of their sero-status, and do not access appropriate care and support. The Continuum of Care will be broadened by inclusion of more services and expanded to reach more people infected and affected. To support this, the capacity of service providers will be enhanced and strengthened. Examples of major activities include:

- NCHADS and NGOs will continue to scale up coverage and quality of VCCT services (including partner notification) in the public, commercial and non-profit health sector;

- NCHADS will continue to coordinate the scale up of coverage and comprehensiveness of the CoC services at health facilities, including medical and nursing care for opportunistic infections and anti-retroviral treatment;
 - NCHADS and supporting partners will continue to coordinate the scale up of coverage and quality of community-based and home-based care, including HCT, nutritional support and PLWHA support groups; and
 - NCHADS, the National Centre for Tuberculosis and Leprosy (CENAT) and supporting partners will continue to scale up coverage and quality of HIV/TB services.
3. Increased coverage of effective interventions for impact mitigation and additional interventions developed

Impact mitigation efforts targeting individuals, including PLHA, orphans and vulnerable children (OVC) and widows, and families affected by HIV/AIDS will be scaled up. Importantly, the broader impacts on communities and sectors will be assessed and addressed. Examples of major activities include:

- NAA and the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) will provide leadership in developing national policies, strategies and guidelines for impact mitigation services for children, families and communities;
 - MoSVY, commune councils and supporting partners will increase coverage and quality of interventions for OVC, families affected by HIV/AIDS, and communities;
 - Government and supporting partners will increase coverage of nutritional support for families affected by HIV/AIDS; and
 - The Ministry of Planning (MoP) will assist relevant ministries to assess and address the impact of HIV/AIDS on non-health sectors such as food security, economic development and tourism.
4. Effective leadership by government and non-government sectors for implementation of the response to HIV/AIDS, at central and local levels

Line ministries and local governments with HIV/AIDS policies and strategies are encouraged to translate these into activities, and to allocate resources to implementation. Where these do not yet exist, emphasis will be on assessing the impact of HIV/AIDS, and on strategic planning. Special attention will be on local government at operational district and commune levels. Civil society organisations, including the private sector, media, faith-based organisations (FBO) and community groups will be supported to engage in the response. Examples of major activities include:

- NCHADS and supporting partners will provide technical assistance to MoH departments for HIV/AIDS related health services;
- MoEYS and partners will develop appropriate policies and integrate HIV/AIDS interventions in their regular programme;
- The Ministry of Cults and Religions (MoCR), MoSVY, the Ministry of the Interior (MoJ), the Ministry of Women's Affairs (MoWA) and supportive partners will develop policies and programmes for HIV/AIDS;
- Local and provincial entities will address HIV/AIDS in developing processes with support from NAA, the Department of Local Administration (DoLA) and other partners;

- The Ministry of Labour and Vocational Training (MoLV) and supportive partners will develop workplace policies and programmes, and provide technical assistance to trade unions and the corporate sector;
- NAA and supporting partners will develop and expand leadership capacity for HIV/AIDS responses across sectors of society; and
- Government and supporting partners will strengthen the capacity of the media sector to engage in the response to the HIV/AIDS epidemic.

5. A supportive legal and public policy environment for the HIV/AIDS response

Further steps to make the public policy and legal environment more supportive to HIV/AIDS responses will take place at several levels. The national strategic development plan will include HIV/AIDS as a crosscutting concern. An enabling policy environment will support the implementation of the Law on the Prevention and Control of HIV/AIDS and other relevant legislation through education, training for law enforcement personnel, and development and reform of further legislation. Examples of major activities include:

- NAA, MoP and the Joint Government Donor Technical Working Group (JGD TWG) will ensure inclusion of the National Strategic Plan in the development, implementation and monitoring of the NSDP 2006–2010;
- The Ministry of Public Works and Transport (MoPWT), NAA and supporting partners will cooperate with countries in the sub-Mekong region to support the creation of an enabling policy environment to reduce HIV/AIDS vulnerability related to mobility and migrant workers;
- MoJ, NAA and supporting partners will disseminate guidelines for the Law on the Prevention and Control of HIV/AIDS and review and amend the Law, as necessary; and,
- NAA, MoJ and supporting partners will support line ministries and local organisations to develop policies (decrees, sub-decrees) in support of the Law on the Prevention and Control of HIV/AIDS.

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

The sentinel surveillance systems in the health sector will remain the backbone of the national multisectoral monitoring and evaluation system, which will be complemented by monitoring of additional core indicators from other sectors. Annual progress reports will be produced, and annual joint reviews undertaken to assess progress and adjust the NSP 2006–2010 strategies. Research efforts will be better coordinated, documented and disseminated, so that more program planners and policy makers can benefit from increased knowledge. Examples of major activities include:

- NAA and supporting partners will develop and implement a monitoring and evaluation system for the national response, based on and complementing existing systems;
- The existing research technical working group will coordinate all HIV/AIDS-related research, and will organise regular conferences on HIV/AIDS-related research;

- NCHADS with supporting partners will continue to implement the national surveillance system, including serological, behavioural and STI surveillance;
- The National Institute of Statistics (NIS), MoH, NCHADS and supporting partners will include HIV/AIDS-related questions in the Cambodia Demographic and Health Survey (CDHS);
- NCHADS will undertake evaluation research into the effectiveness of prevention and care interventions; and,
- NAA with supporting partners will conduct an annual review and report on the progress of the NSP.

7. Increased, sustainable and equitably allocated resources for the national response

Resource planning and resource tracking are essential components of ensuring equitable allocation and use of planned resources. Such processes will be able to identify gaps at all levels for financial and human resources required for an enhanced response. Strategies can be developed to mobilise resources, allocate them more efficiently, and increase absorptive capacity. The government, for its part, needs to be prepared to allocate more resources for the HIV/AIDS response, especially for care and support, from the National Budget. One planned major activity is:

- NAA and its supporting partners will lead a costing analysis of the NSP 2006–2010 and recommend a resource mobilisation strategy for the national response
- NAA and its supporting partners will develop a resource tracking strategy for 2006–2010.

5. Implementation Arrangements

The Three Ones Principle of one national multisectoral strategy; one national coordination platform with a multisectoral mandate; and, one monitoring and evaluation framework is being applied in the Cambodian response to HIV/AIDS.

5.1 Governance

Governance of the national response, i.e. overall direction and leadership, rests by legal decree on the NAA Policy Board (NAA-PB). Board members represent 26 Ministries and 24 Provincial Governments.

Other platforms for overall direction of the HIV/AIDS response are:

1. NAA TB and the JGD TWG, with membership including government, NGOs and development partners, meet monthly and bi-monthly, respectively; and
2. The Country Coordination Mechanism (CCM), which provides governance for GFATM supported activities.

5.2 Implementation

The implementation of the activities of the NSP 2006–2010, service delivery as well as supporting activities relies on many implementing organisations. Prevention, care, and impact mitigation services are delivered in the public sector, e.g. health, education and social welfare services and through civil society partners, including national and international NGOs, religious leaders and faith communities and for-profit businesses. Within each sector, relevant implementing partners coordinate activities so that they achieve joint goals effectively and efficiently. Implementation roles may differ per province, as they are determined in a decentralised manner.

5.3 Coordination

The coordination of the national response is crucial, but difficult, due to the multitude of different partners, and as many priorities. As stated in the Law on Prevention and Control of HIV/AIDS, the NAA is at the centre of the overall coordination of the national response. The NAA coordinates the JGD TWG on HIV/AIDS. Where appropriate, NAA will delegate coordination to relevant institutions to carry out specific tasks. Examples include:

1. NAA-CC coordinates overall HIV/AIDS strategies;
2. MoH coordinates the health sector response, with the TWGs coordinating smaller components; and
3. M&E Advisory Group coordinates monitoring and evaluation of the national response.

Technical Working Groups, whether *ad hoc* or for longer duration, will coordinate components of the response, e.g. decentralisation of the response, public policy and legislation, and resource mobilisation. Where possible, an expert organisation will host a TWG and ensure outcomes.

The NAA Secretariat will revise its coordination strategies; veering away from organising meetings, focusing on information sharing and management.

5.4 Decentralisation

In line with overall government policy, decentralisation is a core implementation strategy of the national response. Where possible, responsibility for coordination and implementation will be delegated to implementing organisations at provincial, operational and commune level, including funding.

Provincial level coordination forums have been developed during the NSP-1, e.g. Provincial AIDS Committees (PAC), Secretariats (PAS), and offices (PAO), with slightly differing mandates. There are also provincial outreach teams (POT), in support of the 100% Condom Use Programme. Provincial stakeholders can decide what coordination mechanisms work best for them. Technical assistance and funding will be mobilised to support efforts emanating from provincial, district and commune levels.

5.5 Financial management

Funding for the national response is provided by donors and the government. The NAA does not actively mobilise or allocate resources because it does not receive government or donor funds on behalf of others. The NAA can, however, be instrumental in supporting ministries and sectors in mobilising resources and accessing external funding.

5.6 Technical assistance

The NAA Technical Advisory Board (NAA-TAB) is the platform of HIV/AIDS technical staff of the NAA members. TAB members can support each other on technical matters. In addition, NAA, NCHADS or line ministries establish technical working groups (TWG) to provide specific technical inputs. Finally, individual organisations can access technical assistance as part of their projects or programs.

6. Monitoring and Evaluation

6.1 Monitoring and Evaluation of the National Strategic Plan

The National M&E Framework¹ follows international best practices in terms of indicators and data sources.

NAA is supported by the M&E Advisory Group in monitoring and evaluating the national response. Implementing organisations monitor and evaluate their activities as part of project management, according to systems agreed with their donor. Implementing partners are encouraged to share progress reports and service statistics, allowing the integration of these types of information in the national M&E system.

6.2 Progress reporting

NAA will produce annual progress reports on the national response. This report will be submitted to the Royal Government of Cambodia and the Policy Board, and will subsequently be shared with development partners and implementing organisations. The annual report will be published after the annual joint review (see 6.3). The annual report will be based on the indicators and targets agreed in national M&E framework, five-year operational plan and annual work plans. Donors of the national response are encouraged to accept the national M&E framework and annual progress report as sufficient for reporting requirements. Special reports, such as on the monitoring the Declaration of Commitment made in the United National General Assembly Special Session on HIV/AIDS (UNGASS) and MDG progress reports, will be developed by NAA.

6.3 Joint review

Each year NAA will organise a joint stakeholder review of the national response, to:

1. Assess emerging epidemiological trends;
2. Review progress of the response, lessons and gaps; and
3. Develop a joint work plan for the succeeding year.

The M&E Advisory Group will coordinate this activity. In addition, a mid-term review will be assess progress against the 5 year targets identified in the operational plan.

6.4 Research

Research compliments monitoring and evaluation to build the knowledge base that will guide the national response. A national research agenda should identify major research questions and gaps in understanding. Special efforts are needed to translate evidence into better programs, and to enable everybody to benefit equally from research. All partners who implement research are encouraged to share their findings.

¹ See Annex 1

ANNEXES

Annex 1. Monitoring and Evaluation Framework 2006–2010

Indicators	Data source	Reporting frequency	Baseline 2005	Targets	
				2008	2010
Impact level indicators					
HIV prevalence in adult population 15–49	HSS	2 years	1.9%*	1.9%	1.9% ²
HIV incidence in the adult population 15–49 (Disaggregated by gender) ³	HSS	2 years	M. 0.04% F. 0.11%	0.03% 0.04%	0.03% 0.03%
% of babies born to HIV infected women who received PMTCT who are HIV positive at aged 18 months	NMCHC	2 years	No data	10%	10%
Survival of people on ART 12 months after initiation	NCHADS	Annual	95% ⁴	95%	95%
Outcome level indicators					
% CSW report always using condoms with clients (disaggregated by DSW and IDSW)	BSS	2 years	DSW 96%* IDSW 84%*	96% 90%	98% (all)
% Young people (15–24) report knowledge of HIV transmission and prevention ⁵ a. Heard of HIV b. Condoms prevent HIV transmission c. Healthy looking person can have HIV d. HIV can be transmitted during pregnancy	CDHS	5 years	a. 94%** b. 70% c. 63% d. 66%	a. 95% b. 80% c. 75% d. 75%	a. 95% b. 95% c. 90% d. 90%
% HIV+ pregnant women who receive PMTCT prophylaxis according to national standards	NMCHC	Annual	4%	20%	40%
% MSM report use of a condom at last sex with a male partner	Survey	2 years	Not yet available	TBD	TBD
% of IDU report using a sterile needle and syringe at last injection	Survey	2 years	Not yet available	TBD	TBD
% adults 15–49 receive HIV test at licensed VCT service in the past 12 months	NCHADS	Annual	2.5%	2.7%	2.8%
% of operational districts with a continuum of care operating with a full package of services	NCHADS	Annual	No data	65%	75%
% eligible HIV/AIDS patients on ART	NCHADS	Annual	49%	66%	75%

TBD – to be determined

The most recent data available have been used: * indicates 2003 data; ** 2000 data; *** 2001 data

² Requires revised projections, taking into consideration increased survival of PLWHA due to ART scale up and increased accuracy of prevalence estimates

³ Baseline and targets use projections from HSS 2003

⁴ Estimate provided by MSF

⁵ Only asked of women in CDHS 2000, no composite measure

Indicators	Data source	Reporting frequency	Baseline 2005	Targets	
				2008	2010
% of adults (15–49) willing to look after family member with HIV	CDHS	5 years	54%**	70%	90%
%/# PLWHA who are associated with PLWHA support groups (disaggregated by gender)	CPN+	Annual	8% (10,000)	10% (12,000)	12% (15,000)
% OVC (6–14) attending school (disaggregated by gender)	Survey	2 years	No data	30%	40% ⁶
%/# of OVC with access to shelter or alternative care	MoSVY	2 years	20,348 ^{7***}	TBD	TBD
# of line ministries implementing an HIV/AIDS program	NAA	Annual	6	9	18
% of ministries participating in at least ten NAA Technical Board meetings each year	NAA	Annual	60%	80%	90%
# of provincial development strategies that address HIV/AIDS	NAA	Annual	3%	25%	50%
AIDS Composite Policy Index	NAA	Annual		Qualitative indicators	

⁶ National gross enrolment ratio for lower secondary school in 2003–4 was approximately 40%

⁷ No estimates are available of the total number of OVC in need of shelter or alternative care. Available estimates vary from 30,000 (orphans) to 390,000 vulnerable children.

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	

Annex 3. List of HIV/AIDS NGOs in Cambodia

N°	NAME	ADDRESS/CONTACT NO		AREA OF OPERATION (PROVINCE)	PROGRAMMES
		ADDRESS	Contact Number		
1.	24 Hour–Television Charity Committee (24HTV–CA)	#57, St57/352, Beoung Keng Kang 1, Phnom Penh.	Tel: 023 216 256 Email: Ca24@online.com.kh	Kandal	Prevention
2.	ACCY			Takeo	Prevention
3.	Acting for Women in Distressing Circumstances (AFESIP)	#25, St. 594, Tuol Kork, Phnom Penh	Tel: 88 41 23 Fax: 88 41 23 Email: afesip@online.com.kh	10 Provinces	Prevention
4.	Action IEC (ACTIONIEC)			National	Prevention
5.	Adventist Development and Relief Agency (ADRA)	#4, St. 554, Toul Kork, Phnom Penh	Tel: 88 43 65 Fax: 88 03 05 Email: Cambodia@adraasia.org	Pursat, Kampong Thom	Prevention
6.	Aphiwat Strey (AS)			Battambang	Prevention
7.	Asian Outreach Cambodia (AOC)	#19, St. 205, Tuol Svay Prey, Phnom Penh	Tel/Fax: 21 77 06 Email: aocam@camnet.com.kh	Kandal	Prevention
8.	Association of Farmer Development (AFD)	Porkvet village, Chanchum commune, Kirivong Distric./ Stretasok village, Chumreas pen commune, samrong district	Tel: 012 713 960/ 012 954 894	Takeo	Prevention
9.	Association of Medical Doctors of Asia AMDA – CAMBODIA	40F, Corner St. 426/167, Toul Tom Pung II, Chamcar Mon, Phnom Penh	Tel/Fax: 21 88 20 Email: amdac@camnet.com.kh	Kampong Speu	Prevention
10.	Australian Catholic Relief (ACR)	#67, St. 315, Boeng Kak II, Tuol Kork, Phnom Penh	Tel/Fax: 88 02 00 Email: acr@online.com.kh	Kampong Chhnang	Prevention
11.	Australian People for Health, Education and Development Abroad (APHEDA)	#10E, St. 302 Sangkat Boeng Keng Kang 1, Phnom Penh	Tel/Fax: (855) 023 216034 Email: APHEDA.PP@online.com.kh Website: www.apheda.org.au	Kratie, Kampot, Oddar Meanchey, Preah Vihear, Sihanoukville	Prevention
12.	Australian Red Cross (ARC) (ARCAIDS Program)			Kampong Speu, Pailin	Prevention
13.	Battambang Women's AIDS Project (BWAP)	#387, Road 10, Svay Por Commune	Tel: 016 777 199 Email: bwap@forum.org.kh	Thmor Kol district, Pailin Municipal, Battambang	Prevention

N°	NAME	ADDRESS/CONTACT NO		AREA OF OPERATION (PROVINCE)	PROGRAMMES
		ADDRESS	Contact Number		
14.	BBC World Service Trust			All Provinces	Monitoring and Evaluation, Prevention
15.	Buddism For Development (BFD)	Watt Anlongvil. Samker. Battambang.	Tel: 053 370 041, 012 726 191 Fax: 053 370 041 Email: socheatbdfdb@mobilnet.com.kh	Anluongvel Health Center, Oddombang 2 Health Center, Oddombang 1 Health Center (Wat Cheng, Somrong kong and osrashlao village), Kompong Preash, Rokar 19Health Center	Prevention
16.	Cambodia Children Against Starvation and Violence (CCASVA)	#443 St. 271 Sangkat Phsardeum Thkov Khan Chamcarmon Phnom Penh	Tel: (855) 23 99 36 15/ 012 888 613 Fax: (855) 23 99 36 15 Email: ccasva@camintel.com	Phnom Penh, Prey Veng	Prevention
17.	Cambodia Health Education Media Service (CHEMS)			National	Prevention
18.	Cambodia Human Rights and HIV/AIDS Network (CHHRAN)				Legislation and Human Rights, Impact Mitigation
19.	Cambodia Organization for Human Rights & Development (COHD)	Pur Andort Village Roleab Commune Sampov Meas District Pursat Province.	Tel: 052 951 752/ 012 723 853/ 012 652 271 Email: cohdpursat@camintel.com	Pursat	Prevention
20.	Cambodian Development and Relief Center for the Poor (CDRCP)	1 / #165 E0, Norodom BLVD, Tonle Basak, Khan Chamkamorn, Phnom Penh. 2/ Kompong Trach District, Kampot Province.	Tel: (855) 12 651 123/ (855)16 881 399 Email: cdrpc@online.com.kh	Kampot, Phnom Penh	Prevention
21.	Cambodian Family Development Services (CFDS)	#59AB, St. 310, Boeung Keng Kang I, Khan Chamka Mon , Phnom Penh	Tel: 98 74 40 Email: cfds@online.com.kh	Banteay Meanchey	Prevention
22.	Cambodian Health and Human Rights Alliance (CHHRA)	#28BEo, St. 183, Sangkat Tumnub Teouk, Chamcar Mon, Phnom Penh	Tel: 21 29 41 / 012 944 515 Fax: 212 941 Email: chhra@forum.org.kh	All Provinces	Prevention
23.	Cambodian Health Committee (CHC)	#20, St. 590, Boeung Kok II, Tuol Kork, Phnom Penh	Tel/Fax: 885 169 Email: chccambo@online.com.kh	Svay Rieng and Kampot	Prevention
24.	Cambodian Health Education Development (CHED)	#45A, St. 186, Toul Kork, P.P	Tel: (23) 88 842, 012 820 883 Email: CHEDPN.P@online.com.kh	Krong Pailin, Phnom Penh, Battambang	Prevention

N°	NAME	ADDRESS/CONTACT NO		AREA OF OPERATION (PROVINCE)	PROGRAMMES
		ADDRESS	Contact Number		
25.	Cambodian HIV/AIDS Education and Care (CHEC)	#86, St 608, Beoung Kakg 2, Toul Kork, Phnom Penh.	Tel/Fax: (855) 23 884 473 Email: chec@online.com.kh Website: www.chec.cambodia.org	Kampong Chhnang, Kandal, Prey Veng	Prevention
26.	Cambodian League for the Promotion and Defense of Human Rights (LICADHO)	#103, St. 97, Boeung Trabek, Phnom Penh	Tel: 360 965/ 211 391/ 982 669 Fax: 360 965/ 217 626 Email: licadho@camnet.com.kh		Legislation and Human Rights
27.	Cambodian Organization of Persons with HIV/AIDS (COPHA)	#21, St. 600, Sangkat Boeung Kak, Khan Toul Kok, Phnom Penh	Tel: (855) 16 890 892/ 12 803 040 Email: sok-bunthy@hotmail.com	Phnom Penh	Prevention
28.	Cambodian People with AIDS Network (CNP+)	#246, St. 63, Sangkat Boeung Keng Kang I, Khan Chamcar Morn, Phnom Penh	Tel: 011 816 671	Svay Rieng, Kampong Thom, Kampong Som, Battambang, Kampong Speu, Phnom Penh, Prey Veng, Siem Reap, Sihanouk Ville, National, Takeo	Multisectoral Involvement, Impact Mitigation, Legislation, Prevention
29.	Cambodian Red Cross (CRC)	#17, St 180, Phnom Penh, Cambodia.	Tel: (855) 23 990 030 Fax: (855) 23 212 085 Email: crc.hiv@online.com.kh/ longok@online.com.kh	Kampot, Pailin, Banteay Meanchey, Koh Kong, Sihanoukville, Svay Rieng, Siem Reap, Phnom Penh, Kampong Cham, Battambang, Kampot	Prevention
30.	Cambodian Socio Economic Development Association (CSDA)	Road #5, Group 26, House #705, Oambel Village, Serisophon District, Banteay Mean Chey Province	Tel: 012 835 931 / 054 710 056 Email: csda@forum.org.kh	Banteay Meanchey	Prevention
31.	Cambodian Vision in Development (CVD)	914, Rumcheck 4, Rattanak, Battambang, Battambang, Cambodia	Tel: (855) 53 952 197 Fax: (855) 53 952 198 Email: cvd@camintel.com Website: www.geocities.com/cvisiond	Battambang Province	Prevention
32.	Cambodian Women for Peace and Development (CWPD)	#23, St. 47 Sangkat Sras Chak, Khau Daun Penh	Tel: 023 724 274 Fax: 023 360 192 Email: cwpd@bigpond.com.kh	Kampong Thom, Pailin, Phnom Penh, Kandal, Kampong Speu, Kampong Chhnang, Siem Reap, Battambang, Prey Veng, Mondulkiri	Prevention
33.	Cambodian Women's Clinic (CWC)	#15, St. 1, Sangkat Chbar, Ampeu 2, Khan Mean Chey, Phnom Penh	Tel: (855) 23 720 125 Fax: (855) 23 720 724 Email: cwc@bigpond.com.kh	Phnom Penh	Prevention

N°	NAME	ADDRESS/CONTACT NO		AREA OF OPERATION (PROVINCE)	PROGRAMMES
		ADDRESS	Contact Number		
34.	Cambodian Women's Development Agency (CWDA)	#19, St 242, Sangkat Beoung Pralit, Khan 7 Makara.	Tel: 023 210 449/ 016 904 915 Fax: (855) 23 210 487 Email: cwda@bigpond.com.kh	Phnom Penh	Prevention, Legislation & Human Rights
35.	Cambodian Youth Development (CYD)	#29, St. 200	Tel: 023 986 688/ 012 989 833 Email: cyd@camnet.com.kh/ cyd@forum.org.kh	Phnom Penh	Prevention
36.	Canadian Center for International Studies and Cooperation (CECI)	#91, St. 21, Sangkat Tonle Bassac, Khan Chamkarmon, Phnom Penh	Tel: 023 217 561 Fax: 023 215 419 Email: www.cecisia.org	Takeo Province	Prevention
37.	CARE Cambodia	#52, St. 352, Boeng Keng Kang 1, Chamkar Mon, Phnom Penh.	Tel: (855) 023 215 267-8-9 Fax: (855) 023 426 233 Email: care.cam@care-cambodia.org Website: www.care-cambodia.org	Koh Kong, Pursat, Banteay Meanchey, Oddar Meanchey, Poipet, Sisophon, Phnom Penh	Prevention, Care and Treatment, Impact Mitigation
38.	CARITAS CAMBODIA	#47, St 198, Boeung Prolit, Khan 7 Makara, Phnom Penh, Box 123	Tel: in Siem Reap: 063 963 279/ HP: 012 735 477 Fax: 063 963 279 Email: Caritas_srp@online.com.kh	Siem Reap, Kampong Chhnang	Prevention
39.	Catholic Office for Emergency Relief Refugees (COERR)	#25, St. 242, Monivong BLVD. Boeng Prolith, 7 Makara, Phnom Penh	Tel/Fax: 364 306 Email: coerr@online.com.kh	Kampong Speu, Takeo	Prevention
40.	Catholic Relief Service (CRS)	#102, Street Preash Vehear, Svay Por Commune, Battambang District, Battambang Province.	Tel: 053 952 898/ 012 907 802 Email: CRC_BT@bigpond.com.kh/ bunsieth@bigpond.com.kh	Battambang	Multisectoral Involvement, Prevention
41.	Center for Advance Studies (CAS)	#85, St. 141, Veal Vong, 7 Makara, Phnom Penh	Tel/Fax: 214 494 Email: cas@forum.org.kh	National	
42.	Center for Social Development (CSD)	#19, St. 57, Boeung Keng Kang I, Chamkar Mon, Phnom Penh	Tel: 364 735 Fax: 364 736 Email: csd@online.com.kh		Prevention
43.	Centro Italiano Aiuti all'Infanzia (CIAI)	#2, St. 135, Tuol Tom Poug, Phnom Penh	Tel: 217 996/ 012 992 210 Fax: 217 996 Email: ciaicambogia@online.com.kh	Phnom Penh	Prevention
44.	Children and Love Association (CLA)	#9BEo, St. 390, Ext 30, Boeung Keng Kang III,	Tel: 016 821 600/ 012 623 034 Email: buthsaman@yahoo.com	Prey Veng	Prevention

N°	NAME	ADDRESS/CONTACT NO		AREA OF OPERATION (PROVINCE)	PROGRAMMES
		ADDRESS	Contact Number		
		Phnom Penh			
45.	Christian and Missionary Alliance (CAMA)	#71B, St. 608, Boeung Kork II, Tuol Kork Phnom Penh	Tel/Fax: 881 861 Email: cama@online.com.kh	Battambang	Prevention
46.	Christian Care For Cambodia (CCFC)	#51, St. 317, Boeung Kok II, Toul Kork, Phnom Penh	Tel/Fax: 880 019 Email: cc4c@online.com.kh	Kampong Speu	Prevention
47.	Church World Services (CWS)	#39, St. 294, Beoung Keng Kang I, Chamcar Mon, Phnom Penh	Tel/Fax: 217 786/ 213 438 Email: cwsc@online.com.kh	Kampong Thom, Banteay Meanchey, Svay Rieng, Battambang,	Prevention
48.	Communicable Disease Control- Global AIDS Program (CDC-GAP)				Multisectoral Involvement
49.	Community Actions for Social Development (CASD)				Multisectoral Involvement
50.	Community Development Action (CDA)	#83, Gr.3, O.Khcheay, Preapkean II sdach, BTB.	Tel: 012 530 525 Email: iloun@hotmail.com	Battambang	Prevention
51.	Community of Cambodia Women for Development (CCWD)	Thnut Modiam Village, Beck Chan Commune, Angsnoul District, Kandal Province.	Tel: 011 667 727 Email: ccwdorg@yahoo.com	Kandal	Prevention
52.	Community Poverty Reduction (CPR)	Phsarler Village, Phsa Chhnang Commune, Komng Chhnang District Province	Tel: 012 797 930	Kampong Chhnang	Prevention
53.	Concern World Wide (CONCERN)	#36, St. 352, Boeung Keng Kang I, Chamcar Mon, Phnom Penh	Tel: 214 891 / 214 879 Fax: 210 314 Email: admin@concerncambodia.net	Pursat, Battambang, Kampong Chhnang, Siem Reap	Prevention
54.	Cooperation for a Sustain Society (CSCS)	#52, St. 390, Boeng Keng Kang 3, Phnom Penh.	Tel/Fax: 023 216 307 Email: cscs@bigpond.com.kh	Phnom Penh	Prevention
55.	Cooperation Int'l pour le Development et la Solidarite (CIDSE)	#23, St.294/57, Boeung Keng Kang I, Chamcar Mon, Phnom Penh	Tel: 216 369/ 216 495 Fax: 217 342 Email: cidse.reception@everyday.com.kh	Kampot	Prevention
56.	Coopreazione e Sviluppo (CESVI)	c/o CCC #35, St. 178, Psar Thmey, Daun Penh (2nd floor of CCC)	Tel: 213 497/ 026 988 739 Email: cesvi@online.com.kh	Kampong Chhnang	Prevention

N°	NAME	ADDRESS/CONTACT NO		AREA OF OPERATION (PROVINCE)	PROGRAMMES
		ADDRESS	Contact Number		
57.	Coordination of Action Research on AIDS and Mobility (CARAM)	#193 Aeo, St 63 Beoung Keng Kang 1	Tel: 023 218 065 / 012 847 976 Fax: 023 218 065 Email: caram.cam@online.com.kh	Phnom Penh and Provinces as needed	Prevention
58.	Croix-Rouge Francaise (CRF)			Kampong Som, Phnom Penh, Sihanouk Ville	Prevention
59.	Dhammayietra (DYMB)			Banteay Meanchey	Prevention
60.	ESTHER	Esther/ Calmette hospital, Monivong BLVD, Phnom Penh	Tel: 012 977 933 Email: chenghuy.ly@esther.fr Website: www.esther.fr	Siem Reap, Phnom Penh	Prevention
61.	EVERY CHILD			Koh Kong, Preah Vihear, Kampong Speu, Kandal, Phnom Penh, Prey Veng	Prevention
62.	Family Health International (FHI)	#11, St. 302, Sangkat Boeng Keng Kang 1, Phnom Penh, Cambodia.	Tel: (855) 23 211 914 / 212 565 / 211 198 Fax: (855) 23 211 913 Email: Chawalit@fhi.org.kh Website: www.fhi.org.com	National	Multisectoral Involvement, Prevention, Impact Mitigation, Legislation, Monitoring & Evaluation
63.	Farmer Development Association (FDA)			Svay Rieng, Kratie, Kampot, Sihanoukville, Koh Kong, Kep Ville, Kampong Thom, Pursat, Pailin, Banteay Meanchey, Phnom Penh, Battambang, Kampong Speu, Kandal, Prey Veng, Svay Rieng, Siem Reap, Kampong Chhnang, Takeo	Prevention
64.	Friend's Association Pioneer (FAP)			Siem Reap	Prevention
65.	The Futures Group (FG)	#160, St 71, Sangkat Tonle Bassac, Khan Chamkamon, Phnom Penh	Tel: (855) 023 726 255 Fax: (855) 023 218 987 Email: policy@online.com.kh Website: www.policyproject.com	National Level	Prevention, Legislation & Human Rights
66.	Global Fund for HIV/AIDS, Tuberculosis and Malaria				Multisectoral Involvement
67.	Great Involvement of People with HIV/AIDS (GIPA)				Multisectoral Involvement

N°	NAME	ADDRESS/CONTACT NO		AREA OF OPERATION (PROVINCE)	PROGRAMMES
		ADDRESS	Contact Number		
68.	GTZ Health Project	National Institute of Public Health, 2, St. 289, Toul Kork, Phnom Penh	Tel: 884 476 / 881 476 Fax: 884 976 Email: gtzph@camnet.com.kh	Kampot	Prevention
69.	Hagar Shelter (HAGAR)	#9, St. 163, Sangkat Olympic, Phnom Penh	Tel/Fax: 023 217 477 Email: rosahet@bigpond.com.kh website: www.hagarproject.org	Phnom Penh	Prevention
70.	Handicap International France (HIF)	#6, St. 348, Sangkat Boeng Keng Kang 3, Khan Chamcarmon, Phnom Penh	Tel: 012 812 990 Email: 012812990@mobile.com.kh	Phnom Penh, Siem Reap	Prevention
71.	Health Net International (HNI)	#38, St.57, Boeung Keng Kang I, Chamcar Mon, Phnom Penh	Tel: 987 292 Fax: 213 561 Email: hni.pp@online.com.kh	Pursat (Sampow Meas OD), Takeo	Prevention
72.	Health Unlimited (HU)	#38, St. 57, Boeung Keng Kang I	Tel/ Fax: 023 214 363 / 215 192 Email: rcopeland@everyday.com.kh / haro@everyday.com.kh	Ratanakiri, Phnom Penh, Kandal, Kampong Chhnang, Kampong Speu, Kampot, Prey Veng, Siem Reap, Preah Vihear, Pursat	Prevention
73.	Hellen Keller International (HKI)	#60, St. 310, Boeung Keng Kang I, Chamcar Mon, Phnom Penh	Tel: 210 851 / 213 217 Fax: 210 852 Email: hki_cd@online.com.kh	Banteay Meanchey, Kratie, Kampong Thom, Kampot, Koh Kong, Siem Reap	Prevention
74.	Help Age International (HAI)	#216DE, St. 63 PNH; #152 Romchek 4 Rahanak commune BTB.	Tel: 023 216 076 / 053 952 797 Email: PNH-haicambtb@online.com.kh BTB-haicambb@camintel.com.kh Website: www.helpage.org	Banteay Meanchey, Battambang	Prevention
75.	HIV/AIDS Coordinating Committee (HACC)	#246 Beo, St. 63, Khan Chamcarmon, Boueng Keng Kang I, Phnom Penh, CCC Box: 108	Tel: (855) 23 217 964 Email: HACC@bigpond.com.kh	All Provinces, National policy level	Multisectoral Involvement, Prevention, Impact Mitigation, Monitoring & Evaluation
76.	Hope for Persons with HIV/AIDS (HPHAO)	#1548, St. 5, Sangkat chrang chamres II. Khan Russey Keo, Phnom Penh.	Tel: 012 935 605	All over Cambodia, but mainly in Phnom Penh	Prevention

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		ADDRESS	Contact Number		
77.	Hope Worldwide (HOPE)	#48, St. 317, Boeng Kak 2, Khan Toul Kok.	Tel: 012 822 288/ 011 200 028 Email: hopecambodia@online.com.kh Website: www.hopeww.org	Phnom Penh	Prevention
78.	Inner CHANGE/Church Resource Ministry (CRM/IC)	#88, St. 99, Sansgkat Phsar Doeum Thkov, Khan Chamcarmorn	Tel: (855) 12 972 215/ 23 210 580 (Phnom Penh) (855) 42 941 783 (Kampong Cham) Email: deveritt@crmnet.org/ dmoss@crmnet.org	Battambang	Prevention
79.	Institut de Recherche pour le development (IRD)	#85, St 141, Sangkat Veal Vong, Khan 7 Makara, Phnom Penh	Tel/Fax: 023 986 727 Email: daravy_d@yahoo.com Website: cascambodia.org	Phnom Penh	Prevention
80.	Institut Pasteur du Cambodge (IPC)			Phnom Penh	Prevention, Care and Treatment
81.	Institute of Tropical Medicine (ITM)			Sihanoukville, Pursat	Prevention
82.	International Cooperation Cambodia (ICC)	#13, St 475(404), Tum Nup Tuek, Chomkamon, Phnom Penh.	Tel: 012 788 318/ 012 295 736/ 023 215 200 Fax: (855) 023 213 100 Email: hosea@icc.org.kh/ rith010@yahoo.com Website: www.icc.org.kh	Phnom Penh, Kandal and Ratanakiri, Pursat	Prevention
83.	International Labor Organization (ILO)				Multisectoral Involvement
84.	INTHANOU	P.O Box: 1312	Tel: 023 986 240 Email: 012911664@mobitel.com.kh	All Provinces and areas within Mobitel range	Prevention
85.	Intradevi Association (IDA)	#20AE3, St. 178, skt. Boeng Raing, Khan Daun Peng, Phnom Penh.	Tel: 023 214 804/ 011 818 006/ 012 556 270 Fax: (855) 23 214 804 Email: ida@forum.org.kh	Phnom Penh, Kandal	Prevention
86.	Jeannine's Children Association (JCA)			Phnom Penh	Prevention
87.	KASEKOR THMEY (KT)	#253, St. 7 Choenglorng Village, Soung commune, Tbaung Khmum District, Kampong Cham Province	Tel: 012 968 605 Email: 012619270@mobitel.com.kh	Kampong Cham	Prevention

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		ADDRESS	Contact Number		
88.	Key of Society Health Education Road (KOSHER)	#253. Krol quo.km.6 commune Rissey keo district National Road Number5	Tel: 012 928 290 Email: 012928290mail.mobitel.com.kh	Phnom Penh, Kandal	Prevention
89.	KHEMERA	Road #5, Mittapheap Village, Russey Keo District, Phnom Penh	Tel/Fax: (855) 23 360 134 Email: khemera@camnet.com.kh	Phnom Penh	Prevention
90.	Khmer Buddhist Association (KBA)	Thmor Pok District, Bantey Meanchey Province	Tel: 012 824 373	Banteay Meanchey	Prevention
91.	Khmer Development of Freedom Organization (KDFO)	Dam Nak Thom Village, St. Meanchey commune, Meanchey District, Phnom Penh.	Tel: 012 816 971 Email: ingsoeurso@hotmail.com	Phnom Penh,	Prevention
92.	Khmer HIV/AIDS NGOs Alliance (KHANA)	#25, St. 71, Boeung Keng Kang I, Khan Chamkarmon, Phnom Penh, PO Box: 2311	Tel: (855) 23 211 505 Fax: (855) 23 214 049 Email: khana@khana.org.kh	Banteay Meanchey, Kompong Thom, Kratie, Kampot, Sihanoukville, Phnom Penh, Siem Reap, Kandal, Kampong Chhnang, Prey Veng, Svay Rieng, Takeo, Kampong Speu, Battambang, Pursat, Kampong Cham	Multisectoral Involvement, Prevention, Impact Mitigation, Monitoring & Evaluation, Care & Treatment
93.	Khmer Rural Development Association (KRDA)	Maung Russey District, Battambang Province.	Tel: (855) 012 920 029 Email: 012920029@mobitel.com.kh	Battambang	Prevention
94.	Khmer Women's Cooperation for Development (KWCD)	# 13 St. 113, Sangkat Beung Prolit, 7 Makara.	Tel: 023 986 697 Email: kwcd@camintel.com/sumsatum@yahoo.com	Sihanoukville, Phnom Penh, Kandal, Kampot, Takeo	Prevention
95.	Kien Kes Volunteer Network (KKVN)			Battambang	Prevention
96.	Kokkyo naki Kokomotachi MSF-Japan (KNK)	#1A, St. 282, Boeung Keng Kang I, Chamcarmon, Phnom Penh	Tel: 300 653	Battambang	Prevention
97.	Kratie Women Welfare Association (KWWA)	Sre Sdoa Village, O Russ Commune, Kratie District, Kratie Province.	Tel: 072 971 586/ 012 916 329 Email: kwwakrt@comintel.com	Kratie	Prevention

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		ADDRESS	Contact Number		
98.	Leadership's Khmer Women for Development (LKWD)	#0217B, St5, Village: Kilo 4, Group: 9, Commune: Poy Pet, District: Ochhrao, Banteay Meanchey Province.	Tel: 012 633 687 Email: faipwd@mobitel.com.kh	Banteay Meanchey, Kandal,	Prevention
99.	Light Of Hope– PNKS	c/o CORD 41, Street 476, Phnom Penh or Prey Veng Province	Tel: 219 554 Email: 012758682@mobitel.com.kh	Prey Veng, Kampong Speu	
100.	Lutheran World Foundation (LWF)	#37, St. 592, Toul Kok.	Tel: 012 791 191 / 023 880 100 Fax: 023 881 616 Email: rep@lwfcam.org.kh Website: www.lwfcam.org.kh	Phnom Penh, Kampong Speu, Kampong Chhnang, Battambang	Multisectoral Involvement, Prevention
101.	LYCSO			KRATIE, Phnom Penh	Prevention
102.	Mary Stopes Cambodia (MSC)	#15, High 1, Sangkat Chbar Ampov 2, Khan Mean Chey, Phnom Penh	Tel: 023 720 125 Fax: 023 720 724 Email: msc@online.com.kh	Phnom Penh	Prevention
103.	MARYKNOLL SEEDLING OF HOPE	Seedling of Hope Highway 2, House# 1419, Chak Anger Krom, Phnom Penh	Tel: 023 425 018	Phnom Penh, Chakangre Krom, Chakangre Leu, Takamao, and the Vietnamese villages along the Bassac and Mekong River Anlong Kngan	Impact Mitigation, Prevention
104.	Medecins Du Monde (MDM)	Calmette Hospital, Phnom Penh	Tel/Fax: 430 561 Email: MDMPNHMDK@online.com		Prevention
105.	Médecins San Frontières Belgium (MSF–BELGIUM)	#72, St 592	Tel: (855) 23 880 334–337 Fax: (855) 23 880 338 Email: pharmacy@nisf.org.lch	Siem Reap, Takeo	Prevention
106.	Médecins San Frontières France (MSF–F)	#14, St. 258, Chaktomuk, Phnom Penh	Tel: 211 281 Fax: 211 289 Email: msffr@online.com.kh	Battambang, Phnom Penh	Prevention
107.	Medicine de L'Espoir Cambodge (MEC)	#378, St. 334, Boeung Keng Kang I, Khan Chamcar Morn, Phnom Penh	Tel: 986 715/ 012 844 449/ 012 718 688 Email: mecclinic@camintel.com	Phnom Penh	Prevention
108.	Men's Health Cambodia (MHC)	#477Eo, St. Preah Sisovath Sangkat Chaktomuk, Khan Daun Penh, Phnom Penh	Tel: 990 322/ 012 404 669 Email: mhc-msm@forum.org.kh / kimrunmao@yahoo.com	Phnom Penh, Siem Reap	Prevention

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		ADDRESS	Contact Number		
109.	Minority Organization Development Economy (MODE)	#14, St 1, Kampong Thom Village, Kg rotes Commune Steung Sen District.	Tel: 012 947 924 Email: 012947924@mobitel.com.kh	Kampong Thom	Prevention
110.	MISSIONARIES OF CHARITY (MC)	#475, Monivong BLVD, 7 Makara, Phnom Penh	Tel: 213 491	Siem Reap, Phnom Penh	Prevention
111.	MITH SAMLANH/FRIENDS	#215, St. 13, Sangkat Chey Chumnash, Khan Daun Penh.	Tel: 023 426 748/ 023 220 596 Fax: 023 426 748 Email: friends@everyday.com.kh Website: www.streetfriends.org	Phnom Penh, Kampong Cham, Kampong Speu, Kratie, and other provinces, where former street of children/youth needed reintegration services	Prevention, Legislation & Human Rights
112.	M'Lop Tapaing (MT)			Kompong Som, Sihanouk Ville	Prevention
113.	Mondul Mit Chuoy Mit (MMM)				Care and Treatment
114.	Nak Akphivath Sahakum (NAS)	#122, Road Toul sbov, Phum # 2, Vealvong commence, Kampong Cham district, Kampong Cham Province.	Tel: 012 579 048 Email: 012897103@mobitel.com.kh	Kampong Cham	Prevention
115.	National Prosperity Association (NAPA)	Sla Village Vorsar Commune Samrong Tong District	Tel: 016 828 433	Kampong Speu, Geographical areas of activities and Sectoral	Prevention
116.	New Humanity (NH)	#19, Road 317, Boeung Kok I, Toul Kork, Phnom Penh	Tel: 882 304 Fax: 880 470 Email: newhum@forum.org.kh		Prevention
117.	Norwegian People's Aid (NPA)	#4, ST. 278, Sangkat Olympic, Phnom Penh	Tel: 210 383 Fax: 217 729 Email: npaid@online.com.kh	District of Ochrov, Malai and Thmar Puok, Banteay Meanchey	Prevention
118.	NYEMO	#33 and 14, St. 310, Phnom Penh, Cambodia	Tel: 023 126 944/ 012 800 815 Fax: 023 216 944 Email: nyemo@everyday.com.kh Website: www.nyemo.com	Phnom Penh, Other province	Prevention
119.	Operations Enfants de Battambang (OEB)	#229, Group 11, Village Sophy 1, Commune Ratanak, District Svay Por, Battambang Province	Tel: 053 952 752/ 012 910 095 Fax: 053 952 531 Email: oeb@camintel.com	Battambang	Prevention

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		ADDRESS	Contact Number		
120.	Oxfam Hong Kong (Oxfam HK)	#01, Sisowath Quay/ National Road 5, Sras Chok, Khan Doun Penh, P.P	Tel: 722 314 Fax: 722 435 Email: WAC@womynsagenda.org.kh	Phnom Penh and 13 Provinces	Prevention
121.	Pact (PACT Cambodia)	Hong Kong Center, Ground Floor 108-112, Prea Sothearos BLVD, P.P	Tel/Fax: 217 820/ 217 855/ 217 856 Email: pact@pactcam.org	All Provinces	Prevention
122.	Partner for Development (PFD)	#26, St. 334, Boeung Keng Kang I, Chamkar Mon, Phnom Penh	Tel: 213 335 Fax: 213 275 Email: PFD.cambodia@online.com.kh	Kratie (Kratie and Chhlong ODs) Koh Kong (Sre Ambel and Smach Mean Chey ODs)	Prevention
123.	Partner for Health Reform Plus (PHRplus)			Banteay Meanchey, Sihanoukville, Battambang, Phnom Penh	Prevention
124.	Partner In Compassion (PC)	Watapot Sramouch HE V. Chambok C. Bati District, Takeo P.	Tel: 011 926 037/ 012 975 873 Email: 012975873@mobitel.com.kh	Takeo,	Prevention
125.	Pharmaciens Sans Frontieres (PSF)	#30 A, St. 29, Sang Kat Tonle Bassac, Phnom Penh,	Tel/Fax: 023 216 594 Email: psf_cambodia@everyday.com.kh	Phnom Penh, Steng Treng Province, Battambang Province	Prevention
126.	Phnom Srey Association for Development (PSAD)	#126, Preah Monivong St. Boeung Kok Commune, kg. Cham	Tel: 042 941 670/ 012 684 528 Email: psad@camintel.com	Kampong Cham, Siem Reap, Banteay Meanchey, Battambang	Prevention
127.	POLICY Project Cambodia	#25, St. 71, Boeung Keng Kang I, Chamkarmon, Phnom Penh	Tel: (855) 23 218 656/ (855) 12 965 811 Fax: (855) 23 218 987 Email: fyoung@ksc.th.com	Siem Reap, Prey Veng, National, Battambang, Kratie, Phnom Penh, Takeo	
128.	Poor People's Development Organization (PPDO)	#15, Group 46, Village 8 Tonle Bassac, Chamcar Mon, Phnom Penh	Tel: 012 998 082	Dhan Doun Penh, Mecomahay, Rassaykeo, Chamcarmon	Prevention
129.	Poor's Health Association (PHA)	#188, St. 71, Troping Chhouk Village, Toeukthls Commune, Reusseykeo District, Phnom Penh	Tel: (855) 16 821 106/ 12 872 244/ 12 866 810	Phnom Penh	Prevention
130.	Population Services International (PSI)	#29, St. 334, PO Box 153, Boeung Keng Kang I, Khan chamkar Mon.	Tel: 023 210 814/ 987 404 Fax: 023 218 735 Email: aboner@psi.org.kh Website: www.psi.org	All Provinces	Prevention, Monitoring & Evaluation

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		ADDRESS	Contact Number		
131.	RACHANA	Rominh Commune, Koh Andeth District, Takeo Province	Tel: 012 895 844, 012 491 064 Email: rachana-treang@yahoo.com	Takeo	Prevention
132.	Reproductive and Child Health Alliance (RACHA)	#160, St. 71, Sangkat Tonle Bassac, Khan Chamkarmon, Phnom Penh,	Tel: (855) 23 213 724/ 726 257 Fax: (855) 23 213 725 Email: rsturgis@racha.org.kh Website: http://rc.racha.org.kh	Kampot, Pursat, Banteay Meanchey, Phnom Penh, Siem Reap, Battambang, Kampong Thom, Siem Reap	Prevention
133.	Reproductive Health Association of Cambodia (RHAC)	#6 St. 150, Sangkat Veal Vong, Khan 7 Makara, Phnom Penh.	Tel: 023 982 120 Fax: 023 885 093 Email: rhac@rhac.org.kh	Sihanoukville, Svay Rieng, Phnom Penh, Kampong Cham, Kampong Speu, Takeo, Battambang, Kampong som, Svay Rieng Province, Siem Reap	Prevention
134.	Rural Association for Development of Economy (RADE)	Sathany Village, Svay at Commune, Sampomeas District, Pursat Province	Tel: 012 893 134/ 052 951 709 Email: rade@camintel.com	Pursat	Prevention
135.	Rural Economic Development Association (REDA)	National Road 1, Tapor Village, Tasous Commune, Svay Chrum District, Svay Reing Province.	Tel: (855) 12 940 755/ 11 940 755 Email: redakhorng@yahoo.com/redakh2002@yahoo.com	Svay Rieng	Prevention
136.	Rural Farmer Development Association (RUFADA)	II Village, Labansiek, District Banlong, Ratanakiri Province.	Tel: 012 973 271	Ratanakiri, Takeo	Prevention
137.	Sacrifice Family and Orphans Child Development (SFODA)	Lot House, Group 2, Sangkat Chroy Chanva, Russey Keo, Phnom Penh	Tel: 012 842 495/ 012 936 805 Email: moninarom-ouk@hotmail.com	Phnom Penh, Snagkat chroy chanva, Khan Russey Keo	Prevention
138.	SAKTF	110E3, St. 107, Group 24, Sangkat OR4, Khna 7 Makara Phnom Penh.	Tel: 012 989 272 Email: saktfbokisa@hotmail.com	Phnom Penh	Prevention
139.	Salvation Center Cambodia (SCC)	#28C, St. 390 Beoung Keng Kang 3, Phnom Penh, Cambodia	Tel: 023 365 31, 023 219 234 Fax: 023 365 311 Email: soranmak@forum.org.kh	Phnom Penh, Battambang, Siem Reap	Prevention
140.	SAVE THE CHILDREN AUSTRALIA (SCA)	#30, St. 9, Tonle Bassac, Phnom Penh	Tel: 214 334/ 363 433 Fax: 360 381 Email: scacmb@online.com.kh	Kratie, Battambang, Phnom Penh, Prey Veng, Siem Reap, Takeo	Impact Mitigation, Prevention
141.	Seek of the Pious Friends Association (SPFA)	Anchagn Village, Nokor Thom Siem Reap District in Siem Reap Province.	Tel: 012 635 649 CCC Box:417	Siem Reap	Prevention

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142.	Servants to Asia's Urban Poor (SERVANTS)	National Road 2, Sang Kat Chak Angre Leu	Tel: (855) 23 425 045 Fax: 300 249 Email: Cambodia@servantsasia.org Website: www.servantsasia.org	Phnom Penh, Community Health Development Programs	Prevention
143.	Service for the Health in Asia and African Regions (SHARE)	#119, St. 95 Boeung Trobek, Khan Chamkar Morn, Phnom Penh, Cambodia	Tel/Fax: (855) 23 212 247 Email: share@online.com.kh/ sharek@online.com.kh	Phnom Penh, Kampong Cham	Prevention
144.	Sihanouk Hospital Center of Hope (SHCH)	Sihanouk Hospital of hope, P.O 2318, PP, St. 134, Sangkat Veal Vong Khan 7 Makara	Tel: 011 842 034 Email: sopheakthai@yahoo.com	Phnom Penh	Prevention
145.	Social Environment Agriculture Development Organization (SEADO)	Banteay Meanchey Province	Tel: 052 958 843 / 012 867 480 Fax: 054 958 843 Email: seado@forum.org.kh	Banteay Meanchey	Prevention
146.	Social Services of Cambodia (SSC)	#78, St. 360, Phnom Penh	Tel: 212 575 Fax: 212 545 Email: ssc@online.com.kh	Kompong Spue and Oddar Meanchey, Phnom Penh	Prevention
147.	Soutien á l'Initiative Privée pour l'Aide á la Rexionstruction (SIPAR)	#9, St. 21, Sangkat Tonel Bassac, Chamcar Mon, Phnom Penh	Tel: 212 407 Fax: 987 908 Email: siparpp@online,com.kh	National	Prevention
148.	Tean Thor Association (TTA)				Prevention
149.	Tear Fund (TF)	#38, St. 302, Beoung Keng Kongl, Chamcarmon, Phnom Penh.	Tel: 023 214 106 / 012 577 542 Email: tearfund@everyday.com.kh	Potentially all Provinces, Phnom Penh, NGOs, child welfare Group, Churches, Faith based Organization	Prevention
150.	Transcultural Psychosocial Organization (TPO)	#209, St. 63 Boeung Keng Kang I, Chamcar Mon, Phnom Penh	Tel/Fax: 218 478 / 219 182 Email: tpo@forum.org.kh	Pursat, Banteay Meanchey, Battambang, Phnom Penh	Prevention
151.	UNACAS	P.O Box: 2060, Phnom Penh	Tel: (855) 12 921 015 Email: 012921015@mobitel.com.kh	Kandal	Prevention
152.	United Neutral Khmer Students (UNKS)	#43 Ceo, St. 390, Sangkat Boeung Keng Kang III, Khan Chamkarmon, Phnom Penh, CCC Box: 321	Tel: (855) 12 891 827	Khan Daun Penh, Khan Meanchey, Phnom Penh	Prevention

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153.	Urban Research Center (URC)	#57EO+E1 , St. 222, Boeung Rain, Daun Penh, Phnom Penh	Tel/Fax: 211 474 Email: urcpp@forum.org.kh	Koh Kong, Kratie, Banteay Meanchey, Battambang, Phnom Penh, Siem Reap	Prevention
154.	Violence Against Women and Children of Cambodia (VAWCC)	#117A, St 113, Boeung Keng Kang II, Chamcar Mon, Phnom Penh	Tel/Fax: 219 563 Email: ekpraneith22@hotmail.com	Kandal, Phnom Penh, Prey Veng	Prevention
155.	Vithey Chivet (VC)	#119, St. 70, Sang kat srars chak, Khan daun Penh, Phnom Penh.	Tel: (855) 12 864 193	Phnom Penh,Sangkat srass chak(in community and at calmette hospital, MDM, Sangkat Tom Noup Tek Khan Chamkarmoun(in Preash bat norodom Sihanouk Hospital at MSF department	Prevention
156.	Wat Norea Peaceful Children's Home (NPC)			Battambang	Prevention
157.	Women and Youth Action (WYA)			Kratie	Prevention
158.	Women Development Association (WDA)	House #69, Group 31, Phum 5, Sangkat Phsar Deum Thkov, Khan Chamcar Morn, Phnom Penh. PO Box: c/o CCC 326	Tel: 023 720 807/ 012 955 105 Email: wda@forum.org.kh	Phnom Penh, Kandal	Prevention
159.	Women Network for Unity (WNU)			Kompong Thom, Kompong Chnang, Kampot, Pursat, Pailin, Banteay Meanchey	Prevention
160.	Women Organization for Modern Economy and Nursing (WOMEN)	House #97 St. 261 Sangkat Boueng Salang Khan Toukok, Phnom Penh	Tel: (855) 23 884 271, 012 949 982 Email: women@camnet.com.kh	Phnom Penh(Khan Chamcarmon,Mean Chay, Dong kor), Prey Veng(Pheam Ro and Baphnom district)	Prevention
161.	Womyns Agenda for Change (WAC)				Prevention
162.	World Education Cambodia (WE Cambodia)	#46, St. 294, Boeung Keng Kang I, Chamcar Mon, Phnom Penh	Tel: (855) 23 216 854 Fax: (855) 23 218 369 Email: worlded.mrec@online.com.kh	Banteay Meanchey, Pursat, Kampong Thom, Sihanoukville, Prey Veng, Kandal, Otdar Meanchey, Preah Vihear and Battambang, Siem Reap	Prevention
163.	World Relief Cambodia (WRC)	#31, St. 388, Toul Svay Prey I, Phnom Penh	Tel/Fax: 214 085 Email: cambodia@wr.org	Kampong Thom(Stoong), Phnom Penh, Kandal, Kampong Cham (Tbong Khmom)	Prevention

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164.	World Vision Cambodia (WVC)	#20, St. 71	Tel: (855) 23 216 052 Fax: (855) 23 216 220 Email: tamage_payne@wvi.org Website: www.worldvision.org	Kompong Thom, Kompong Chnang, Pursat, Kampong Speu, Kandal, Takeo, Battambang	Prevention, Care and Treatment, Impact Mitigation
165.	Youth Council of Cambodia (YCC)	#5D, St. 292, Sangkat Boeung Keng Kong II, Khan Chamkar Mon	Tel: 023 220 861 / 012 992 401 / 012 395 055 / 012 282 701 Fax: (855) 23 220 861 Email: ycc_secretariat@yahoo.com	Phnom Penh	Prevention
166.	Youth With A Mission (YWAM)	#96, St. 118, Teuk Laak II, Tuol Kork, Phnom Penh	Tel/Fax: 882 931 Email: ppoffice@camnet.com.kh	Steung Treng	Prevention

Sources:

1. Policy Project. 2004. *Strengthening Civil Society Participation in the Cambodia Country Coordinating Mechanism for the Global Fund for AIDS, Tuberculosis and Malaria*. Draft report
2. HACC 2004 Membership Directory
3. TWG Summary Reports