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 HIV/AIDS COORDINATING COMMITTEE
 Network of NGOs Working on HIV/AIDS

REPORT

Cambodia's UNGASS Country Progress Reporting Process Civil Society Pre-Consultation Meeting

- ACR ♦ ADD ♦ AFD ♦
- AFH ♦ AIDeTouS ♦
- APHEDA ♦ ARM ♦ AS ♦
- A U A ♦ B F D ♦
- BWAP ♦ CARAM ♦
- CARE ♦ CARITAS ♦
- CCASVA ♦ CCD ♦
- CCWD ♦ CDRCP ♦
- CHEC ♦ CHEMS ♦
- CLA ♦ COHD ♦ CORE ♦
- CPR ♦ CRC ♦ CRS ♦
- CSCN ♦ CSCS ♦
- CSDA ♦ CVD ♦
- CWDA ♦ CWPD ♦
- DO ♦ D Y M B ♦
- ESTHER ♦ FAP ♦
- FHI ♦ FRC ♦ HAGAR ♦
- HAI ♦ HCC ♦ HIF ♦
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- ICC ♦ IDA ♦ IRD ♦
- Internews ♦
- INTHANO ♦
- KBA ♦ KDFO ♦
- KHANA ♦ KHEMARA ♦
- KNKS ♦ KOSHER ♦
- KT ♦ KWCD ♦
- KWWA ♦ KYSD ♦
- LWF ♦ Maryknoll ♦
- MHC ♦ MODE ♦
- MS ♦ M S C ♦
- MSF/B ♦ MSF/F ♦
- NAMB ♦ NAPA ♦
- NAS ♦ Nyemo ♦
- PACT ♦ PC ♦ PNKS ♦
- PSAD ♦ PSF ♦ PSI ♦
- RACHA ♦ RACHANA ♦
- REDA ♦ RHAC ♦
- SCA ♦ SCC ♦ SEAD ♦
- SEADO ♦ SFODA ♦
- SHARE ♦ SHCH ♦
- SIT ♦ SP ♦ TASK ♦
- UPWD ♦ USG ♦ VC ♦
- WDA ♦ WE/C ♦
- WOMEN ♦ WOSO ♦
- WRC ♦ WVC ♦ YCC ♦



December 11, 2007
Raffles hotel le royal, Cambodia



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ACRONYM

AIDS	:	Acute Immunodeficiency Syndrome
ART	:	Anti-retroviral therapy
ARV	:	Anti Retro Virus
CBO	:	Community Base Organization
CPR	:	Country Progress Report
CRIS	:	Country Response Information System
DoC	:	Declaration of Commitment
FHI	:	Family Health International
HACC	:	HIV/AIDS Coordinating Committee
HIV	:	Human Immunodeficiency Virus
HIV/AIDS	:	Human Immunodeficiency Virus/ Acquired Immune Deficiency
IDU/DUs	:	Injection Drug User/ Drug User
IEC	:	Information, Education and Communications
KHANA	:	Khmer HIV/AIDS Network Alliance
LNGO	:	Local Non-Government Organization
MDG	:	Millennium Development Goal
MOEYS	:	Ministry of Education Youth and Sport
MoVT	:	Ministry of Labor and Vocational Training
MSM	:	Men who have Sex with Men
NAA	:	National AIDS Authority
NCHADS	:	National Centre for HIV/AIDS, Dermatology, and STDs
NCPI	:	National Composite Policy Index
OD	:	Operational District
OI	:	Opportunistic Infections
OVC	:	Orphan and Vulnerable Children
PAO	:	Provincial AIDS Office
PHD	:	Provincial Health Department
PLHIV	:	People Living with HIV
PLHA	:	People Living with HIV/AIDS
PMTCT	:	Prevention from Mother to Child
STD STDs	:	Sexually Transmitted Diseases
STI	:	Sexually Transmitted Infection
SW	:	Sex Worker
TB	:	Technical Board of Tuberculosis
UA	:	Universal Access
UN	:	United Nations
UNAIDS	:	Joint United Nations Programme on HIV/AIDS
UNGASS	:	United Nation General Assembly Special Session on HIV/AIDS
URC	:	Urban Resource Centre
USAIDS	:	United States Agency for International Development
VCCT	:	Voluntary Confidential Counseling and Testing
WHO	:	World Health Organization

REPORT

Cambodia's UNGASS Country Progress Reporting Process

Civil Society Pre-Consultation meeting

I. INTRODUCTION

On December 11, 2007 at 8.00 am, HACC had conducted a Civil Society Pre-Consultation meeting on Cambodia's UNGASS Country Progress Reporting Process at raffles hotel le royal. This meeting was organized by HACC with financial support from UNAIDS and CAFOD.

Consultation meeting started with Mr Kem Ley, Secretary General, HACC introduced to all participants and than all participants also introduced each other: there were 13 women among 61 participants and three facilitators.

1. Background

When the UN General Assembly Special Session on HIV/AIDS (UNGASS) was held in 2001, Cambodia was one of the member states who adopted the Declaration of Commitment on HIV/AIDS. The UNGASS Declaration addresses global, regional and country-level responses to prevent new HIV infections, expand health care access and mitigate the epidemic's impact.

A number of indicators have been developed to measure progress in implementing the UNGASS Declaration. The indicators are designed to help countries assess the current state of their national response while contributing to a better understanding of the global response to the AIDS pandemic, including progress towards meeting the targets in the UNGASS Declaration. The UNGASS indicators are reported on every two years.

UNGASS Country Progress Reports have already been submitted by Cambodia in 2003 and in 2005. The third report will need to be submitted before the end of January 2008.

The National AIDS Authority (NAA) is responsible for leading the UNGASS reporting process and submitting the Country Progress Report to UNAIDS. This consists of three main elements:

- A *narrative report* will need to be submitted together with indicator data included in the *Country Response Information System (CRIS)* database;
- A *National Funding Matrix* summarizing the AIDS spending by funding source; and
- A report on the National Commitment and Actions indicators, the so-called *National Composite Policy Index (NCPI)*.

The indicator data to be incorporated into CRIS will be derived from various sources including sentinel surveillance surveys and monitoring systems operated by various institutions. The data for the Funding Matrix will be gathered through a National AIDS Spending Assessment (NASA), which will be conducted by an international consultant in cooperation with NAA officials trained in the NASA methodology. The NCPI requires administration of a questionnaires to government officials on the one hand, and to representatives from nongovernmental organizations, bilateral agencies and multilateral rganizations on the other hand.

2. Scope

Cambodia's Country Progress Report will present trends in the epidemic and progress in the national response. The report should be used as a platform for discussions about progress so far and future challenges.

All stakeholders will be invited to participate in the reporting process including government institutions, civil society organizations and bi- and multilateral agencies. This round of reporting is an opportunity for the civil society to be involved to a larger extent than in the previous reporting processes. The key tasks of the civil society will be to provide information and to share experiences and views. Civil society organizations will be involved in the analysis and interpretation of indicator data, completion of the NCPI and review the draft Country Report before it will be finalized and submitted by the National AIDS Authority. This is also an important opportunity for the civil society to give recommendations on how Cambodia can improve the effort to achieve Universal Access (UA) and the HIV-related Millennium Development Goal (MDG).

3. Goal & Objectives

The main objective of the UNGASS reporting process is to submit a comprehensive UNGASS report, prepared in a participatory manner, with strong national ownership. The process will inform the concerned partners about the UNGASS reporting and provide them with a platform for discussions where the opinions of the different stakeholders can be expressed and can inform future programming and policy making.

4. Expected Outputs

The expected outputs of the process are:

- Informed stakeholders who actively participated in the process, especially CS;
- Four UNGASS consultation meetings conducted, including with civil society;
- Data and information compiled and inputs from all stakeholders collected; and
- UNGASS report duly completed and submitted on time.

Please see annex 1: list of participants for details.

5. Date, time, Venue, and Participant

- **Date** : December 19, 2007
- **Time** : 8.00 AM - 12.15 PM
- **Venue** : Raffles Hotel le Royal
- **Participants** : 13 women among 61 participants

Please see annex 2 for list of participants.

6. Responsibility

- Ms. Savina Ammassari M & E Advisor, UNAIDS Cambodia
- Mr. Kem Ley Secretary General, HACC
- Mr. Tim Vora Project Manager, HACC

The main agenda of Civil Society Pre-Consultation meeting:

- UNGASS Reporting process
- Background, Purpose and process UNGASS Indicators and how to report on them
- Drafted report of CS Pre-Consultation meeting at Provincial Level
- Introduction to NCPI and Pre-filled questionnaires
- Group works (I, II, III and IV)

II. MEETING PROCESS

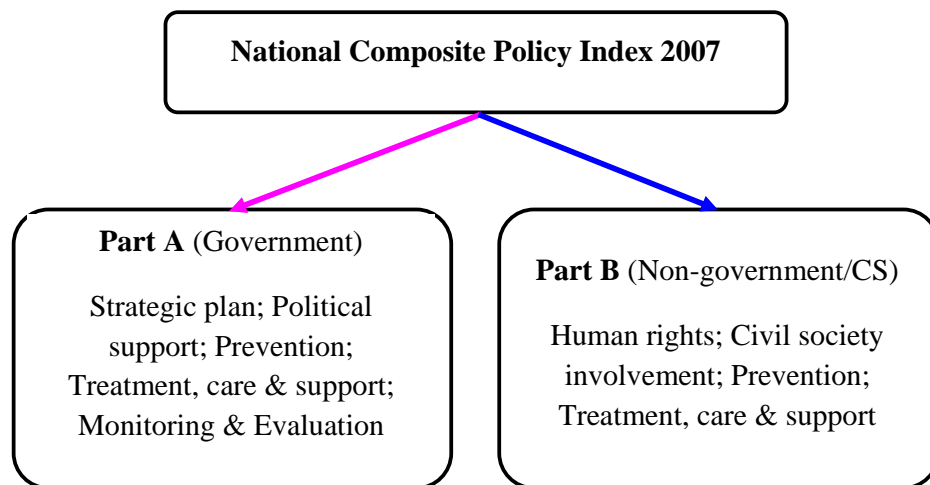
After introduction, HACC Secretary General briefed the reason for conducting the meeting, as presentation on UNGASS. He briefly explained about the Roles of Civil Society & UNGASS Reporting Process, UNGASS Reporting in 2008, Draft report on UNGASS Civil society meeting at BTB, and Introduction to NCPI and Pre-filled questionnaires. Especially, facilitator divided participants into 4 groups for discussion and answer the question who facilitator given.

1. Roles of Civil Society & UNGASS Reporting Process

The full spectrum of civil society: Civil Society makes them ideal partners in the process of preparing Country Progress Report. They are well and are also equally positioned to participate in the review and vetting process the Progress Report. Civil Society speaks with many voices and represents many different perspectives, all of which can be valuable in the M&E of a Country’s AIDS response. It must be noted that shadow reports are not intended as a parallel reporting for Civil Society. Shadow reports are intended to provide an alternative perspective where it’s strong enough felt that CS was not adequately included in the national reporting process, or where Government do not submit a Country Progress Report.

What is Civil Society?

Civil society includes among others: Networks of people living with HIV; women's organizations; young people’s organizations; faith-based organizations; AIDS service organizations; Community-based organizations; organizations of vulnerable sub-populations (including MSM, SW, IDU, migrants, refugees/displaced populations, prisoners); workers organizations, human rights organizations; etc.



2. UNGASS Reporting in 2008

Background of UNGASS Monitoring

- 2001 UN General Assembly Special Session on HIV/AIDS
- Multicultural action required with involvement of all stakeholders
- Progress measurement on the basis of concrete and time-bound targets
- Reporting on commitments at various levels

UNGASS Indicators

- UNGASS indicators developed since 2002 by UNAIDS, co-sponsors and other partners
- Four categories of core indicators to measure progress:
 - National commitment and action
 - National knowledge and behaviour
 - National impact
 - Global commitment and action
- Clear definitions for each indicator and data collection mechanisms

Keeping the reporting mandate

- In 2003, 103 Member States (55%) submitted Country Progress Reports
- National AIDS Authorities/Committees oversaw compilation of national reports
- More than ¾ of Member States included input from three or more government ministries

Expansion of reporting efforts

- In 2005, 137 Member States (72%) submitted Country Progress Reports
- Cambodia particularly praised for efforts and for relatively few gaps
- UNGASS reporting provides most comprehensive set of standardized data on the status of and trends in the epidemic

Changes since 2005 UNGASS reporting

- Improvements in comprehensiveness and quality of data
- Refinement made to 2005 UNGASS indicators and related guidelines
- Efforts to minimize changes

Types of change in UNGASS indicators

- Some indicators removed (e.g., quality of treatment to patients with STI)
- Specific indicators shifted into National Composite Policy Index (e.g., indicator related to HIV in the workplace)
- Few new indicators added (i.e., HIV testing and TB treatment in AIDS patients receiving ARV)
- A number of indicators revised (e.g., life skills education in schools)

2008 UNGASS Reporting

- 2008 UNGASS Report before end of the year
- Standard Country Report Format
- Consultative reporting process

What implications for Cambodia?

- Commitment to UNGASS reporting
- Enhancing systems to better comply to UNGASS and other forms of reporting

- Address and clarify issues around data flow and reporting mechanisms

National Composite Policy Index 2007

- Questionnaire administered to
 - Government officials
 - Representatives from NGOs, bi- and multilateral agencies
- Process

Data collection

- Desk review
- Interviews
- Data entry, analysis and interpretation
- Consultation workshop on UNGASS and NCPI

Progress and future outlooks

- National M&E system and guidelines
- Data management systems (CRIS)
- M&E capacity development
- Harmonization and improvement of M&E

Declaration of Commitment on HIV/AIDS in 2001

- 189 Member States signed a *Declaration of Commitment (DoC)* to undertake actions to reduce the spread & impact of HIV
- Member States are obliged to report on progress towards DoC: *Country Progress Report*
- The UNAIDS Secretariat is charged by the UN Secretary General to receive the progress reports from countries and to compile a Global Progress Report every 2 years

Propose of guidelines

- To guide countries in the reporting process
- To provide essential information on construction of core indicators for reporting
- To ensure consistency of information across countries for global progress analysis

UNGASS Requirements

- Countries are expected to conduct the UNGASS reporting process in a consultative, collaborative manner including all relevant stakeholders
- Countries are expected to consider reporting on every UNGASS indicator. In case countries do not report data on a specific UNGASS indicator, they are required to indicate the rationale: either (1) the indicator is not relevant to the country's epidemic, or (2) there is no data available to report.

Country Progress Report consisting of:

1. Consultation/preparation process (MS Word File)
2. Narrative section on the situation and on trends (MS Word file)
3. Data on all UNGASS indicators (CRIS data file or excel data file & NCPI data file) with rationale if not reporting on all indicators.
4. Submission of Country Progress Reports: 31st January 2008

UNGASS Indicators: 25 national indicators, in 4 groups:

1. National commitment and action (indicators 1 & 2)

- Indicator 1 AIDS spending by categories and financing source
- Indicator 2 National Composite Policy Index (NCPI). Part A (to be administered to government officials). Part B (administered to representatives from NGOs, bilateral agencies and UN organizations).

2. National Programmes (indicators 3 – 11)

- Indicator 3 % of donated blood units screened for HIV in a quality-assured manner
- Indicator 4 % of women and men with advanced HIV infection receiving antiretroviral therapy
- Indicator 5 % of HIV-positive pregnant women who received ART to reduce the risk of mother-to-child transmission
- Indicator 6 % estimated HIV-positive incident TB cases that received treatment for TB and HIV
- Indicator 7 % of women and men aged 15-49 who received an HIV test in the last 12 months and who know their results
- Indicator 8 % of most-at-risk populations who received an HIV test in the last 12 months and who know their results
- Indicator 9 % of most-at-risk populations reached by prevention programmes
- Indicator 10 % of OVCs whose households received free basic external support in caring for the child
- Indicator 11 % of schools that provided life skills-based HIV education within the last academic year

3. Knowledge and behaviour (indicators 12 – 21)

- Indicator 12 % Current school attendance among orphans and non-orphans aged 10–14*
- Indicator 13 % of young women and men aged 15–24 who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission*
- Indicator 14 % of most-at-risk populations who both correctly identify ways of preventing the sexual transmission of HIV and who reject major misconceptions about HIV transmission
- Indicator 15 % of young women and men aged 15-24 who have had sex before the age of 15
- Indicator 16 % of adults aged 15–49 who have had sex with more than one partner in the last 12 months
- Indicator 17 % of adults aged 15–49 who have had more than one sexual partner in the past 12 months reporting the use of a condom during their last sexual intercourse
- Indicator 18 % of female and male sex workers reporting the use of a condom with their most recent client
- Indicator 19 % of men reporting the use of a condom the last time they had anal sex with a male partner
- Indicator 20 % of injecting drug users reporting using sterile injecting equipment

the last time they injected

- Indicator 21 % of injecting drug users reporting the use of a condom the last time they had sex

4. Impact (indicators 22 – 25)

- Indicator 22 % of young women and men aged 15–24 who are HIV-infected*
- Indicator 23 % of most-at-risk populations who are HIV-infected
- Indicator 24 % of adults and children with HIV still alive and known to be on treatment 12 months after initiation of antiretroviral therapy
- Indicator 25 % of infants born to HIV-infected mothers who are infected

Report on Global AIDS Epidemic

- The Report on the Global AIDS Epidemic will be prepared by May 2008 and submitted to the United Nations General Assembly
- The Country Progress Reports and the Global Report will be available on the UNAIDS website at <http://www.unaids.org>

3. Draft Report on UNGASS Civil society meeting at BTB

The participants as members of HACC in the meeting answered the following questions

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

Yes

No

Eight (8) participants answered YES and 11 participants answered NO among 19 participants.

IF NO, describe some examples

- Brothel owners have less information and less involvement in responding to the issues
- PLHAs were not invited in project design and project proposal
- At provincial and national level, they only invited the NGOs to involve to develop the project proposal

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

2007	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input type="checkbox"/>
2005	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>	9 <input checked="" type="checkbox"/>	10 <input type="checkbox"/>

Comments on progress made since 2005: They are clear about HIV/AIDS Law and they implemented the guideline.

3. Overall, how would you rate the effort to enforce the existing policies, laws and regulations in 2007 and in 2005?

2007	Poor										Good	
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
2005	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Comments on progress made since 2005:

- The law implementation is not so good and smooth
- Only Some NGOs aware of HIV/AIDS law and it is not overall
- Workplace of each NGOs are not implementing
- Less 5% of communities, understand these laws
- Large employers knew about HIV/AIDS law but they really do not implement it fully
- Should have some programs for awareness of the HIV/AIDS Law
- Local authorities have less understanding about HIV/AIDS Law, most of them request to NGO
- PHD ensured to involve those NGOs at the provincial level for learning and sharing which relate to HIV/AIDS law but they lacked of budget for dissemination and coordination
- FHI worked good relationship with military and we had provided supported to military hospital in BTB, then we requested to NCHADS and the militaries can access ARV treatment service direct to NCHADS
- The MOH is good institution to implement the law and other policies but for the other ministries are not good in implementation
- NGOs are good in HIV/AIDS implementation and OVC increased when CARE in Poi Pet draw out.

4. To what extent is civil society able to access?

A. adequate financial support to implement its HIV activities?

Low High
 1 2 3 4 5

- CS received more budgets from different donors but most budgets is short off for implementing
- Limit budget from the donors
- Technical support, we have donors such as KHANA, USAID, URC, FHI, etc.

B. adequate technical support to implement its HIV activities?

Low High
 1 2 3 4 5

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

2007	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
2005	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Comments on progress made since 2005:

- Less involvement of CS but we active involve in implementation
- Since 2005, PLHA at the community are active involve in implementations as well
- PHD invited NGOs to joint developing plan for AOP (Annual Operational Plan)
- Less involvement of NGOs representative at the national level

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

2007	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
2005	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Comments on progress made since 2005:

- More people now understand about HIV/AIDS information, they accept to use condom
- There are many people in the community changed their behavior which relate to use condom, because we have TV channel and big picture along the road
- PSI promoted condom use in the communities
- It is difficulties to implement HIV program among Muslim community
- PLHA and youth network at the community have been created in order to protect their friends
- Prevention of HIV among military's wife and increase of number who visited the VCCT

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

2007	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
2005	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Comments on progress made since 2005:

- More PLHAs get treatment and care support service
- More PLHAs dare to involve to access the health service, livelihoods activities
Treatment has improved but they have less support from the government

8. In your opinion, what have been the main *achievements* during the reporting period (2005-2007)?

- More than 80% of PLHAs accessed ARV, VCCT, home care expansion, PMTCT, received ART.
- Coordination was improved between government and NGOs

9. In your opinion, what have been the main challenges during the reporting (2005-2007)?

- ARV provider are lack of ethics in providing treatment
- Transportation difficulty
- OI supplies are limited
- Lack of support from local authorities to PLHAs
- Difficulty with livelihood, because they have only medicine but they don't have food for eating
 - PLHAs who have TB, and when they use ARV
 - Cause of mobility
 - Most donors focus change the priority target groups
- Government financial is limited and how much do they allocate the budget, what the government can allocate fund when the donors finish their mandate
- Stigma and discrimination in casino workers and local authority, most of the casinos are foreigners and they should adopt to the Cambodian law

10. Please provide any recommendations for the future?

- Should increase the aware the implementation guideline, HIV/AIDS Law
- Process of OD staff work should improve the quality of care and procedure
- HACC should advocate to donors, donors don't drive us
- The leaders of the government officers should mainstream on legal or policy for their workplaces
- Should expand the PMTCT
- Should set up the small income generation for PLHAs, help to reduce the migrant and mobile population
- Ethic consideration and moral of the health workers
- Donors should listen the local NGOs and CBO, if NAA invite big NGO, and should invite LNGOs and CBOs too
- Should increase support to PLHAs in the community
- HC should have a quality and good experience which relate to ART treatment

III. RESULTS of Introduction to NCPI (Part B) and Pre-filled questionnaires

Discussion of a few indicators to gather views and recommendations. The participants *as members of HACC in the meeting answered the following questions*

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

Yes No

All the 4 groups answered yes.

If Yes, No, describe some examples

- Design policy involvement from Government and Civil Society
- National STI protocol also added MSM as target
- NSP II 2008-2010 put most at risk population as priority target (SMS, SW, IDU, AISD....)
- But limited, especially applied only in national level (CPN+, PAO)
- Support policy and budget
- Support Home Base Care, OI, ART, VCCT
- Involvement of most at risk population in the development of law and policies
- Limitation of financial support for general health

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

Yes No

2007	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
2005	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Comments on progress made since 2005:

- HIV/AIDS workplace based policy was implemental in many institutions (Private, NGO)
- Discrimination and stigma protection was written in NGO personnel policy
- Informal spreading openly
- More NGOs involved in HIV/AIDS sector
- 2005 HIV/AIDS law has limited implementation
- 2007 board, mass media, campaign, More in evolvments
- There are some case studies on PLHAS discrimination
- Leadership first lady Mrs. Bun Rany Hun Sen involvement in HIV/AIDS

3. Overall, how would you rate the effort to enforce the existing policies, laws and regulations in 2007 and in 2005?

2007	Poor										Good	
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input checked="" type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
2005	Poor											Good
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input checked="" type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Comments on progress made since 2005:

- Policies, Law, and Regulation, did not reach to grass root people in community
- Service providers still charge for their services
- Law and policies enforce in local level
- 2005 Code of conduct just establish
- 2007 Government take action
- Net work regional central, local and provincial have been established
- Technical working group in different topics have been established
- Coalition on AIDS (NGOs, Private sectors, Industrial companies... etc), religious involvement

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

Low High

0 1 2 3 4 5

- NGOs have more participation in developing the policies
- More NGOs participation meeting on HIV/AIDS (NAA, HACC...)

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

Low High

0 1 2 3 4 5

- civil society were involved in drafting of NSP II
- Participation was more from civil society
- NGOs meeting with NAA (budget plan)
- Participate of comment for government

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

A. In both the National Strategic plans and national reports?

Low High
0 1 2 3 4 5

- Home based care services and referrals...
- NSP II and report

B. In the national budget?

Low High
0 1 2 3 4 5

- Not clear
- National budget

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

Yes No

IF YES, when was the Review conducted? Year: 2007 [write in]

- NSP II Review
- Attendant of involve in government (2005-2007)
- A few NGOs/Civil society included in (2005-2007)

8. To what extent is civil society able to access?

A. Adequate financial support to implement its HIV activities?

Low High
0 1 2 3 4 5

- Fund Limited

B. Adequate technical support to implement its HIV activities?

Low High
0 1 2 3 4 5

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

2007	Poor										Good	
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
2005	Poor										Good	
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Comments on progress made since 2005:

- Advocacy at all level
- Strong support and commitment from government
- Fight for funds
- Economic status of PLHAs improved
- Information of private sector working groups
- Increase community education and home base care, MMM

10. Overall, how would you rate the efforts in the *implementation* of HIV prevention programmed in 2007 and in 2005?

2007	Poor										Good	
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
2005	Poor										Good	
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input checked="" type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Comments on progress made since 2005:

- Mapping
- Monthly meeting and question
- More condom use program
- HIV/AIDS training
- HIV/AIDS curriculum with MoEYS
- Parkas OSG (MoIVT)
- Entertainment place education
- HIV/AIDS campaign (media marching)

11. Overall, how would you rate the efforts in the *implementation* of HIV treatment, care and support programmes in 2007 and in 2005?

2007	Poor										Good	
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input checked="" type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>
2005	Poor										Good	
		0 <input type="checkbox"/>	1 <input type="checkbox"/>	2 <input type="checkbox"/>	3 <input type="checkbox"/>	4 <input type="checkbox"/>	5 <input checked="" type="checkbox"/>	6 <input type="checkbox"/>	7 <input type="checkbox"/>	8 <input type="checkbox"/>	9 <input type="checkbox"/>	10 <input type="checkbox"/>

Comments on progress made since 2005:

- Care and support at Hospital limited
- Coverage areas not yet nation wide
- Increase of VCCT
- 3 by 5 WHO initiatives
- More home base care
- ARV site increased
- PMTCT
- Pediatric care unit

12. In your opinion, what have been the main *achievements* during the reporting period (2005-2007)?

- More people involved in blood test, Received ART, PMTCT
- More people understand widely about HIV/AIDS
- Prevalence decrease 1.9% to 0.9%
- 100% cup
- VCCT scale up/STI
- OI, ARV available
- PMTCT scale up
- S/D describes
- MDG (UA 2005)
- 3 by 5 who initiatives
- Strong collaboration with government (filling the gaps and critical collaboration)

13. In your opinion, what have been the main *challenges* during the reporting period (2005-2007)?

- Budget/fund limited
- Side effect to give up ART
- Lack of nutrition
- Further service (Far)
- Still stigma
- HIV/AIDS law limited implementation
- S/D still have at remote areas
- Community participation limited
- Mobility
- Poverty
- Impact mitigation
- No data of OVC
- Na data of PLHA death
- Limited food distribution from donors
- Lack of media ethic on HIV/AIDS rights
- Enforcement of law and prakas needed (private sector...)
- Gender inequality

14. Please provide any recommendations for the future?

- Strengthen policies
- Strengthening the services (PMTCT, VCCT, OI, ART...)
- Extend OI, ART Nation wide
- Fund sustainability

- Income generation for PLHAS should be consideration
- Capacity building PLHAS
- ART 2nd line
- Full enforcement of prakas and law
- Media respect code ethic of media, privacy, inform consult HIV/AIDS
- Survey on OVC data
- Donor should provide grant for income generation and foot nutrition to PLHAS and OVC
- NAA should conduct the survey on data PLHA death
- Basic need of PLHA and OVC
- Beware of complacency
- Donors should look at the reality on HIV/AIDS transmission in Cambodia and continue to provide funds for prevention program and its sustainability
- Improving of discrimination policies
- Data of MSM/IDU
- Enforcement of treatment for free of charge
- Add youth and factory worker to prevention

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 HIV/AIDS Coordination Committee

IV. ANNEX

1. Annex 1: Agenda for details

Timeframe	Contents	Responsible
7:30-8:00	Registration	HACC staff
8:00-8:30	UNGASS Reporting process	HACC Secretary General
8: 30-9:00	Background, Purpose and process UNGASS Indicators and how to report on them	Dr. Savina Amamassari
9:00-9:15	Draft report of UNGASS	NGO Representative from BTB Civil Society meeting at BTB
9:15-9:30	Tea Break	HACC staff
9:30-9:45	Introduction to NCPI (Part B) & Pre-filled questionnaires	HACC S-General
9:45 -12:00	Group work (Part B) Group I & Report Group II & Report Group III & Report Group IV & Report	
12:00-1:00	Lunch Break	all

2. Annex 2: List of participants for details

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