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2009

Cambodia

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Table 1: Overview

Executive Summary

File Name	Content Type	Date Uploaded	Description	Uploaded By
CN Summary Cambodia.doc	application/msword	11/8/2008		JRoss

Country Program Strategic Overview

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

[ ] Yes [X] No

Description:

Ambassador Letter

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Ambassador letter.pdf	application/pdf	11/14/2008		PSou

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Global Fund

What is the planned funding for Global Fund Technical Assistance in FY 2009?	$0
Does the USG assist GFATM proposal writing?	Yes
Does the USG participate on the CCM?	Yes

Table 2: Prevention, Care, and Treatment Targets

2.1 Targets for Reporting Period Ending September 30, 2009

Prevention	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
End of Plan Goal				
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	0	41,000	23,600	64,600
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	0	240	184	424

Care (1)	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		31,000	8,580	39,580
End of Plan Goal				
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	0	18,000	8,580	26,580
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	0	1,500	654	2,154
8.1 - Number of OVC served by OVC programs	0	13,000	0	13,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	0	109,000	57,300	166,300

Treatment	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		10,700	4,820	15,520
End of Plan Goal				
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	0	10,700	4,820	15,520

Human Resources for Health	National 2-7-10	USG Downstream (Direct) Target End FY2009	USG Upstream (Indirect) Target End FY2009	USG Total Target End FY2009
		0	0	0
End of Plan Goal	0			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0	0

2.2 Targets for Reporting Period Ending September 30, 2010

Prevention	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
End of Plan Goal			
1.2 - Number of pregnant women who received HIV counseling and testing for PMTCT and received their test results	51,000	29,600	80,600
1.3 - Number of HIV-infected pregnant women who received antiretroviral prophylaxis for PMTCT in a PMTCT setting	260	216	476

Care (1)	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	31,000	9,030	40,030
End of Plan Goal			
6.2 - Total number of individuals provided with HIV-related palliative care (including TB/HIV)	18,000	9,030	27,030
***7.2 - Number of HIV-infected clients attending HIV care/treatment services that are receiving treatment for TB disease (a subset of indicator 6.2)	1,500	690	2,190
8.1 - Number of OVC served by OVC programs	13,000	0	13,000
9.2 - Number of individuals who received counseling and testing for HIV and received their test results (including TB)	113,000	60,600	173,600

Treatment	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	12,200	5,020	17,220
End of Plan Goal			
11.4 - Number of individuals receiving antiretroviral therapy at the end of the reporting period	12,200	5,020	17,220

Human Resources for Health	USG Downstream (Direct) Target End FY2010	USG Upstream (Indirect) Target End FY2010	USG Total Target End FY2010
	0	0	0
End of Plan Goal			
Number of new health care workers who graduated from a pre-service training institution within the reporting period.	0	0	0

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

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD - Pre-service Curriculum Development

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9703.09
System ID: 9703
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: To Be Determined
New Partner: No

Mechanism Name: HSS

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10466.09
System ID: 10466
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD - IBBS QA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10900.09
System ID: 10900
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: To Be Determined
New Partner: Yes

Mechanism Name: TBD - IBBS Testing

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10899.09
System ID: 10899
Planned Funding($): $[redacted]
Procurement/Assistance Instrument: Contract
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: To Be Determined
New Partner: Yes

Table 3.1: Funding Mechanisms and Source

Mechanism Name: TBD/Umbrella

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9766.09
System ID: 9766
Planned Funding($): [redacted]
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: To Be Determined
New Partner: No

Sub-Partner: To Be Determined
Planned Funding: [redacted]
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes:

Mechanism Name: ASPH - CDC

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9702.09
System ID: 9702
Planned Funding($): $85,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: Association of Schools of Public Health
New Partner: No

Mechanism Name: FHI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9714.09
System ID: 9714
Planned Funding($): $3,178,160
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Family Health International
New Partner: No

Sub-Partner: Cambodian Women for Peace and Development
Planned Funding: $200,000
Funding is TO BE DETERMINED: No
New Partner: No
Associated Program Budget Codes: HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use

Sub-Partner: Medecins de l'Espoir Cambodge
Planned Funding: $158,000
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, HVCT - Prevention: Counseling and Testing
Sub-Partner:	Provincial Health Department - Battambang
Planned Funding:	$143,529
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing
Sub-Partner:	Provincial Health Department - Kampong Cham
Planned Funding:	$199,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing
Sub-Partner:	Provincial Health Department - Pailin
Planned Funding:	$30,088
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HVCT - Prevention: Counseling and Testing
Sub-Partner:	Ministry of National Defense
Planned Funding:	$45,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other
Sub-Partner:	Ministry of Interior
Planned Funding:	$40,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other
Sub-Partner:	Khemara
Planned Funding:	$50,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use
Sub-Partner:	Poor Family Development
Planned Funding:	$100,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use
Sub-Partner:	Phnom Srey Association for Development
Planned Funding:	$50,000

Table 3.1: Funding Mechanisms and Source

Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use
Sub-Partner:	Khmer Development of Freedom Organization
Planned Funding:	$32,059
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use
Sub-Partner:	Men’s Health Cambodia
Planned Funding:	$42,780
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use
Sub-Partner:	Men's Health Social Services
Planned Funding:	$50,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use
Sub-Partner:	Kanhnha
Planned Funding:	$32,060
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use
Sub-Partner:	Cambodian Red Cross
Planned Funding:	$80,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other, IDUP - Biomedical Prevention: Drug Use
Sub-Partner:	Homeland (Meahto Phum Ko’ Mah)
Planned Funding:	$102,381
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	Khmer Rural Development Association
Planned Funding:	$39,675
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	Khmer Youth Association
Planned Funding:	$76,331
Funding is TO BE DETERMINED:	No
New Partner:	No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes:	HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	Cambodian Save Children Network Community HBC
Planned Funding:	$76,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HBHC - Care: Adult Care and Support, HKID - Care: OVC
Sub-Partner:	NYEMO Counseling Center for Vulnerable Women and Children
Planned Funding:	$55,013
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HKID - Care: OVC
Sub-Partner:	AHEAD Cambodia
Planned Funding:	$135,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	MTCT - Prevention: PMTCT, HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment, HVCT - Prevention: Counseling and Testing
Sub-Partner:	Bondanh Chaktomuk
Planned Funding:	$20,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HVOP - Sexual Prevention: Other
Sub-Partner:	Association of ARV Users
Planned Funding:	$16,864
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HTXS - Treatment: Adult Treatment
Sub-Partner:	Chhouk Sar
Planned Funding:	$85,000
Funding is TO BE DETERMINED:	No
New Partner:	No
Associated Program Budget Codes:	HBHC - Care: Adult Care and Support, HTXS - Treatment: Adult Treatment

Table 3.1: Funding Mechanisms and Source

Mechanism Name: FHI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11738.09
System ID: 11738
Planned Funding($): $1,550,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (State)
Prime Partner: Family Health International
New Partner: No

Mechanism Name: NCHADS CoAg Base

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9699.09
System ID: 9699
Planned Funding($): $339,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: National Center for HIV/AIDS Dermatology and STDs
New Partner: No

Mechanism Name: NCHADS CoAg GHCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9700.09
System ID: 9700
Planned Funding($): $521,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Center for HIV/AIDS Dermatology and STDs
New Partner: No

Mechanism Name: NIPH CoAg GHCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9698.09
System ID: 9698
Planned Funding($): $229,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Institute of Public Health
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CENAT CoAg GHCS

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9701.09
System ID: 9701
Planned Funding($): $200,000
Procurement/Assistance Instrument: Cooperative Agreement
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Prime Partner: National Tuberculosis Centre
New Partner: Yes

Mechanism Name: PSI

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 10467.09
System ID: 10467
Planned Funding($): $2,172,358
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Population Services International
New Partner: No

Mechanism Name: RACHA

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9877.09
System ID: 9877
Planned Funding($): $478,551
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Reproductive and Child Health Alliance
New Partner: No

Mechanism Name: RHAC

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9765.09
System ID: 9765
Planned Funding($): $2,406,451
Procurement/Assistance Instrument: Cooperative Agreement
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: Reproductive Health Association of Cambodia
New Partner: No

Sub-Partner: Angkor Hospital for Children
Planned Funding: $100,097
Funding is TO BE DETERMINED: No
New Partner: No

Table 3.1: Funding Mechanisms and Source

Associated Program Budget Codes: PDCS - Care: Pediatric Care and Support, PDTX - Treatment: Pediatric Treatment, HKID - Care: OVC, HVCT - Prevention: Counseling and Testing

Mechanism Name: USAID Cost of Doing Business

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11731.09
System ID: 11731
Planned Funding($): $162,000
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: USAID Personnel

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 11734.09
System ID: 11734
Planned Funding($): $902,480
Procurement/Assistance Instrument: Contract
Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Prime Partner: US Agency for International Development
New Partner: No

Mechanism Name: CDC Cost of Doing Business - ITSO

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9697.09
System ID: 9697
Planned Funding($): $69,420
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC_HQ_Base

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9694.09
System ID: 9694
Planned Funding($): $1,121,044
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Table 3.1: Funding Mechanisms and Source

Mechanism Name: CDC_Post_Base

Mechanism Type: Local - Locally procured, country funded
Mechanism ID: 9695.09
System ID: 9695
Planned Funding($): $728,371
Procurement/Assistance Instrument: USG Core
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Centers for Disease Control and Prevention
New Partner: No

Mechanism Name: CDC Cost of Doing Business - State

Mechanism Type: HQ - Headquarters procured, country funded
Mechanism ID: 9696.09
System ID: 9696
Planned Funding($): $586,165
Procurement/Assistance Instrument: IAA
Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Prime Partner: US Department of State
New Partner: No

Table 3.2: Sub-Partners List

Mech ID	System ID	Prime Partner	Agency	Funding Source	Sub-Partner	TBD Funding	Planned Funding
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	AHEAD Cambodia	N	$135,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Association of ARV Users	N	$16,864
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Bondanh Chaktomuk	N	$20,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Cambodian Red Cross	N	$80,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Cambodian Save Children Network Community HBC	N	$76,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Cambodian Women for Peace and Development	N	$200,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Chhouk Sar	N	$85,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Homeland (Meahto Phum Ko' Mah)	N	$102,381
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Kanhnha	N	$32,060
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Khemara	N	$50,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Khmer Development of Freedom Organization	N	$32,059
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Khmer Rural Development Association	N	$39,675
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Khmer Youth Association	N	$76,331
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Medecins de l'Espoir Cambodge	N	$158,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Men's Health Cambodia	N	$42,780
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Men's Health Social Services	N	$50,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Ministry of Interior	N	$40,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Ministry of National Defense	N	$45,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	NYEMO Counseling Center for Vulnerable Women and Children	N	$55,013
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Phnom Srey Association for Development	N	$50,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Poor Family Development	N	$100,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Provincial Health Department - Battambang	N	$143,529
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Provincial Health Department - Kampong Cham	N	$199,000
9714.09	9714	Family Health International	U.S. Agency for International Development	GHCS (USAID)	Provincial Health Department - Pailin	N	$30,088
9765.09	9765	Reproductive Health Association of Cambodia	U.S. Agency for International Development	GHCS (USAID)	Angkor Hospital for Children	N	$100,097
9766.09	9766	To Be Determined	U.S. Agency for International Development	GHCS (USAID)	To Be Determined	N	[redacted]

Table 3.3: Program Budget Code and Progam Narrative Planning Table of Contents

Program Budget Code: 01 - MTCT Prevention: PMTCT

Total Planned Funding for Program Budget Code: $1,073,640

Program Area Narrative:

While Cambodia has been extremely successful in scaling up antiretroviral therapy and lowering the incidence of HIV among adults, scale up of the prevention of mother to child transmission (PMTCT) program has been far more difficult to achieve. The COP 08 Program Area Summary highlighted the program challenges through 2006. In that year, 29,677 (7.3%) of 402,000 pregnant women were tested for HIV and 311 (7.0%) of 4,420 HIV-infected women estimated to have given birth received appropriate antenatal and peri-partum prophylaxis.

With the help of USG and other partners, progress has been made. In 2007, 91,021 pregnant women were tested, and 505, 11.2% of the estimated number of HIV-infected pregnant women, received antenatal and peri-partum prophylaxis. In the first six months of 2008, 354 HIV-infected women had been identified and 297 had delivered and received ARV prophylaxis. With revised and lowered population estimates, the PMTCT program is on track to provide prophylaxis for 23% of the estimated number of HIV -infected women giving birth in 2008. The national target for calendar year 2008 was ambitiously set at 30% by the National PMTCT Technical Working Group. This target is potentially achievable as USG partners' activities helping to reach this target are being implemented as planned.

In late 2007, an interagency task team (IATT) program evaluation of the national PMTCT program identified a number of strategies to achieve more universal access to PMTCT services. Some of the specific recommendations were enumerated in the COP 08 Program Narrative.

While implementation and adoption of all these recommendations has not yet occurred on the national level, USG partners have been implementing many of them in their respective coverage areas. However, substantial challenges remain. USG is working with the PMTCT Technical Working Group to encourage the implementation of the recommendations and structural changes in the program that could greatly accelerate achievement of Universal Access goals. In July 2008, a National Strategic Plan, one of the key recommendations of the IATT, was officially signed by the Secretary of State for Health. This process was spearheaded by the Ministry of Health with technical support from USG. Ratification of the National Strategic Plan will lead to more concrete action steps rolling out in the coming months.

Meanwhile, the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) has become more involved, and has piloted a "Linked Response" strategy in six operational districts to improve testing rates and treatment of HIV-infected women and their infants. This strategy is based on expanded access to testing services, emphasis on provider initiated testing and counseling (PITC), with referral for HIV testing of pregnant women receiving ANC care at a health center without testing capacity, and strong monitoring by community based organizations to ensure identified clients are carefully followed. This model is being extensively expanded.

Another model being used to increase testing rates among pregnant women is a USG funded joint initiative with the National Maternal and Child Health Center (NMCHC), which incorporates HIV testing into routine antenatal care (ANC) in 15 health centers in Battambang Province. Currently, testing of pregnant women is restricted to those sites that are official PMTCT ANC sites. Only 10% of all ANC sites have this designation. It is expected that the demonstration project will show that on-site testing in non-PMTCT ANC sites is feasible and will increase uptake of PMTCT services. The demonstration project is also assessing the feasibility and yield of testing women of unknown HIV status during labor at maternity sites equipped to provide labor and post-partum antiretroviral drugs.

In addition, a USG funded PMTCT video soap opera which poignantly illustrates the need for HIV testing during pregnancy has been developed and shown on Cambodian national television a number of times, with an estimated 2 million viewers. This video recently won the 2008 International Health and Medical Media (Freddie) Award in the category of Prevention.

USG will work with NCHADS and the NMCHC to promote a national policy that insures greater acceptability of and access to HIV testing and treatment and follow-up of infants.

In COP 09, USG supported partners will be working from the village level to the national level to improve access to testing for pregnant women and appropriate treatment for those identified as HIV positive. Activities include HIV education by peers at the village level, sponsoring community performances in venues in a number of provinces, airing of a video drama on PMTCT that is to be shown in community gatherings, at health centers, and on national television; actively train health center staff at non-PMTCT sites to refer pregnant patients for provider initiated testing and counseling (PITC); provide trainings to traditional birth attendants regarding the need for HIV testing among their clients; promotion of payment schemes that favor providers who offer HIV testing to pregnant clients; funding transport of patients for testing, ANC and maternity care and OI/ART services for HIV-infected women; fostering of coordination between OI/ART and PMTCT services; promotion of testing of husbands; support and training of home based care (HBC) teams to promote close monitoring of pregnant and post-partum clients at home; provision of universal precaution supplies to midwives; working with PMTCT, operational district and provincial health department staff to devise strategies to reduce HIV-positive pregnant women loss to follow-up; and promotion of early infant diagnosis and safe infant feeding practices. At the national level, USG and its partners sit on the national PMTCT Technical Working Group and actively promote action steps identified by the Inter-Agency Task Team in its National Program Review. These efforts are expected to result in a further increase in the number of pregnant women who are tested and treated for HIV, and the number of neonatal infections averted, consistent with the goals of the R

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9700.09 **Mechanism:** NCHADS CoAg GHCS

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 11302.25906.09

Planned Funds: $207,000

Activity System ID: 25906

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The purpose of the National Center for HIV/AIDS Dermatology and STDs (NCHADS) Cooperative Agreement is to promote ongoing collaboration between NCHADS and HHS/CDC in response to the HIV epidemic. Key focus areas of the NCHADS Cooperative Agreement include improving PMTCT coverage, improving the Continuum of Care (CoC) for persons living with HIV/AIDS (in particular those with co-existing TB disease) and improving the collection and use of data to inform HIV program activities.

NCHADS will promote: (1) increased community awareness of the need for HIV testing during pregnancy; (2) expansion of HIV testing of pregnant women: (3) efficient use of trained PMTCT staff; (4) improved follow-up of HIV-infected pregnant women after they are identified to make sure they receive PMTCT services during labor and post-partum period; (5) adequate follow up through infant diagnosis; and (6) provision of appropriate care for people living with HIV/AIDS (PLHA). With technical support from HHS/CDC, NCHADS will continue and expand activities initiated in COP 08, including the following:

1. Continuing a demonstration project initiated at 15 health centers and two maternity sites in calendar year 2008. This will be continued in calendar year 2009, and will include assessing the utility and feasibility of: (a) task-shifting HIV testing to midwives at health centers; (b) incorporating HIV testing into antenatal care (ANC); and (c) testing women of unknown HIV status during labor at maternity sites equipped to provide labor, post-partum, and infant ARVs.
2. Supporting four PMTCT sites in Banteay Meanchey Province and expanding to four additional sites in the province.
3. Supporting the transport of indigent patients for HIV testing in four provinces and one municipality.
4. Supporting provincial and operational district PMTCT coordinators' participation in quarterly meetings.
5. Supporting the Annual National PMTCT Workshop. This workshop is the only opportunity for general dissemination of updated PMTCT policies and recommendations.
6. Providing technical assistance to provincial health staff in quality improvement and monitoring and evaluation, specifically around the problem of identified HIV-infected pregnant women being lost to follow-up prior to their delivery.
7. Supporting leadership development within the National PMTCT Secretariat by ensuring attendance of two Secretariat officials to a regional conference, as well as continuing to support the Secretariat Office with English instruction and needed supplies.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

These core PMTCT activities will be supplemented with the following activities:
1. Sponsoring Train the Trainers for provincial health department staff to decentralize training and supervision activities, which was identified in 2007 by the Interagency Task Team as a key strategy for expanding PMTCT services;
2. Sponsoring trainings for health center midwives taught by the newly trained provincial staff to promote provider initiated testing and counseling of pregnant women;
3. Promoting a PMTCT video soap opera which poignantly illustrates the need for HIV testing during pregnancy. This soap opera will be shown in public, community, and health center settings as a means of increasing consumer awareness and demand for HIV testing. This video won the 2008 International Health and Medical Media (Freddie) Award in the category of Prevention.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18467

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18467	11302.08	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	7344	7344.08	NCHADS CoAg GHAI	$68,688
11302	11302.07	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	5755	5755.07	NCHADS CoAg GHAI	$80,800

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$40,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	9714.09	**Mechanism:**	FHI
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	25938.09	**Planned Funds:**	$245,891
Activity System ID:	25938		

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

In FY 2009 FHI will continue to support activities in PMTCT (Prevention of Mother To Child Transmission) implemented in FY 2008. FHI will work to develop appropriate guidelines and policies; strengthen PMTCT services and improve linkages among PMTCT and other Continuum of Care (CoC) and prevention services at facility and community levels. FHI will support 8 PMTCT sites in Battambang, Kampong Cham and Pailin where emphasis will be placed on strengthening the quality of services, providing targeted capacity building to providers, using site level data for program improvement and strengthening linkages between PMTCT and other CoC and prevention activities. Primary target groups will include pregnant women and their partners, health staff and providers, traditional birth attendants and CoC providers, including home care teams.

FHI will provide technical support at the national level to the National Center for HIV/AIDS, Dermatology and STDs (NCHADS), the National Maternal and Child Health Center (NMCHC) and the Ministry of Health (MoH) to revise PMTCT guidelines, policies and procedures, and update training curricula. FHI will support regional counselor networks in Battambang, Pailin and Kampong Cham, providing a forum for sharing experiences, updating skills and knowledge, and discussing approaches for quality assurance and quality improvement (QA/QI). These fora will be used to provide training on new PMTCT algorithms, positive prevention and discordant couple counseling to PMTCT counselors. FHI will support the integration of family planning and reproductive health education and services into PMTCT initiatives.

FHI will also strengthen PMTCT services at the facility and community level, including strengthening linkages with other prevention and CoC activities. Antenatal care (ANC) will be used as an entry point for pregnant women and their partners to access a range of services. To promote testing among pregnant, breastfeeding, and postpartum women, health center staff will be trained in provider initiated testing and counseling (PITC). FHI PMTCT officers will provide regular monthly supervision using QA/QI tools and working with joint operational districts (OD), provincial health departments (PHD), NMCHC and FHI supervision teams. All PMTCT services are integrated within a CoC framework that links PMTCT with other prevention, care and treatment services such as OI (Opportunistic Infection), ART (Anti-Retroviral Treatment), STI (Sexually Transmitted Infections), palliative care and pediatric AIDS. To promote better follow up of infants born to HIV positive mothers, FHI will continue to provide technical assistance to the 8 PMTCT sites, promoting close linkages and collaboration between community workers and PMTCT health staff. Site coordination meetings and referral mechanisms will promote community feedback and follow up. FHI will provide training to traditional birth attendants (TBAs) in collaboration with the Reproductive and Child Health Alliance (RACHA) and Save the Children Australia (SCA) on PMTCT and universal precautions. PMTCT teams and home-based family care teams will be trained on using checklists to follow up on exposed infants and their mothers, promoting polymerase chain reaction (PCR) testing for exposed infants at six weeks, and incorporating universal precaution, ANC and appropriate prophylaxis as part of PMTCT follow up. FHI will also promote informed safe infant feeding and immunization. To enable provision of these services, FHI works in close collaboration with the NMCHC, NCHADS provincial and operational district departments and NGOs such as RACHA and SCA.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Estimated amount of funding that is planned for Food and Nutrition: Commodities $640

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9696.09
Mechanism: CDC Cost of Doing Business - State
Prime Partner: US Department of State
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 23996.09
Planned Funds: $37,440
Activity System ID: 23996
Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount for HHS/CDC Cambodia due to the Department of State in order to operate includes:
$350,000 ICASS
$113,078 Capital Security Cost Sharing
$123,087 Non-ICASS local guard charges
$586,165 Total
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9697.09
Mechanism: CDC Cost of Doing Business - ITSO
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention: PMTCT

Budget Code: MTCT
Program Budget Code: 01

Activity ID: 24003.09
Planned Funds: $4,434

Activity System ID: 24003

Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount that HHS/CDC Cambodia is being billed by HHS/CDC Headquarters to support the Information Technology Service Office is $69,420.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9694.09
Mechanism: CDC_HQ_Base

Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP
Program Area: Prevention: PMTCT

Budget Code: MTCT
Program Budget Code: 01

Activity ID: 11162.25686.09
Planned Funds: $37,481

Activity System ID: 25686

Activity Narrative: This is an ongoing activity.

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

This funding is for the portion of the contract of the HIV Clinical Advisor dedicated to PMTCT. These activities will include providing supervision to the Program Development Officer with primary responsibility of overseeing the demonstration project of offering HIV screening services at 15 health centers in the provinces cited above, serving as liaison between USG and the National Center for HIV, AIDS, Dermatology and STDs (NCHADS) and the National Maternal Child Health Center (NMCHC). The USG HIV clinical advisor will facilitate lessons learned from the roll out of increasing access to testing for pregnant women, providing consultation to USG implementing agencies upon request as they plan their support for PMTCT activities, and to continue to serve on the PMTCT Technical Working Group as it implements recommendations made by the Joint Review of the PMTCT Program conducted in 9/07 as a collaboration between USG, UNICEF, WHO, the World Bank, the Royal Government of Cambodia, and local stakeholders.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18461

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18461	11162.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7341	7341.08	CDC_HQ_Base	$55,500
11162	11162.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$114,244

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9695.09

Mechanism: CDC_Post_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Prevention: PMTCT

Budget Code: MTCT

Program Budget Code: 01

Activity ID: 11163.25695.09

Planned Funds: $68,445

Activity System ID: 25695

Activity Narrative: This is an ongoing activity.

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

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

In addition, $25,000 in post-held travel funds are budgeted for international and field travel.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18466

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18466	11163.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7342	7342.08	CDC_Post_Base	$84,391
11163	11163.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5746	5746.07	CDC_Post_Base	$33,606

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID: 9702.09
Mechanism: ASPH - CDC
Prime Partner: Association of Schools of Public Health
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Prevention: PMTCT
Budget Code: MTCT
Program Budget Code: 01
Activity ID: 25823.09
Planned Funds: $42,500
Activity System ID: 25823

Activity Narrative: Activities to increase HIV testing in antenatal clinics and TB clinics in the focus areas of Battambang, Banteay Meanchey, Pailin and Pursat began in 2008. Also in 2008, a project to institute liquid TB culture at the Battambang Provincial Laboratory in order to improve the yield in TB culture in HIV positive patients was started. It is both critically important to implement these projects professionally and successfully, and to be able to expand the scope of the projects as improved results are demonstrated.

An Association of Schools of Public Health (ASPH) Fellow will assist with both activities, half time in PMTCT and half time in laboratory infrastructure. The Fellow will assist in writing standard operating procedures, implementation plans, and reports, and in monitoring and evaluating progress of the projects. Finally, the Fellow will provide technical assistance in the implementation and quality assurance assessment of these projects.

Though the $37,500 for PMTCT will be obligated in FY 2009, the Fellow will be provided for a two-year period.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	9877.09	**Mechanism:**	RACHA
Prime Partner:	Reproductive and Child Health Alliance	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	26085.09	**Planned Funds:**	$145,801
Activity System ID:	26085		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: RACHA has been awarded a new cooperative agreement. It was part of the TBD partner in the COP08 that covered several programs ending September 2008.

RACHA will provide support to the Ministry of Health (MoH) PMTCT Program to reduce HIV transmission from mothers to new born babies, through PMTCT services within health facility settings.

RACHA will build capacity and strengthen services for PMTCT. This will include staff capacity training and procurement of necessary materials for PMTCT and lab services. Capacity-building will include refresher training for counselors and supportive follow-up with trained staff from national and provincial levels. Trained staff will use their upgraded skills to provide quality services and improve client understanding of, and participation in, PMTCT. RACHA will also increase men's involvement with their partners in PMTCT services. Program training and sensitization of community leaders and villagers will be another focus. RACHA will also provide support to better implement the activities and processes of the PMTCT National Standard Protocol and Guidelines, including needs assessment, capacity-building and health facility renovation.

RACHA will work to ensure that eligible HIV positive mothers and all newborn babies are provided with ARV prophylaxis/HAART when necessary. Newborn babies will be followed up for at least 18 months after delivery and receive HIV check-ups and referral to pediatric AIDS care as needed. The program will focus on strong collaboration and linkages with opportunistic infections (OI) services, related home based care (HBC) partners, self help groups and MMM (Khmer for Friends Helping Friends), all vital to ensure that HIV positive clients receive the full package of prevention and care.

PMTCT services are an MoH priority and can serve as an entry point to HIV/AIDS services. RACHA utilizes the MoH's policies, protocols and guidelines throughout its program. Support focuses on strengthening institutional capacity, key to sustainability. RACHA is also strengthening village health support group (VHSG) community networks, training village shopkeepers and supporting the 'Comedy for Health' team to share information in the community and create demand for health facility services. HIV messages, including PMTCT, will be disseminated to communities through outreach activities utilizing the groups mentioned above. These messages will also be targeted at migrant couples to strengthen couple/gender relationships. Targeted men and women will be provided with messages on HIV prevention, the importance of HIV testing, and locations where PMTCT services are available. RACHA's aim to create demand for services in the community, establish an environment where people can openly discuss HIV/AIDS issues, support the adoption of HIV prevention practices, and raise awareness about the importance of people knowing their HIV status.

RACHA maintains strong collaborative relationships with HIV/AIDS partners such as PSI and other NGOs. RACHA supports the full package of the PMTCT program and also has strong links with OI/ART services and HBC of related organizations in its focus sites.

In FY 2009 RACHA will work in at least 11 sites in 7 ODs in 4 provinces and the Phnom Penh Municipality. RACHA will have 3 sites in Pursat, 3 sites in Siem Reap, 1 site in Prey Veng, 3 sites in Koh Kong and 1 site in Phnom Penh Municipality. Depending on the evolution of the national PMTCT program additional sites may be added to increase the proportion of pregnant women screened for HIV in the five RACHA project provinces.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$38,701

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.01: Activities by Funding Mechansim

Mechanism ID:	9765.09	**Mechanism:**	RHAC
Prime Partner:	Reproductive Health Association of Cambodia	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Prevention: PMTCT
Budget Code:	MTCT	**Program Budget Code:**	01
Activity ID:	26088.09	**Planned Funds:**	$284,648
Activity System ID:	26088		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: RHAC, under a new cooperative agreement, replaces part of the activities listed as TBD in the COP 2008.

The Reproductive Health Association of Cambodia (RHAC) provides HIV counseling and testing for pregnant women through RHAC's clinics and supports MoH (Ministry of Health) PMTCT (Prevention of Mother to Child Transmission) sites that provide PMTCT services.

RHAC has 17 clinics established in 14 Operational Districts (ODs) in eight provinces. In FY 2009, RHAC will establish three additional clinics. RHAC's clinics provide integrated reproductive health and HIV/AIDS services including family planning, ante-natal care, post-natal care, STI treatment and HIV voluntary counseling and testing (VCT) for general clients and targeted high risk groups, including pregnant women. RHAC's clinics will continue to provide comprehensive health education messages, especially about VCT and PMTCT, and promote HIV counseling and testing particularly among pregnant women. RHAC provides appropriate counseling about safe infant feeding options for HIV infected pregnant women and family planning counseling is provided to help HIV infected women make informed choices with regard to having children. Family planning services are available for all HIV positive women to reduce unwanted pregnancies and HIV-exposed infants. RHAC refers HIV positive pregnant women to OI/ART (Opportunistic Infection/Antiretroviral Therapy) clinics or PMTCT centers for further services, including ARV (Antiretroviral) prophylaxis, ARV/OI treatment, home-based care, and TB services. Most clinics are located near official ARV and PMTCT centers. Nationally, there has been a significant lack of systematic follow-up of pregnant women after they have been found to be HIV positive. RHAC will address this challenge by continuing to refer HIV positive pregnant women to appropriate services and accompany referred women to OI/ARV or PMTCT facilities if necessary. Where relevant, RHAC also provides funding for transportation to enable women to travel to PMTCT or OI/ART centers. RHAC will continue to strengthen collaboration with these service facilities by updating the list of PMTCT and OI/ART sites for staff and clients and closely monitoring pregnant women to assure they receive prophylactic services.

RHAC has supported a PMTCT Ministry of Health (MoH) site in Sangke OD (Operational District) of Battambang province since 2007 and plans to expand to support to as many as 18 PMTCT sites in 17 Operational Districts (ODs) of Kampong Speu, Battambang, Sihanoukville, Kampong Cham and Pailin provinces from October 2009 to September 2010 depending on the evolution and expansion of the national PMTCT program. RHAC will provide health personnel training on provider initiated testing and counseling (PITC) and link equipment/supplies and transportation support for pregnant women referred for HIV counseling and testing and OI/ART services. RHAC's PMTCT sites are in the same ODs where RHAC will also be implementing mother and newborn care programs. Training will focus on HIV counseling antenatal care (ANC) referrals. In addition, RHAC will train community-based volunteers on ANC, PNC (post-natal care), birth preparedness and HIV/AIDS and related referral services. RHAC will also establish contact with existing home-based care teams to support follow up of pregnant women identified as HIV positive. RHAC will strengthen the implementation of the linked response strategy of the MoH, especially in health centers where there is no comprehensive family planning, ANC, STI treatment, child delivery, post abortion care (PAC), VCT, or PMTCT services provided to ensure comprehensive PMTCT services as needed.

The target group for PMTCT service is not only pregnant women but also their husbands as well as other married couples/partners. RHAC will continue to promote couple counseling and testing and has introduced male involvement education so that they can be of greater support to their women. RHAC's clinics provide male-friendly services by providing male providers/counselors and separate male facilities to make men feel comfortable when receiving services.

RHAC will continue to improve quality of care services at its clinics to attract more clients. PMTCT services are integrated with other reproductive health services, incorporating counseling and testing services such as ANC, PNC and family planning. In 2007, 91% of the women who received ANC services at RHAC's clinics agreed to testing and counseling and about 95% returned to get their results. RHAC's clinics will continue to implement other activities such as mother classes, ANC and PNC as a means to promote uptake of PMTCT services. The client flow is designed to provide opportunity for all pregnant women to receive testing and counseling if they wish. RHAC's community-based program will continue to support community health education volunteers who refer pregnant women for HIV counseling and testing at RHAC's clinics. In the Operational Districts where RHAC supports MoH PMTCT sites, RHAC will work through the Village Health Support Group (VHSG) to help pregnant women prepare birth plans and provide ANC referrals and PMTCT services if necessary.

Resources for PMTCT services are provided by USAID, Global Fund and client fees. USAID supports part of the operational costs of RHAC clinics including staff, staff training, rental and utilities. In all clinics, non-PEPFAR USAID support for RH/FP and MNCH wraps around PEPFAR PMTCT funding for the provision of comprehensive integrated sexual reproductive health and HIV/AIDS related clinical services including family planning, ANC, PNC, STI management, and VCT services. HIV test kits will be procured under Global Fund.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $45,784

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 02 - HVAB Sexual Prevention: AB

Total Planned Funding for Program Budget Code: $667,419

Program Area Narrative:

Cambodia has a concentrated epidemic with a 2008 estimated adult prevalence of 0.8%. Data is from a Consensus Workshop held in June 2007 using the 2005 Cambodian Demographic and Health Survey (DHS), HIV Sentinel Surveillance (HSS), data from the National Institute of Statistics, Behavioral Surveillance Survey (BSS), Integrated Biological and Behavioral Survey (IBBS) and medical literature.

The HIV/AIDS epidemic is driven by men buying sex. Though prevalence continues to decline, groups that engage in high-risk behaviors threaten Cambodia's progress in fighting HIV/AIDS. The 2005 DHS reported that among never married 15-19 year old females over 99% have never had sex nor have 96% of males in this same age group. Among never married males aged 20-24 years, 73% have never had sex, and over 99% of females in this age group have never had sex. Women aged 25-29 have the highest HIV prevalence rate among women, at 1.3 %. Men over age 30 have the highest HIV prevalence rates at 1.2% for 30-34 year olds and 1.3% for men ages 35-39 and 45-49. Among men who had sex in the past 12 months, 36% of 15 and 24 year olds had sex with a nonmarital, noncohabiting partner, almost 20% had more than 2 partners and 6% paid for sex.

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

HIV prevalence among brothel-based female sex workers (FSW) has declined from a peak of 44.7% in 1996 to 14.7% in 2006. HIV prevalence among non-brothel-based FSW was 19.3% in 1999 and 11.7% in 2003. Though brothel based FSW report increased condom use with clients (over 96%), they fail to use condoms with casual partners (66% sometimes/never) and sweethearts (75% sometimes/never). Prior to the recent mass brothel closures, an estimated 1/3 of FSW were brothel-based and 2/3 primarily worked as entertainment service workers, such as beer promoters, karaoke workers, casino and restaurant staff, and masseuses. The 2007 BSS found that the median age of direct FSW is 25, half are divorced, nearly half have had no schooling, they average over 100 clients per month (mean 4.4 per working day), they charge a median of US$1.80/client; (half of which may to go to the owner), half have sweethearts and 85% used STI services in the last 3 months. 'Sweethearts' can range from a similar age boy/girlfriend relationship to a long-term client or 'Ta-Ta' (literally grandfather, but actually 'sugar daddy') who may not specifically pay for sex but provides gifts and/or money.

Indirect FSW may earn US$20-30/night on top of their salary, and HIV prevalence is 12%. Sexual activity among entertainment service workers varies widely, but on average they have less than 15 paying clients per year. Condom use with clients is over 85%, but condom use with sweethearts is 40-60%, and less than 40% visited an STI clinic in the past 3 months. Data from a targeted survey among karaoke women with sweethearts reported that 83% have tried drugs, 7% have ever injected drugs, and 20% have more than one sweetheart.

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

To staunch the transmission of HIV at its source, USG prevention activities target persons engaged in high risk behaviors (MARPs), including MSM, sex workers, clients of sex workers, and DU/IDUs. Greater emphasis is being placed on male responsibility by targeting men who purchase sex to increase their risk perception for HIV infection and decision making around correct and consistent condom use.

In FY 2008, USG supported AB programs in ten priority provinces and municipalities. The program provided age-appropriate life skills training (gender relations and sensitization, negotiation skills, and sexual/reproductive decision-making) that equipped them with the knowledge, confidence and skills to remain abstinent and delay sexual debut for youth and OVC under 18. Fidelity and partner reduction promotion are critical components of interventions that target out of school and sexually active youth, factory workers, migrant populations, and individuals in stable relationships.

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

In FY 09, USG activities will build on prior investments for both AB and Condoms and Other Prevention. AB activities are implemented through indigenous FBOs (Buddhist, Christian and Muslim) and CBOs/NGOs through community outreach sessions and integration with services provided through the Continuum of Care (CoC, see uploaded diagram) framework, including voluntary counseling and testing (VCT), and care and treatment services. Activities focus on delay of sexual debut, secondary abstinence, being faithful and partner reduction. Target populations include in and out of school youth, migrant workers, factory workers and newly married couples. Activities address the broader social context in which AB interventions fit, such as gender relations and safe migration. Prevention messages are also paired with anti-stigma messages.

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

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

Activities targeting Vietnamese customers and casino and other entertainment service workers (karaoke, discotheques, beer gardens, etc.) will be continued in a free-trade zone along the Cambodia-Vietnam border and in larger cities with sizable Vietnamese populations. Activities are implemented in partnership with PEPFAR/Vietnam and jointly funded by PEPFAR in Cambodia and Vietnam. Activities include prevention, peer outreach and education, and health services for STI/HIV/AIDS and reproductive health/family planning (RH/FP). In 2008 a joint clinic-drop-in center was opened near the 7 casinos along the Cambodia-Vietnam border that provides HIV and RH/FP counseling, testing and treatment services in both Khmer and Vietnamese. The clinic is funded by USG, with the Global Fund supporting pharmaceuticals and other commodities. Additionally,

all information, education and communications (IEC) materials targeting entertainment service workers are now being produced in both Khmer and Vietnamese in collaboration with PEPFAR/Vietnam.

USG provides capacity building, technical, and other assistance to implementing partners and stakeholders to ensure the relevance and long-term sustainability of HIV prevention initiatives. Capacity within military and police is being strengthened to enable the Ministries of National Defense and Interior to assume full ownership of HIV prevention program. FSW and MSM network organizations are being strengthened programmatically and managerially to enable them to manage and implement HIV programs. Long term sustainability is dependant on continued donor funding and efforts to increase funding from the Royal Government of Cambodia, which currently provides less than 3% of Cambodia's estimated budget need for HIV/AIDS. Reductions in funding by donors, including USG, DFID and KfW in the near future, threaten the sustainability of our investments and successes.

Challenges are centered around the low status of women which prevents them from speaking with their partners about sex outside of marriage and their own protection from HIV/STIs. Although sex outside of marriage appears to be common practice among males, the 2005 DHS reports that 89% of women ages 15-49 do not think it is acceptable for a man to have extramarital sex. Other challenges persist around seasonal work and migration as it affects the availability of community members to participate in activities and the program's ability to provide follow-up services. Poor education and limited employment opportunities are also a challenge. 'Good' garment factory jobs pay ~$60/month, which a FSW can earn in 2-3 nights. Social norms and sexual behaviors among men need to change and must begin at the senior government leadership level. Access to venues where men target women for sex – beer gardens, casinos, karaoke bars – is difficult as owners do not want their establishment to be seen as selling sex. An additional barrier is police harassment of owners who visibly promote condom use or sell condoms.

Additionally, in September 2007, the Minister of Interior undertook a campaign to close brothels. These closures increased following the passage of a new Law on the Suppression of Human Trafficking and Sexual Exploitation in February 2008. Thus far, the law has not been widely disseminated so there is limited understanding of its authorities or those of law enforcement officers. Brothel closures have led to sex workers being improperly arrested and abused and has driven others underground where community outreach workers can no longer reach them. Other sex workers have simply moved onto the streets where they are more vulnerable and the 100% CUP cannot be enforced. Some FSW have moved into other entertainment industries, including massage and karaoke, while others have established themselves as 'independents' where several sex workers rent rooms together in a house that is not a brothel. Following intense advocacy and awareness raising the RGC recognizes the improper implementation of the law, thus is working with the USG (USAID and G/TIP) and other development partners to improve implementation, including training of police with non-PEPFAR funds.

USG collaborates with the National AIDS Authority (NAA), National Center for HIV/AIDS, Dermatology and STDs (NCHADS), National Authority for Combating Drugs (NACD), the UN family, and other donors. Many USG partners also receive USAID reproductive health/family planning (RH/FP) funds which wraparound HIV/AIDS programming, these same partners also receive Global Fund support which enables them to expand coverage of integrated HIV/AIDS-RH/FP activities. USG staff and implementing partners are active on government-donor working groups and are members of the Global Fund Country Coordinating Mechanism (CCM) and CCM-sub-committee. USG participates on multiple Royal Government of Cambodia technical working groups and donor forums to strengthen collaboration/programming, including chairing the Development Partners Forum for HIV/AIDS. USG community based activities leverage and complement Global Fund support in prevention, care, and treatment to facility-based services. USG staff and partners assist in the development of Global Fund proposals. USG continues to work closely with DFID and KfW on a jointly funded USAID-DFID social marketing/behavior change communications activity, to which DFID and KfW provide condoms and other birth spacing commodities.

USG also works with the Ministry of Education, Youth and Sport. Through USAID's Education Program a revised National Basic Education Curriculum has been developed which includes HIV/AIDS as a health topic; pre-service training on this curriculum is also provided to future teachers. HIV/AIDS and other health topics are also included in the life skill programs under USAID's 'Educational Support to Children in Underserved Populations' and 'Schools for Life' projects. Under the leadership of the School Health Department, HIV/AIDS will be included throughout the Education reform program.

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID:	9765.09	**Mechanism:**	RHAC
Prime Partner:	Reproductive Health Association of Cambodia	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Sexual Prevention: AB
Budget Code:	HVAB	**Program Budget Code:**	02
Activity ID:	26089.09	**Planned Funds:**	$378,319
Activity System ID:	26089		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: RHAC, under a new cooperative agreement, replaces part of the activities listed as TBD in the COP 2008.

Although Cambodia has observed a decline of HIV prevalence among the general population in recent years, youth continue to be vulnerable. According to the Inter-Censal Population Survey, young people (10-24 years) represent up to 36.5% of the total population of Cambodia (MoP, 2004). Social issues such as illicit drugs and rape are important issues facing youth. The UN HIV/AIDS Joint Support Program 2006-2010 for Cambodia acknowledged that HIV prevention education for young people remains an important intervention.

RHAC will continue to provide HIV/AIDS education and promote positive behavioral change focusing on abstinence and be faithful as well as providing medically accurate information about condoms to young people in and out of schools in 34 schools and 521 villages in five provinces, covering approximately 300,000 youth. RHAC continues to mobilize trained peer educators (PEs) to educate their friends through one-on-one communication, and conduct/organize other education events such as group discussions, village edutainment, quiz shows and local drama. Educational materials such as booklets will be printed and distributed to young people to reinforce AB messages. Youth centers will continue to serve as a venue to provide counseling, education, vocational training and other social and recreational activities for young people. RHAC is providing training to Youth Advisory Groups (YAGs) and Teacher Counselors, involving them in developing creative activities that are organized by PEs and young people. RHAC is facing some difficulty in getting young people to attend education events; however, it is aligning the program to meet youth needs and interests. RHAC will provide medical services such as HIV counseling and testing, and STI treatment in a friendly environment. Some clinics have established youth centers adjacent to clinics which offer young people convenient access through a separate entry. PEs also refer young people who need medical services to RHAC's clinics or health centers.

RHAC will promote gender equity by having gender-balanced peer educators so that girls and boys can participate equally in any activity and no girl or boy will be socially excluded as a result of gender differences. During the training of PEs, RHAC promotes discussion about the fact that men and women should have equal opportunities and rights with regard to training and jobs. Appropriate roles and responsibilities for brothers/husbands will be emphasized to support their sisters/wives to access social services and health care and empower women. RHAC has extended its reporting form to enable the program to collect the number of beneficiaries by gender and will closely monitor progress regarding gender participation.

Resources for the AB program benefit from wraparound USAID support for reproductive health education for young people, including birth spacing, unwanted pregnancies and nutrition. USAID supports staffing, training, education events, supervision, monitoring and evaluation. Other donors including Global Fund, UNFPA and Plan International (PLAN) have enable RHAC to expand to other geographic areas.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Family Planning

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$60,850

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 9766.09
Mechanism: TBD/Umbrella
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 25822.09
Planned Funds: [redacted]
Activity System ID: 25822

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: On September 30th, 2009 the USAID agreement with KHANA will end. An RFP/RFA for an organization to serve as an umbrella supporting a number of implementing agencies in the areas of prevention and care, and national level advocacy and leadership will be issued in calendar year 2009. USAID will continue to prioritize the use of Cambodian entities that have the proven capacity to implement USG programs and are critical components of Cambodia's health sector. As neither an assessment nor the design has been completed, specific components have not been identified, but illustrative components are outlined below.

The TBD implementer will target groups with specific abstinence and be faithful messages that emphasize key areas, such as addressing male norms and behaviors, reducing violence and coercion, and building gender equity. Programs will include individual and local organization capacity building, with in-service training, and mentoring and monitoring to raise the capacity of local partners and beneficiaries. Strategic information, in the form of project monitoring data, case studies, best practices and lessons learned will be collected regularly.

AB activities will be carried out through focused prevention and integrated care programs. Activities will target children from 10 years old, unmarried young people between the ages of 15 and 25, including OVC and youth in the community (in and out of school). Activities will also be aimed at married couples and PLHA (People Living with HIV/AIDS), both married and unmarried. Targeted audiences will be reached through a variety of avenues, including peer outreach, group discussions, one-on-one counseling, and information materials, tailored to respond to the needs of the population. Training workshops for local partners will reinforce understanding of AB approaches, messages, related life skills and interventions. Partners will have the capacity to assess which interventions and approaches are most appropriate for each audience and which messages have the greatest impact.

The TBD implementer will focus on OVC and community youth from the age of 10 upwards. Local partners will use a variety of activities, such as role plays, youth forums, events, outreach and group discussions, and provide youth with the life skills and sense of responsibility to make informed decisions. Youth who are already sexually active will be referred to relevant services. The TBD implementer will refine existing approaches for working with youth and ensure that local NGOs have the required capacity to respond to the specific needs of youth in their target areas. Activities to reach youth will be conducted by trained peer educators through both outreach and facilitated discussion groups. All partners that will carry out these activities will have experience in reaching communities and will have existing links to OVC and community youth through current prevention or care and support efforts.

The TBD implementer will also focus on married couples, including couples where one or both individuals are HIV positive or whose HIV status is unknown. Through a variety of interventions, the TBD implementer will focus on the importance of counseling and testing, fidelity, the role of religion, culture and society in sexual relationships, the implications, and possible results of infidelity, gender and responsibility, family planning and domestic violence. IEC (Information, Education and Communication) materials will be modified and distributed that best serves the activities and the target groups listed above. The TBD implementer will work with other agencies, including USG partners to share and modify IEC and BCC (Behavior Change Communication) materials and interventions that best deliver AB messages.

The new implementer will also collaborate with the NAA (National AIDS Authority), NGOs and other stakeholders to promote AB messages during special events such as Valentine's Day, Family Day, International Children's Day and International Women's Day.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11731.09
Mechanism: USAID Cost of Doing Business
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 28805.09
Planned Funds: $5,400
Activity System ID: 28805
Activity Narrative: ICASS, IRM tax for USAID USPSC HIV/AIDS Prevention Advisor
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.02: Activities by Funding Mechansim

Mechanism ID: 11734.09
Mechanism: USAID Personnel
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: AB
Budget Code: HVAB
Program Budget Code: 02
Activity ID: 28820.09
Planned Funds: $83,700
Activity System ID: 28820
Activity Narrative: Salary and travel costs for USAID USPSC HIV/AIDS Prevention Advisor

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 03 - HVOP Sexual Prevention: Other sexual prevention

Total Planned Funding for Program Budget Code: $6,134,670

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9877.09

Mechanism: RACHA

Prime Partner: Reproductive and Child Health Alliance

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 28768.09

Planned Funds: $200,000

Activity System ID: 28768

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: RACHA has been awarded a new cooperative agreement. It was part of the TBD partner in the COP08 that covered several programs ending September 2008.

In Cambodia, many rural men and women migrate to find alternative employment. Men away from home often engage in high-risk behaviors and become infected with HIV. They establish an HIV “bridge” into the rural community, passing the infection on to their wives and children. Consequently, these migrant couples (MCs) constitute a key high-risk group in rural communities. Openly talking about sexual health, reproductive health and HIV prevention among rural married couples can represent a serious breech of trust and confidence between the husband and wife. When a wife knows her husband is unfaithful while away from home, she still trusts that he will use a condom when he engages in commercial sex. On returning home, a husband rejects condom use because this is tantamount to confessing that he cannot be trusted, and an admission of having been unfaithful. The MC program was designed to improve the relationship between husband and wife and contribute to the reduction of new HIV infections in rural communities.

Worldwide, rural communities have some form of village shop that sells an array of merchandise, ranging from basic necessities such as rice, sugar, salt, etc., to various drugs as well (paracetamol, pills, and condoms for example). Recognizing the great potential of village shops as a health resource in rural Cambodia, RACHA, in collaboration with the Ministry of Health (MoH), began its Village Shopkeeper Program to extend the reach of the health facility by using additional means for service delivery and behavior change communication at the village level in addition to referrals.

RACHA supports the following four areas of community participation and advocacy which complement HIV prevention activities at the health facility:

Couple/gender relationship-strengthening within the family toward HIV prevention, targeting migrant couples:

RACHA’s MC Program strategy is designed to build couples’ basic knowledge about HIV/AIDS, facilitate self-assessment of infection risk, promote open discussion between husbands and wives about potential risks of infection, encourage faithfulness, inform couples about ways of preventing HIV infection as well as provide information on the availability and benefits of voluntary counseling and testing (VCT) and PMTCT services. These are seen as critical elements leading to behavior change with men taking responsibility for HIV prevention within MC families. RACHA identifies MCs, village by village, with the assistance of the village chief. Messages designed to increase awareness about the risk of STD/HIV infection among MCs, including factors affecting risk of infection and family security are presented. Outreach facilitators lead discussions in separate groups of men and women with men talking with men and women talking with women. An important topic discussed with men is the husband’s responsibility, as a man, to protect his family. HIV infection, prevention, and personal risk factors that help the husband and wife assess their own risk are explained and couples are encouraged to discuss risks and ways to prevent HIV infection. MC members are recruited as peer educators (PEs) in their own village with usually two PEs per village one male and one female. PEs reinforce messages about HIV/AIDS infection and prevention. All PEs attend training courses conducted by RACHA/MoH. To retain PEs (past attrition has been about 30%), continuing education will be offered every 3 months to motivate and help PEs address issues and difficulties encountered in their villages. Meetings between PLHAs and MCs are also organized to create opportunities for villagers to learn how someone became infected and consequently managed their life, including the support they need from their family and community. This strengthens HIV knowledge among MCs, encourages them to think about their own risk and start to take action. Other villagers are also encouraged to join these meetings. Follow-up visits by PEs continue to reinforce messages, to help to solve problems, and to answer questions related to HIV/AIDS.

Most at Risk Populations (MARPs):

In addition to the community oriented sexual prevention activities listed above, RACHA will expand its coverage to ensure that targeted activities for MARPs are carried out in Koh Kong and Prey Veng provinces. Koh Kong borders Thailand and has a burgeoning casino industry and a growth in other entertainment establishments and Prey Veng borders Vietnam. Both provinces are also along a highway through southern Cambodia linking Thailand to Vietnam. Program activities will be similar to the peer education approaches used by other USG partners in other provinces and will help prevent geographic gaps in coverage for these high-priority groups.

Community Awareness-Raising through ‘Comedy for Health’, targeting the general population:

RACHA provides training to community volunteers on comedy performance, HIV information and community communication skills for behavior change. The ‘Comedy for Health’ team translates HIV messages into comedy scripts and interactive performances.

Community Based Services through Village Shopkeepers:

RACHA works with MoH counterparts at the provincial and operational district (OD) levels to help with village shop selections based on a preset criteria. The selected shopkeepers are contracted to stock commodities and display information, education and communications (IEC) materials about birth-spacing, HIV prevention and oral rehydration salts (ORS) to treat diarrhea. Shopkeepers also agree to record purchases and sales of reproductive health commodities and provide the data to RACHA and the MoH. RACHA provides initial training and subsequent follow up to reinforce correct information dissemination to the community. Training is provided to shopkeepers (sometimes husband and wife) at a central location in the area. Supporting IEC materials are distributed to shopkeepers to display in a prominent place in their shop. RACHA and MoH partners visit participating shops on a regular basis, collecting data on commodities purchased and stock on hand. They also provide additional IEC materials as needed and check the shopkeeper’s knowledge on key messages.

Activity Narrative: Joint Advocacy Campaigns, focused on special events:

RACHA contributes to National, Provincial and OD programs that advocate for HIV Prevention through special events such as a Candle Light Memory Day, World AIDS Day and the Water Festival.

RACHA works with the national government through the National Center for AIDS, Dermatology and STDs (NCHADS), the National AIDS Authority (NAA) and the National Maternal and Child Health Center (NMCHC) at all levels as well as with local authorities, communities and NGOs. In Phnom Penh, RACHA is a member of the HIV/AIDS Coordinating Committee (HACC) and the NAA mobile population technical working group. Linkages have also been strengthened between RACHA, health facilities and the community, both to improve service provision at health facilities and to benefit the community. RACHA is also linked with local authorities since most of the programs/activities focus on community mobilization and education. The private sector is RACHA's focus for social marketing (in cooperation with PSI) to ensure commodities are available at all types of outlets (wholesale and retail).

RACHA's geographic coverage is extensive. HIV prevention among MCs covers 82 health clinics (HCs), 15 operational districts (ODs) in 5 provinces. Community 'Comedy for Health' performances cover 50 HCs in 4 ODs. The CBS Program through shopkeepers covers 56 HCs in 9 ODs in 4 provinces. These activities will continue in the five provinces covered under the new RACHA program. Special Events have national coverage.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

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

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 11738.09 **Mechanism:** FHI

Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (State)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 28836.09

Planned Funds: $1,550,000

Activity System ID: 28836

Activity Narrative: The same as activity 28754.09 -- funding is split between GHCS (USAID) and GHCS (State)

ACTIVITY UNCHANGED FROM FY 2008

FHI's comprehensive HIV prevention strategy focuses on entertainment service workers (ESWs), their clients, men who have sex with men (MSM) and injecting and non-injecting drug users. Interventions concentrate on behavior change approaches that reduce risk and vulnerability; promote and ensure access to health information, products and services; create a more enabling environment for HIV prevention and care; and improve the capacities of implementing agencies to manage, implement and monitor the program. During FY 2008, FHI implemented the SMARTgirl and MStyle programs which will continue during FY 2009.

In FY 2009, FHI and its partners will continue the SMARTgirl initiative which targets female entertainment service workers employed in brothels and non-brothel based entertainment establishments. This program responds to issues identified in the 100% condom use program (such as the movement from brothels to other entertainment establishments; low health service uptake and negative portrayal of all ESWs as sex workers, when many of them do not sell sex) and establishes targets for annual reach and service uptake using a social marketing approach. Outreach workers and peer educators will use invigorated tools and communications materials to respond to specific objectives, while establishment owners and health providers will be mobilized as SMARTgirl supporters to deliver messages, products and interventions. FHI staff and partners will participate in capacity building sessions to improve and standardize program implementation.

Male clients of female entertainment service workers will be reached through a combination of mass media and interpersonal communications approaches. A weekly television program (Cambodia's Man among Men), which challenges gender stereotypes and promotes male responsibility for self and family health and well being, may continue into FY 2009. FHI and its implementing agency partners will also continue to conduct targeted outreach for men in high risk entertainment establishments using tools developed jointly by PSI (Population Services International) and FHI.

In FY 2009, FHI and its partners will continue to implement the MStyle program for MSM (Men who have Sex with Men) in Phnom Penh, Kandal and Banteay Meanchey, and in other areas supported by the Global Fund. MSM will be reached through a variety of channels including outreach and peer education, the internet, phone messaging and special events. Targets for annual reach and service uptake will be established and standards applied across implementing sites to ensure quality and foster greater impact. FHI will continue to provide technical support to partner agencies, the MSM national technical working group and Bandanh Chaktomuk (the National MSM network) in strategic behavioral communications, information and MSM programming.

The revised uniformed services program which targets subgroups at greatest risk will continue in FY 2009. FHI will work with the Ministry of National Defense (MoND) and the Ministry of Interior (MoI) to ensure that HIV and health issues continue to be integrated into schools and recruitment sites and that both ministries identify and monitor key strategic priorities from their HIV strategic plans.

In FY 2009, FHI and its partners will continue to implement its positive prevention strategy for PLHA, health care workers and community volunteers. Positive prevention messaging and interventions will be integrated in all of FHI's prevention, care, treatment and mitigation programming.

In six targeted sites, FHI will work with NCHADS and its local NGO partner, MEC, to strengthen VCT/STI (Voluntary Counseling and Testing/Sexually Transmitted Infections) case management capacity and service delivery for MARPs (Most At Risk Populations). FHI and its partners will provide quality assurance training, monitoring and support among government/NGO STI clinics and health centers serving MARPs, particularly PLHA, ESWs and their clients, and MSM.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9714.09

Mechanism: FHI

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 28754.09 **Planned Funds:** $463,333

Activity System ID: 28754

Activity Narrative: The same as activity 28836.09 -- funding is split between GHCS (USAID) and GHCS (State)

ACTIVITY UNCHANGED FROM FY 2008

FHI's comprehensive HIV prevention strategy focuses on entertainment service workers (ESWs), their clients, men who have sex with men (MSM) and injecting and non-injecting drug users. Interventions concentrate on behavior change approaches that reduce risk and vulnerability; promote and ensure access to health information, products and services; create a more enabling environment for HIV prevention and care; and improve the capacities of implementing agencies to manage, implement and monitor the program. During FY 2008, FHI implemented the SMARTgirl and MStyle programs which will continue during FY 2009.

In FY 2009, FHI and its partners will continue the SMARTgirl initiative which targets female entertainment service workers employed in brothels and non-brothel based entertainment establishments. This program responds to issues identified in the 100% condom use program (such as the movement from brothels to other entertainment establishments; low health service uptake and negative portrayal of all ESWs as sex workers, when many of them do not sell sex) and establishes targets for annual reach and service uptake using a social marketing approach. Outreach workers and peer educators will use invigorated tools and communications materials to respond to specific objectives, while establishment owners and health providers will be mobilized as SMARTgirl supporters to deliver messages, products and interventions. FHI staff and partners will participate in capacity building sessions to improve and standardize program implementation.

Male clients of female entertainment service workers will be reached through a combination of mass media and interpersonal communications approaches. A weekly television program (Cambodia's Man among Men), which challenges gender stereotypes and promotes male responsibility for self and family health and well being, may continue into FY 2009. FHI and its implementing agency partners will also continue to conduct targeted outreach for men in high risk entertainment establishments using tools developed jointly by PSI (Population Services International) and FHI.

In FY 2009, FHI and its partners will continue to implement the MStyle program for MSM (Men who have Sex with Men) in Phnom Penh, Kandal and Banteay Meanchey, and in other areas supported by the Global Fund. MSM will be reached through a variety of channels including outreach and peer education, the internet, phone messaging and special events. Targets for annual reach and service uptake will be established and standards applied across implementing sites to ensure quality and foster greater impact. FHI will continue to provide technical support to partner agencies, the MSM national technical working group and Bandanh Chaktomuk (the National MSM network) in strategic behavioral communications, information and MSM programming.

The revised uniformed services program which targets subgroups at greatest risk will continue in FY 2009. FHI will work with the Ministry of National Defense (MoND) and the Ministry of Interior (MoI) to ensure that HIV and health issues continue to be integrated into schools and recruitment sites and that both ministries identify and monitor key strategic priorities from their HIV strategic plans.

In FY 2009, FHI and its partners will continue to implement its positive prevention strategy for PLHA, health care workers and community volunteers. Positive prevention messaging and interventions will be integrated in all of FHI's prevention, care, treatment and mitigation programming.

In six targeted sites, FHI will work with NCHADS and its local NGO partner, MEC, to strengthen VCT/STI (Voluntary Counseling and Testing/Sexually Transmitted Infections) case management capacity and service delivery for MARPs (Most At Risk Populations). FHI and its partners will provide quality assurance training, monitoring and support among government/NGO STI clinics and health centers serving MARPs, particularly PLHA, ESWs and their clients, and MSM.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Family Planning

Military Populations

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	11731.09	**Mechanism:**	USAID Cost of Doing Business
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	28808.09	**Planned Funds:**	$29,700
Activity System ID:	28808		
Activity Narrative:	ICASS, IRM tax for USAID USPSC HIV/AIDS Prevention Advisor and FSN HIV/AIDS Advisor		
New/Continuing Activity:	New Activity		
Continuing Activity:			

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID:	11734.09	**Mechanism:**	USAID Personnel
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Sexual Prevention: Other sexual prevention
Budget Code:	HVOP	**Program Budget Code:**	03
Activity ID:	28819.09	**Planned Funds:**	$282,000

Activity System ID: 28819

Activity Narrative: Salary and travel costs for USAID USPSC HIV/AIDS Prevention Advisor and FSN HIV/AIDS Advisor

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9766.09

Mechanism: TBD/Umbrella

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Sexual Prevention: Other sexual prevention

Budget Code: HVOP

Program Budget Code: 03

Activity ID: 25824.09

Planned Funds: [redacted]

Activity System ID: 25824

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

On September 30th, 2009 the USAID agreement with KHANA will end. An RFP/RFA for an organization to serve as an umbrella supporting a number of implementing agencies in the areas of prevention and care, and national level advocacy and leadership will be issued in calendar year 2009. USAID will continue to prioritize the use of Cambodian entities that have the proven capacity to implement USG programs and are critical components of Cambodia's health sector. As neither an assessment nor the design has been completed, specific components have not been identified, but illustrative components are outlined below.

In conjunction with Abstinence and Be Faithful (AB) messages, the TBD implementer will conduct other sexual prevention activities as central features in its HIV prevention program. Groups with other prevention messages that emphasize key areas such as addressing male norms and behaviors, reducing violence and coercion, and building gender equity will be targeted. Activities will include capacity building for local organizations with in-service training, mentoring and monitoring to raise the capacity of local partners and beneficiaries. Strategic information, in the form of project monitoring data, case studies, best practices and lessons learned will be collected regularly.

The TBD implementer will work through specialized sub-partners with several Most At Risk Populations (MARPs) such as Men who have Sex with Men (MSM), direct and indirect sex workers and mobile populations because they require specific interventions aimed at reducing HIV prevalence, and still face the stigma and discrimination that affect their use of services, access to information and quality of life. Local partners will also promote positive prevention in their activities with people living with HIV/AIDS (PLHA) and their families. High risk populations remain at the centre of the epidemic so it is critical that they receive continued access to information, support and services to prevent a resurgence in HIV prevalence. It is vital that service providers, entertainment establishment owners and the police are aware of the challenges MARPs face in accessing information and services. These gatekeepers will be invited to regular meetings to sensitize them, and to mobilize their support in helping to reduce violence amongst and towards MARPs, and to help MARPs access services, information and commodities.

Local NGO partners will reach MARPs with in-depth participatory prevention approaches designed to build confidence and skills so that these vulnerable individuals can practice less risky behavior. NGOs will identify and train peer educators who will provide outreach services, referrals to Voluntary Counseling and Testing (VCT), Sexually Transmitted Infection (STI) diagnosis and treatment, and other health services. Some at risk individuals also face resistance from their own sexual partners in using condoms, so education interventions on the correct and consistent use of condoms are always accompanied by exercises in risk reduction skills building, negotiation, and building trust.

The TBD implementer and its local partners will organize IEC (Information, Education and Communication) awareness raising and advocacy events in HIV prevention in collaboration with national and provincial stakeholders. Events will be held on key dates throughout the year. Local partners will also hold social gatherings for MARPs to strengthen cultures of solidarity and a sense of community in response to HIV/AIDS and related issues, such as stigma and discrimination. Community involvement (including parents, faith-based institutions, and commune chiefs) will be crucial in organizing these events and facilitating the delivery of prevention interventions at community level. Local partners will therefore organize community mobilization meetings on a regular basis. These partners will also ensure that their beneficiaries understand that condoms do not eliminate the risk of HIV transmission and discussion and outreach interventions will also explore the plausibility of reducing high-risk behaviors such as engaging in casual sexual encounters and alcohol abuse in the context of sexual interactions.

Prevention of virus transmission through education of PLHAs will continue to be a central focus. A peer education program will encourage and PLHA will be trained to provide information through outreach and group discussion to peers who might be positive. There will also be group discussions for HIV positive people and their partners in risk reduction skills building, negotiation skills, condom use and safer sex, and the benefits of VCT. Referral mechanisms will be established and reinforced that overcome the obstacles that prevent people from getting tested and all those referred to VCT will be invited to join pre- and post-test clubs for counseling and prevention education.

The TBD implementer will train its NGO partners and representatives of MARPs in prevention interventions. While some training workshops will have general themes, such as BCC for prevention, others may focus on specific issues such as training PLHA on methods to prevent HIV transmission.

Strong links will be made with government and non-governmental institutions, including other USG partners who are contributing to prevention work carried with MARPs. In order to ensure efficiency and cost effectiveness, The TBD implementer and its partners will collaborate with other agencies (government departments, USG partners and others) to develop, modify and share BCC (Behavior Change Communication) materials and training resources in HIV prevention.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 9765.09
Mechanism: RHAC
Prime Partner: Reproductive Health Association of Cambodia
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 26090.09
Planned Funds: $1,359,637
Activity System ID: 26090

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: RHAC, under a new cooperative agreement, replaces part of the activities listed as TBD in the COP 2008.

Activities include provision of STI (Sexually Transmitted Infection) management through RHAC's clinics; community HIV/AIDS education for women, men and married couples in villages; behavior change communication (BCC); and education on HIV/AIDS for factory workers (including garment factories and palm oil and rubber plantations), fishermen, construction workers and entertainment workers.

As of September 2008, under USG support, RHAC established 17 clinics, provided HIV/AIDS education to communities covering 3,565 villages, and implemented BCC (Behavior Change Communication) on HIV/AIDS in ten factories. During FY 2009, RHAC will establish three additional clinics (for a total of 20 clinics), continue and expand HIV/AIDS education in communities to 3,811 villages, and expand BCC on HIV/AIDS in 43 factories, 17 construction companies, 10 entertainment establishments, and five fishing communities. RHAC will graduate its community HIV/AIDS education activities from half of the currently covered villages and shift to new villages. The BCC focus in villages will be more on mass education rather than small group education in order to maximize coverage. BCC activities that target factory workers, entertainment workers and other risk groups as mentioned above will expand to new factories and establishments in current and new provinces and will remain focused on small group and on-on-one approaches.

HIV prevalence has declined in recent years. The available data indicates that HIV prevalence among ANC women has declined from 1.1% in 2006 to 0.8% and prevalence in the general population from 0.9% to 0.8% (NCHADS, 2007). However, strong HIV prevention interventions need to continue in order to prevent a new wave of the epidemic.

RHAC will continue to provide STI diagnosis and treatment as part of integrated services through current and newly established clinics. STI treatment services are provided to clients including men and women, young people, factory workers, construction workers and other high risk groups such as direct and indirect entertainment workers and MSM (Men having Sex with Men). RHAC's clinical services, including STI treatment, will be provided free of charge for specific high risk groups such as entertainment workers to promote high rates of service utilization and follow up. RHAC's clinics collaborate with community-based and outreach peer education programs in order to strengthen client referrals. Laboratory services have been upgraded to provide more accurate diagnosis and treatment based on national recommended guidelines. RHAC promotes partner treatment for STIs in order to prevent re-infection and stresses re-visits and follow-up to ensure that patients are cured. The clinics also have condoms available for sale to encourage family planning as well as HIV/AIDS prevention (dual protection).

Spousal transmission continues to be a feature of the HIV/AIDS epidemic in Cambodia. Men/husbands in rural areas are moving to the city especially during dry season in order to find jobs and usually return to their village homes during the rainy season for rice planting and harvesting. While in the city many have extra-marital sex. The BSS (Behavior Surveillance Survey) 2007 found that 61% of moto-taxi drivers had sex with women other than their spouse and 47% had multiple sex partners during the past year. Among these, 40% had sex with sex-workers. Without HIV/AIDS knowledge and appropriate behavior these men could have unprotected sex which exposes them to HIV infection that may consequently infect their wives/partners. Women and housewives remain at greater risk of HIV infection if they are not in the position to talk about safe sex with their husbands. The RHAC community based program provides education on HIV/AIDS for men on safe sexual behavior before leaving their family for the city, as well as for housewives to know how to openly talk with their husbands about safer sex. RHAC works with an extensive government network of health volunteers known as Village Health Support Groups (VHSGs) and mobilizes them to provide HIV/AIDS education to people in the community, especially married couples. RHAC will recruit and train more VHSGs especially in the new provinces, operational districts (ODs) and villages. RHAC will put more emphasis on organizing large public gathering events such as community theater (locally known as Lkhorn) which continues to be a popular and relevant approach in the rural context and a component of the recommended national communication strategy. VHSGs will also continue to provide one -on-one talks and conduct group discussion sessions as appropriate. In addition, VHSGs also play a role as community-based family planning distributors for condom sales to rural couples as a dual protection method. VHSGs meet on a daily basis with people in the community in their role as community-based family planning distributors, also providing education about HIV/AIDS. The Cambodian Demographic and Health Survey 2005 has found that general knowledge about HIV/AIDS is relatively high, therefore RHAC will focus on giving specific education messages on PMTCT, VCT (Voluntary Counseling and Testing), and other information related to care and treatment adherence and promotion of condom use among rural couples.

Entertainment service workers are one of the nationally defined high-risk populations for which prevention interventions should be targeted. Other groups such as factory workers and construction workers are quite mobile, making them vulnerable to HIV infection and potentially contributing to fueling the HIV epidemic if prevention activities are not implemented. These workers migrate from rural districts to search for jobs in the city, mostly in the flourishing garment industry and construction. The majority are from poor families and have lower literacy rates which put them under greater risk when exposed to city life. RHAC will address the need for HIV/AIDS and RH (Reproductive Health) information among these groups by recruiting and training Peer Educators (PEs) who provide education through one-on-one talks, group discussions, and quiz shows. RHAC program staff will assist PEs in organizing education sessions/events. Education materials will also be distributed to target groups. PEs will refer their friends to RHAC's clinics for clinical services, especially STI treatment and VCT. Condoms will be distributed or sold to target groups through the PEs, RHAC's clinics and in commercial and entertainment establishments. RHAC coordinates closely with factory managers, establishment owners and relevant government institutions to mobilize their support for prevention activities.

Sexual prevention activities are wrapped around by non-PEPFAR USAID maternal and child health and reproductive health funds. Other funding sources include Global Fund and Ministry of Health. USAID

Activity Narrative: supports operating costs for clinics and operational costs for community and workplace programs. STI drugs for all clinics are purchased under the Global Fund. The Ministry of Health provides condoms and commodities for clinics and community-based programs. Condoms for outreach peer education in the workplace are procured under Global Fund.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities
* Family Planning
* TB

Workplace Programs

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $235,850

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.03: Activities by Funding Mechansim

Mechanism ID: 10467.09
Mechanism: PSI
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Sexual Prevention: Other sexual prevention
Budget Code: HVOP
Program Budget Code: 03
Activity ID: 25930.09
Planned Funds: $2,000,000
Activity System ID: 25930

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: The implementer has been changed from TBD-Social marketing/BCI in the COP 2008 to PSI under a new cooperative agreement.

Interventions will target populations at highest risk of HIV – the drivers of the epidemic and/or bridge populations. Most at risk populations (MARPs) in Cambodia include: Direct Sex Workers (DSWs-brothel and non-brothel based); Indirect Sex Workers (IDSWs-entertainment workers engaged in sex work and/or transactional sex); clients and "sweethearts" of sex workers; men who have sex with men (MSM), PLHA (People Living with HIV/AIDS) and their sexual partners; DU/IDUs (Drug Users/Injective Drug Users); mobile populations; and at-risk youth ages 15 – 24 years. PSI will prioritize individuals engaging in overlapping risk behaviors.

Increased accessibility to condoms and behavior change activities for HIV/STI prevention will aim to cover venues and hot spots in urban and peri-urban areas, prioritizing those areas in Cambodia with high rates of HIV and high concentrations of MARPs including Sihanoukville, Phnom Penh, Kampong Chhnang, Battambang, Kampot, Banteay Meanchey, Kampong Cham, and Siem Reap.

Quality of condom coverage, rather than volume, will be the primary measure of success for partners and sales teams. Quality of coverage at high risk venues refers to targeted outlets that have point of sale and promotional materials displayed and have the product on site or within 50 meters. Mapping will be continually updated to reflect the evolving nature of outlets where MARPs congregate, and guide implementation of activities and monitor coverage progress. PSI will leverage members of the United Health Network (UHN) and other NGO networks to increase coverage of condoms by opening and maintaining high-risk urban outlets where MARPs are known to congregate. PSI will employ a strategy of intensive advocacy supported with targeted technical assistance to facilitate the distribution of public sector condoms to serve the poorest and most vulnerable populations for HIV prevention and dual protection.

For targeted Behavior Change Intervention (BCI), PSI will target MARPs with the objective of promoting risk reduction strategies including consistent condom use in higher risk sex situations and partner reduction (e.g. decrease in commercial sex partners and fidelity). A targeted BCI for HIV prevention will achieve behavior change objectives through two main approaches: 1) capacity building activities to support UHN members and community based partners to implement high quality Interpersonal Behavior Change Communication (iBCC) with target populations, and 2) filling a programming gap in HIV prevention in Cambodia with male clients and "sweethearts" of IDSWs. PSI will provide training and on-going technical assistance, working directly with staff and outreach workers of partner NGOs, to strengthen specific capacities required to implement effective and targeted social marketing and behavior change interventions. With the expectation that local NGOs will facilitate sustainable operations, UHN members will be the primary drivers of BCI for the program. PSI will leverage and support local NGOs comprising the UHN to enhance targeted HIV/AIDS prevention interventions. A key objective of this activity will be improved capacity of UHN members to promote the use of health products and services though improved generic communications utilizing a social marketing approach. The project will leverage the work of UHN members that already reach populations engaging in high risk behaviors, such as IDU, PLHA, mobile populations, SWs (Sex Workers), MSM, and at risk youth. UHN partners, with specific technical support and commodities provided by PSI, will become the key program implementers of BCI for this project. Support and materials will be tailored to the specific needs of target populations, with particular support going to UHN members reaching individuals engaging in overlapping behaviors. As subsidies may be required to carry out specific program activities, small grants will be administered to some members to fund additive and additional activities related to enhanced iBCC and targeted product distribution.

The program will also build on current interventions targeting clients and will design and implement a generic iBCC campaign, including targeted mass media and Interpersonal Communications (IPC), for HIV prevention focused on clients and partners of IDSWs. IPC activities will take place in entertainment establishments and beer gardens, while supportive mass media as a backdrop will provide consistency of messages to large numbers of men. Activities targeting men will be enacted under close consultation and collaboration with the National AIDS Authority (NAA) and will follow standard operating procedures. PSI will also coordinate efforts with FHI or other organizations targeting clients of sex workers. To ensure that donor resources are leveraged in a harmonious fashion, PSI will coordinate communication strategies by ensuring all interventions comply with the Royal Government of Cambodia's Strategic Plan for HIV/AIDS Prevention. This partnership will ensure interventions targeting specific MARPs have the full support and input of government entities such as the NAA and the National Center for HIV/AIDS, Dermatology and STDs (NCHADS), working groups, and bi-lateral and multi-lateral organizations to fill the gaps and improve the quality of research.

The USAID-DFID social marketing/behavior change communications activity awarded to PSI includes DFID providing the condoms. This collaborative effort will strengthen social marketing/behavior change communication activities among donors, including Entwicklungsbank (KfW – the German Bank), UNFPA, and the Global Fund. Wrap around funding includes integrated family planning (FP) interventions funded by KFW with approximately US$1 million. With support from KFW, PSI will sell Social Marketing FP products nationwide, including Oral Contraceptives, and provide support and training to private FP providers in Kampong Thom and Kampot provinces. The program is intended to equip birth spacing (BS) providers with the knowledge and skills to appropriately counsel their clients about their risk of STIs/HIV, prevention of STIs and HIV and integrate BS messages in STI services while increasing access and demand for modern FP methods nationally.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas	
Human Capacity Development	
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$580,000
Education	
Water	

Program Budget Code: 04 - HMBL Biomedical Prevention: Blood Safety

Total Planned Funding for Program Budget Code: $0

Program Area Narrative:

Under this program area, USG only supports activities for Injecting and Non-Injecting Drug Users (IDU/NIDU).

Cambodia has a concentrated epidemic with a 2008 estimated adult prevalence of 0.8%. Data is from a Consensus Workshop held in June 2007 using the 2005 Cambodian Demographic and Health Survey (DHS), HIV Sentinel Surveillance (HSS), data from the National Institute of Statistics, Behavioral Surveillance Survey (BSS), Integrated Biological and Behavioral Survey (IBBS) and medical literature.

The HIV/AIDS epidemic is driven by men buying sex, with drug use as an added risk factor among many persons engaged in high risk behaviors (MARPs). Small drug use surveys in urban areas indicate an alarming increase in drug use, including injecting. In 2004, 6% of non-injecting street children/youth who accepted counseling and testing were HIV+ while 31% of injectors tested positive. A 2003 survey in a USG focus province showed 25% of direct female sex workers (FSW), 11% of military, 7% of male casino workers, and 7% of indirect FSW used methamphetamines. Data from 2004 in Phnom Penh and Poipet reported injecting drug users engaged in high-risk injection, selling blood to buy drugs, group sex (M/F), multiple partners, and transactional sex. Males reported sex with men and women, and FSW. Forty percent of participants reported not always/never using condoms. Amphetamine-type stimulants (ATS) are the most popular drugs with inhalants a major problem among street youth. Heroin is inexpensive, very pure, and widely available in cities.

More recent data from a targeted survey among karaoke women with sweethearts reported that 83% have tried drugs, 7% have ever injected drugs, and 20% have more than one sweetheart. 'Sweethearts' can range from a similar age boy/girlfriend relationship to a long-term client or 'Ta-Ta' (literally grandfather, but actually 'sugar daddy') who may not specifically pay for sex but provides gifts and/or money. Data from a targeted survey among sexually active men with sweethearts reported that 18% were married, 16% had more than one sweetheart, 85% paid for sex in the past 12 months, and 16% reported having ever tried drugs, with less than 1% reporting ever injecting drugs.

A 2007 report by the National Authority for Combating Drugs (NACD) stated that existing estimates of the population size of illicit drug users in Cambodia range from around 6,000 to 40,000, and within this group, 600 to 10,000 are injecting drug users (most of whom are assumed to be heroin users). The official 2008 NACD estimate of drug users is around 6,000, while UN agencies continue to believe its closer to 48,000. These ranges clearly illustrate the lack of reliable data on this population. Earlier this year, the National Center for HIV/AIDS, Dermatology and STIs (NCHADS) conducted an IDU/NIDU population size estimate and HIV prevalence survey; data from that survey are expected to be released by the end of calendar year 2008.

In 2008, methadone maintenance substitution therapy was initiated at the National Centre for Drug Dependence Treatment at the Khmer Soviet Friendship Hospital in Phnom Penh with support from the Global Fund. This pilot methadone program will be evaluated at one year, and if successful, will be expanded to reach more opioid dependent people who volunteer for the service. Dispensing of methadone at different sites, including community based and mobile methadone clinics will be investigated pending the results of the evaluation.

USG supported the development of the NACD's National Strategic Plan (NSP) for Illicit Drug Use Related HIV/AID which lays out 5 objectives: (1) to expand access to HIV (and associated infectious diseases) prevention information, services and commodities for people who use illicit drugs, those at risk of illicit drug use, their sexual partners and families; (2) to expand access to HIV (opportunistic infections and related infectious diseases) treatment, care and psychosocial support services for people who use drugs; (3) to provide a range of options for treatment of drug dependence and associated mental illness using evidence-based strategies; (4) to create an enabling environment (including related law, policy, quality surveillance, research, advocacy and community engagement) which supports interventions to prevent and treat HIV and AIDS in illicit drug users; and (5) to develop capacity of the Illicit Drugs Related HIV/AIDS working group, secretariat and implementing partners (including monitoring and evaluation capacity). Funding for implementation of the strategic plan is being provided by multiple donors, including USG, AusAID, SIDA, the Global Fund and several UN agencies.

Also in FY 2008, in collaboration with the NACD, the National Program for Mental Health, the Ministry of Social Affairs, WHO and UNODC, the USG supported the development and distribution of an edition of the 'Health Messenger', the only medical health journal produced in Cambodia, on illicit drugs. Contents ranged from basic information on drugs (ATS, yama, etc.) to drug dependency, rehabilitation, relapse and prevention. The journal was distributed to over 20,000 RGC health staff and NGOs.

In FY 2009, IDU/NIDU programming and messages will continue to be integrated into HIV prevention initiatives targeting MARPs. Activities will include drug use prevention, harm reduction, addiction counseling, drug use support groups, needle and syringe exchange (funded by the Global Fund and AusAID), and referrals to HIV and drug use care and treatment services. Awareness raising and sensitization activities will target the broader community including key influential leaders, parents and local authorities in order to promote awareness of drug-related HIV risk. Technical assistance will also continue to be provided to local organizations and other stakeholders working with drug using MARPs, including training on topics dealing with ATS use and methadone maintenance treatment. Local NGOs will continue to provide mobile VCT (Voluntary Counseling and Testing) and STI (Sexually Transmitted Infection) services to DU/IDU populations, and OI/ART, clinical care, and supportive services to People Living with HIV/AIDS drug users.

USG activities are implemented in collaboration with the NACD, the Ministry of Interior (MoI), UN agencies and other stakeholders to implement, manage and monitor minimum standards in targeted drug rehabilitation centers and prisons. USG partners actively participate on the Illicit Drugs related HIV/AIDS Working Group (DHAWG), co-chaired by NACD and the National AIDS Authority (NAA). In 2009, AusAID will begin implementation of its HIV/AIDS Regional Program (HAARP) which aims to improve the quality and effectiveness of harm reduction approaches in the region and scale-up harm reduction responses in Burma, Cambodia,

China, Laos and Vietnam. In Cambodia, HAARP will be implemented through four NGOs, three of which are funded by USG, thus HAARP funds will increase the impact of USG activities among IDU/NIDU. USG also works with the RGC and other stakeholders to increase public awareness about the impact of drug use and HIV prevention during national events, such as International Day against Drug Abuse and Illicit Trafficking, World AIDS Day and the Water Festival.

Program Budget Code: 05 - HMIN Biomedical Prevention: Injection Safety

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 06 - IDUP Biomedical Prevention: Injecting and non-Injecting Drug Use

Total Planned Funding for Program Budget Code: **$607,865**

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 11734.09
Mechanism: USAID Personnel
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP
Program Budget Code: 06
Activity ID: 28821.09
Planned Funds: $83,700
Activity System ID: 28821
Activity Narrative: Salary and travel costs for USAID USPSC HIV/AIDS Prevention Advisor
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 11731.09
Mechanism: USAID Cost of Doing Business
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use
Budget Code: IDUP
Program Budget Code: 06
Activity ID: 28809.09
Planned Funds: $5,400
Activity System ID: 28809
Activity Narrative: ICASS, IRM tax for USAID USPSC HIV/AIDS Prevention Advisor
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 9714.09

Mechanism: FHI

Prime Partner: Family Health International

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 25940.09

Planned Funds: $268,765

Activity System ID: 25940

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

FHI will integrate drug use programming and messages into HIV prevention initiatives targeting persons engaged in high risk behaviors. Drug use prevention, harm reduction, addiction counseling, drug use support groups, needle and syringe exchange (using funds from the Global Fund and AusAID), and referrals to HIV and drug use care and treatment services will continue to be integral parts of the MStyle and SMARTgirl initiatives. FHI will continue to work closely with the National Authority for Combating Drugs (NACD), the Ministry of Interior (MoI) and others to implement, manage and monitor minimum standards in targeted drug rehabilitation centers and prisons. FHI will also continue to provide technical assistance to FHI implementing agencies and other stakeholders working with drug using MARPs (Most At Risk Populations) as well as provide training on topics dealing with amphetamine type substances (ATS) drug use and methadone maintenance treatment. MEC, an FHI local NGO partner, will continue to provide mobile VCT (Voluntary Counseling and Testing) and STI (Sexually Transmitted Infection) services to Korsang (a local NGO working with drug users) and Chhouk Sar (a local NGO providing ART, clinical care, and supportive services to PLHA in most at risk populations (MARPs)) will provide OI/ART services for drug users who are HIV positive.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.06: Activities by Funding Mechansim

Mechanism ID: 9766.09

Mechanism: TBD/Umbrella

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Biomedical Prevention: Injecting and non-Injecting Drug Use

Budget Code: IDUP

Program Budget Code: 06

Activity ID: 25855.09

Planned Funds: [redacted]

Activity System ID: 25855

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: On September 30th, 2009 the USAID agreement with KHANA will end. An RFP/RFA for an organization to serve as an umbrella supporting a number of implementing agencies in the areas of prevention and care, and national level advocacy and leadership will be issued in calendar year 2009. USAID will continue to prioritize the use of Cambodian entities that have the proven capacity to implement USG programs and are critical components of Cambodia's health sector. As neither an assessment nor the design has been completed, specific components have not been identified, but illustrative components are outlined below.

The TBD implementer will work with local partners to provide risk reduction services to drug users and drug education to non-drug users. Partner reduction, non-violence and consistent condom use are core priorities, as is the reduction of illicit substance consumption, given the risks associated with drugs and sexual behavior. Specific services for injecting drug users will be provided.

Both injecting drug users and non-injecting drug users, primarily methamphetamine users, in areas of Cambodia which already have a concentration of drug users, will be targeted with risk reduction activities. There will also be prevention education activities with relevant populations, particularly young people in known drug 'hot spots' such as Phnom Penh, Battambang and Banteay Meanchey. Awareness raising and sensitization activities will target the broader community including key influential people, parents and local authorities in order to promote awareness of drug-related HIV risk. Local partners will be supported to provide risk reduction services to drug users and drug education to non-drug users. These partners will facilitate focus group discussions and implement outreach activities on drug-related HIV prevention. They will also organize regular meetings to sensitize and mobilize support, reduce discrimination towards drug users and maintain safe spaces for drug users.

The TBD implementer and its partners will develop and modify existing Information, Education and Communication (IEC) materials on HIV prevention, including drug-related HIV prevention, to ensure that they contain behavior change messages and are disseminated widely. Collaboration with other agencies in order to implement Behavior Change Communication (BCC) efficiently and cost-effectively will be necessary. Selected staff and local partners will be equipped with the skills to train other organizations in BCC interventions. Part of the BCC strategy for working with drug users and young people at risk of using drugs may be to work through sports as well as youth gatherings, which provide a healthy alternative to drug-related social networking and an opportunity to spread drug prevention and risk reduction messages. The TBD implementer will support local partners to provide treatment to drug users, including community therapy and the provision of skills training and opportunities for income generation for recovering drug users and their families.

The TBD implementer will collaborate with the National Authority for Combating Drugs (NACD), NGOs and other stakeholders to organize public awareness-raising on the impact of drug use and HIV prevention during the International Day against Drug Abuse and Illicit Trafficking, World AIDS Day and the Water Festival. In addition, regular regional meetings with Provincial Drug Control Committees (PDCC) in selected sites to promote collaboration and to build sensitivity among them in order to enhance an enabling and supportive environment for work with drug-users may be convened.

Strong links will be made with government and non-governmental institutions, including other USG partners, who are contributing to prevention work with MARPs. The TBD implementer will be expected to be an active member of the National Drugs and HIV/AIDS Technical Working Group. At the provincial level, local partners will strengthen collaboration with Provincial Drug Control Committees in order to create an enabling environment for drug and HIV prevention services as well as to mobilize their support for the program.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 07 - CIRC Biomedical Prevention: Male Circumcision

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 08 - HBHC Care: Adult Care and Support

Total Planned Funding for Program Budget Code: $875,360

Program Area Narrative:

In a report titled "HIV Estimates and Projections for Cambodia 2006-2012," published in 2007, a consensus workshop estimated that in 2008, there would be 58,700 adults (?14 years of age) living with HIV/AIDS in Cambodia. Of these, 30,500 would need antiretroviral therapy (ART). Cambodia has made remarkable progress in meeting this demand. By July 2008, 29,356 people living with HIV/AIDS (PLHAs) were receiving ART at government HIV clinics, including 26,551 adults, which is 87% of the estimated need. An additional 11,112 adults were enrolled at HIV clinics for prevention and treatment of opportunistic infections, so nearly two-thirds of the country's infected population know their diagnosis and are enrolled in care. This level of scale-up to meet the country's need is a tremendous accomplishment for the Royal Government of Cambodia (RGC).

Successful care and treatment of PLHAs requires comprehensive clinical services and strong community services as well as strong links between these clinic based and community based providers of care. To provide a comprehensive package of services for PLHAs, the RGC developed a Continuum of Care (CoC) Framework (see uploaded diagram) organized at the operational district (OD) level of government (each of Cambodia's twenty-four provinces is divided into two to seven ODs (76 in the country). The CoC is a network model encompassing programs including counseling and testing, tuberculosis (TB), Antenatal Care (ANC), PMTCT, Opportunistic Infection (OI) and ART treatment, and home care within communities. The first CoC was established in late 2003 and, to date, 50 have been established, of which 18 are supported by the USG.

A growing challenge for PLHA in Cambodia is skyrocketing food prices. Over the past year, the cost of locally produced rice has doubled, as have the prices of fuel and fertilizer, and the cost of meat and fish has increased by as much as 60%. With 85% of Cambodia’s population living in rural areas, of which 20% are already below the food poverty line, this food shortage is having a significant impact on vulnerable populations, including those affected or infected by HIV/AIDS. The World Food Program has been providing support to PLHA through USG implementing partners, but continued support is uncertain.

USG provides technical and financial assistance for care and support in the community aimed at extending and optimizing quality

of life for PLHAs throughout the continuum of illness, as well as facility based care for the prevention and treatment of OIs and for ART. The following narrative is divided into two parts, the first describing care and support services for adults and the second describing ART services for adults.

CARE AND SUPPORT:
While Cambodia has experienced an impressive scale-up of HIV treatment services to 50 sites across the country, the geographic coverage area for each site outside of Phnom Penh is very large, often with very poorly maintained roads connecting villages to the HIV care clinic site. Without a strong network of community based service providers that can function as the "extenders" of clinic based services, patients could be cut off from their source of care and be lost to follow-up, or allow symptoms to worsen to the danger point before seeking care. Clinicians at the HIV Care Clinics have limited time to spend with each patient, and often insufficient opportunity to deal with the multiple psychological and social issues that confront PLHAs. In response, 244 home base care (HBC) teams (which cover about 70% of total number of health centers in the country) have been established. More than one-third of these teams are supported by the USG through NGOs which directly manage and supervise HBC teams. The approach of HBC has been expanded from medical follow-up and psychological care to drug adherence, prevention for positives, and counseling/livelihood support for socioeconomic reintegration.

The expansion of CoC is coordinated by the National Center for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS) and funded by multiple donors, including USG, GFATM, DFID, Asian Development Bank, and UNICEF. In referral hospitals, OI drugs, ARVs, test kits, and other support (salary supplementation) have been mostly provided by the Global Fund (round 1, 2, 4, 5 and 7), UNICEF, and DFID. In addition, most USG partners are Global Fund recipients, which has enabled them to leverage this funding to expand care and support services beyond USG priority provinces.

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

Given limited PEPFAR funding, the USG has focused resources on targeted prevention among MARPs and has scaled back broad-based care and support implementation. To ensure consolidation and transition, the USG is working with the RGC, the Global Fund, and other donors to identify additional funding sources and partners. In COP 09, the USG will scale back care and support services, and instead focus on consolidation, quality improvement, and innovative models of HBC and palliative care at OI/ART service delivery; and strengthen the referral linkages between OI/ART services (referral hospital and health centers) and community services (HBC) in USG focus provinces. The need for HBC will be reviewed and redefined in accordance with the changing needs of PLHA as most now have access to ART. The most vulnerable PLHAs, those who are ill, in pre-ART status, and malnourished PLHAs will be prioritized for HBC services.

In COP 09, USG will continue to provide a range of care and support services to PLHA in the areas below:

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

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

At the facility level, USG provides technical and operational support to 18 existing CoC sites to enable referral hospitals and Operational Districts to provide OI/ART services. Activities include infrastructure renovation; human resources development and management, training and supervision; setting up case management and coordination structures; improving patient management and monitoring systems; developing standard operating procedures; conducting targeted capacity building for health care providers to strengthen service delivery; and strengthening drug and commodity supply systems. The purchase, distribution, and management of OI drugs is funded by the Global Fund and managed through the existing Central Medical Stores distribution system of the MoH. However, USG helps in the training of OD and Provincial supervisors to assist in forecasting need and to assure appropriate ordering of supplies.

At the community level, USG will continue to support existing HBC teams to provide a comprehensive package of services including psychosocial and spiritual support; symptom and pain management; nutritional counseling and food support; hygiene; social and economic assistance including vocational training activities; end of life care; and drug adherence support. In addition, USG partners work with PLHA networks to increase the participation of PLHA in monthly meetings at CoC sites as well as provide financial support to increase utilization of CoC services by the very poor. Food and other material support for PLHA are provided by the World Food Program (WFP) through direct agreements with USG implementing partners. The global food security crisis has made continued WFP support uncertain.

Community mobilization is key to ensuring that PLHAs know about available support, that community stigma is reduced, and that additional volunteers are recruited to work with HBC teams and to provide encouragement to PLHAs. USG support includes awareness raising activities and advocacy with local political and religious leaders, school officials, Village Development Committees, Village Health Support Groups (VHSG), Village Health Volunteers (VHVs), and individual community members as well as information, education, and communication (IEC) materials dissemination through mass media and community events.

Linkages: A strong referral network is also key to the USG program. To promote better linkages between the facility and community levels, USG will continue to provide assistance to CoC coordination forums at provincial and district levels, and actively participate in NCHADS' Linked Response activities. These forums are used to promote discussion and follow up among facility based providers and HBC teams on patients who are deceased, missing or in need of follow-up. Linkages are made between HBC services and other services including OI/ART, PMTCT, TB/HIV, STI and VCCT, as well as to income-generation and vocational training services.

Adult ART SERVICES:
Cambodia has rapidly scaled up ART Services over the last five years with the establishment of 50 HIV treatment facilities in twenty of Cambodia's twenty-four provinces and municipalities, with at least one OI/ART clinic in 39 of Cambodia's 76 operational districts. Cambodia was one of only a few countries to exceed the WHO treatment targets for 2005, and since 2005, has continued to exceed ambitious treatment goals, as reflected in the high percentage of estimated treatment-eligible patients currently on ART. These accomplishments are a major achievement of the Royal Government of Cambodia and have been accomplished through strong leadership, a clear strategic plan, the support of civil society and all tiers of government. Bilateral support has been critical to the success of Cambodia's scale-up of ART services. USG has played a major role. At the national level, USG has provided technical assistance in the development of the national curriculum for clinicians and treatment guideline revisions, and continues its technical support serving on working groups updating opportunistic infection guidelines for adults and children, formulating a protocol for the ordering and interpretation of HIV viral load testing, and developing a continuous quality improvement program for the OI/ART Clinic sites as well as the entire Continuum of Care.

At the field level, USG partners have played a crucial role in the scale up of treatment by providing support to one-third of the country's HIV treatment facilities. This support has been targeted to assure that clinicians and counselors maintain their skills and their professional satisfaction, that patients have the support needed to maintain drug adherence and appointment keeping, and that critical laboratory tests can be performed in a timely fashion without obstacles due to transport of specimens. This support includes provision of clinical mentoring, sponsorship of quarterly clinician and counselor network meetings and monthly Continuum of Care meetings, supervision activities by NCHADS staff, support for regional clinical conferences, coverage of transportation costs to clinic for impoverished patients, and coverage of transport of blood specimens for CD4 testing and other off -site laboratory tests. In October 2008, USG will increase the ART treatment sites it is supporting from 16 to 17. These sites cover 14 ODs in five provinces and two municipalities.

While Cambodia is still finalizing its Continuous Quality Improvement program, preliminary data suggest good retention and low mortality among those started on ART. At the beginning of 2007, 20,139 patients were on ART. During 2007, an additional 7,927 patients were initiated on ART. Of these 28,066 patients, 819 (2.9%) died and 626 (2.2%) were lost to follow-up.

USG recognizes that the successes achieved in treatment of HIV-infected persons in Cambodia can only be maintained with the continued provision of high quality care. Over time, as patients develop long term side effects to antiretroviral drugs and more patients begin to fail first line therapy, treatment decisions will become more complex. As ongoing quality improvement activities assume a more prominent role in HIV treatment, USG will focus its assistance on helping Cambodia implement such activities, while simultaneously providing technical support to the national program to assist in the development of sustainable policies to adequately cope with the increased complexity of care.

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	11731.09	**Mechanism:**	USAID Cost of Doing Business
Prime Partner:	US Agency for International Development	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	28810.09	**Planned Funds:**	$9,450
Activity System ID:	28810		
Activity Narrative:	ICASS, IRM tax for USAID FSN HIV/AIDS Advisor		
New/Continuing Activity:	New Activity		
Continuing Activity:			

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID:	9766.09	**Mechanism:**	TBD/Umbrella

Prime Partner:	To Be Determined	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Care: Adult Care and Support
Budget Code:	HBHC	**Program Budget Code:**	08
Activity ID:	25874.09	**Planned Funds:**	[redacted]
Activity System ID:	25874		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: On September 30th, 2009 the USAID agreement with KHANA will end. An RFP/RFA for an organization to serve as an umbrella supporting a number of implementing agencies in the areas of prevention and care, and national level advocacy and leadership will be issued in calendar year 2009. USAID will continue to prioritize the use of Cambodian entities that have the proven capacity to implement USG programs and are critical components of Cambodia's health sector. As neither an assessment nor the design has been completed, specific components have not been identified, but illustrative components are outlined below.

The TBD implementer will support People Living with HIV/AIDS (PLHA) in the five categories specified by PEPFAR: clinical/physical care, spiritual care, psychological care, social care and integrated prevention services. Routine collection of strategic information in the form of monitoring data, case studies, lessons learned and best practices from partners will inform programs, donors and government-led initiatives (including the universal access targets) will be implemented. All basic health care and support activities will be carried out through local partners, networks and home care teams (HCTs). To ensure the effectiveness and sustainability of its programs and activities, the TBD implementer will build partners' capacity through in -service training.

Comprehensive care and support in community and home-based settings to PLHA beneficiaries will be provided. The TBD implementer will provide grants to NGO partners to carry out integrated care and prevention projects at community level. Each partner will support HCTs that operate from local health centers. These HCTs will make regular home visits to provide basic medical care to PLHA, reinforce efforts to refer them to relevant health services, such as Opportunistic Infection, TB, Antiretroviral Therapy (ART) and Prevention of Mother To Child Transmission (PMTCT) and assist them with treatment adherence. For PLHAs on ART education on side effects, living well on ART and ART adherence and follow-up will be supported. In addition to basic health care, local partners and the HCTs will provide a comprehensive range of services to PLHA. These include psychosocial support in the form of counseling, spiritual support, preparation for funerals and providing for surviving family members; as well as welfare support to those most in need, shelter repair, clothing and mosquito nets. Welfare support will be provided to PLHA on the basis of their poverty, health, and family situation.

Referral mechanisms will be established or strengthened for PMTCT and Sexual and Reproductive Health (SRH) services and to agencies/institutions that can offer PLHA social and economic opportunities. The TBD implementer will ensure that referral systems are effective and that PLHA are not merely assisted in reaching these services (for example by providing transport and accompanying beneficiaries if necessary) but that the actual service was provided. HCTs will be supported to provide counseling to PLHA to help them maintain the quality of their lives and reduce the risk of onward transmission. Beneficial disclosure and ethical partner notification will be encouraged at all times.

Self Help Groups will be supported to help PLHA cope with ARV side-effects and treatment adherence, and to discuss issues that are important for the health and well being of PLHA and their families, such as nutrition and positive prevention. HCTs, provincial CPN (Child Protection Network) and CoC (Continuum of Care) Coordinators will be encouraged to engage with PLHA self-help groups to better understand the needs, concerns and challenges faced by PLHAs and to train the members in crucial issues such as ARV adherence and positive prevention.

The TBD implementer will implement activities that support to the link between HIV and TB and integrate TB as a key area of training for HCTs. HCTs will disseminate information about TB within the community, in particular to PLHAs and their families that detail the signs and symptoms of TB, diagnosis, treatment and treatment compliance and liaise with TB service providers. Local partners will conduct community meetings and work with local authorities and faith-based institutions to reduce stigma and discrimination towards PLHAs and their families.

The challenge now is to address a maturing epidemic, and focus on providing basic AIDS health care through the CoC framework, with increasing numbers of people requiring care and support services, particularly in areas where the public health system is weak. Home care teams help provide access to a wide range of clinical, psychological, spiritual, and social support interventions. They represent the link between public referral services and the community, and between PLHAs and faith-based support. As reliance on these teams increases and resources focus more on treatment, the TBD implementer and its local partners will ensure that team members become proficient in referrals and increase their medical support role to include monitoring of side effects and drug adherence.

Voluntary Counseling and Testing (VCT) is a major element of the RGC's (Royal Government of Cambodia's) Strategic Plan for HIV/AIDS and a key element of the CoC. Access to VCT services remains limited in some areas of Cambodia, particularly in sparsely populated areas where transport costs are high. The system of referrals to and from VCT needs strengthening. Programs will seek to address low utilization rates in some sites and limited referral success. Linkages with NGOs specializing in livelihoods skills will be established to provide income generation opportunities to PLHAs and affected families.

Food security is an important part of the service package for many PLHAs. Lack of access to regular and healthy food can lead to a general decline in health, decreasing likelihood of adhering to treatment regimes and a loss of income. Toolkits on food, nutrition, and HIV/AIDS produced in collaboration with various agencies will be used to support local partners in delivering messages on nutrition for PLHA.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Water

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 11734.09
Mechanism: USAID Personnel
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 28822.09
Planned Funds: $23,450
Activity System ID: 28822
Activity Narrative: Salary and travel costs for USAID FSN HIV/AIDS Advisor
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.08: Activities by Funding Mechansim

Mechanism ID: 9714.09
Mechanism: FHI
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: Adult Care and Support
Budget Code: HBHC
Program Budget Code: 08
Activity ID: 25941.09
Planned Funds: $242,460
Activity System ID: 25941

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

FHI activities focus on facility and community levels within the Continuum of Care (CoC) framework. In FY 2009, FHI will build on its strategic approaches of family focused care, integration, creation of model sites and quality assurance/quality improvement within the CoC.

At the facility level, FHI will strengthen the quality of OI/ART (Opportunistic Infection/Anti-Retroviral Treatment) services through training and supervision to improve commodity supply systems, case management, coordination structures, referral procedures and monitoring systems. Targeted training will be provided to physicians through a combination of onsite mentoring and formal training. Case discussions, expert group reviews, quarterly physician network meetings, and CoC coordination meetings will be used as a forum to discuss findings. In locations where other partners work, such as the Reproductive and Child Health Alliance (RACHA), Reproductive Health Association of Cambodia (RHAC) and HHS/CDC, FHI will collaborate closely to ensure complementary services are provided that enhance USG funded interventions.

At the community level, FHI will develop, implement and model community-based, family-focused programs and provide holistic prevention, care, support, treatment, and impact mitigation services. FHI will support government and NGO partners to integrate palliative care and OVC (Orphans and Vulnerable Children) interventions to respond to the wide range of needs of families living with and affected by HIV/AIDS. Family care teams composed of NGO and health center staff, community members and PLHA representatives will make regular visits to PLHA households, providing material, psychosocial, nutritional, clinical and legal support. Linkages to vocational training and income generation will be promoted as part of family-centered care. FHI will support the development and utilization of tools such as "family folders" that link the patient records of children and parents living with HIV/AIDS, to ensure that the socio-economic-medical needs of families are followed up appropriately. FHI will provide extensive capacity building to family care teams on topics such as counseling and palliative care; succession planning; child participation; parenting skills training for caregivers; community mobilization for care and support; establishing linkages for medical, psychosocial and economic support; and addressing issues including gender empowerment, greater involvement of PLHA and stigma and discrimination reduction. By supporting the implementation of the Linked Response Standard Operating Procedures at health centers, FHI will further strengthen referral systems and coordination with CoC activities. Quality of Care and support services will be monitored using quality assurance guidelines and tools. In FY 2009, FHI will strengthen CoC coordination meetings. These forums will promote discussion and follow up among facility-based providers and home care teams with patients who are deceased, missing or require follow-up. The home based care (HBC) component is linked to all other care and treatment areas and prevention components. Training is cross cutting as it covers a range of issues such as OI/ART side effects, treatment adherence and literacy, positive prevention and universal precaution.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 09 - HTXS Treatment: Adult Treatment

Total Planned Funding for Program Budget Code: $1,158,896

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9714.09
Mechanism: FHI
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 25945.09
Planned Funds: $500,000
Activity System ID: 25945

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

FHI will support an additional OI/ART site.

FHI ensures that ownership of all processes lies not with FHI but with national and provincial governments, local organizations, and community members. The overarching approach includes strengthening the linked response between HIV services and health centers and providing technical assistance to the national government on integrating different components of care; quality assurance and quality improvement; and strengthening data management and data use at provincial and facility levels.

In FY 2009, emerging issues include people on second line regimens, treatment failures, adherence fatigue and greater need for polymerase chain reaction (PCR) and viral load testing. To address these emerging issues at the national level, FHI will continue to work with National Center for HIV/AIDS, Dermatology and STDs (NCHADS) and other partners to develop and update curricula, policies, and guidelines and establish standard operating procedures for a linked response and quality assurance.

FHI will support a new OI/ART site with an active file of 2,200 HIV patients at the Kampong Cham referral hospital following Medecins Sans Frontieres (MSF) withdrawal. FHI will also support eight operational district referral hospitals, the military Region 5 hospital and Chhouk Sar clinic (a local NGO providing ART, clinical care, and supportive services to PLHA in most at risk populations (MARPs)). Regional opportunistic infection OI/ART networks will provide a forum for ART service providers to share experiences, build their capacity, and gain a better understanding of treatment intolerances and adverse clinical events. Greater emphasis will be placed on monitoring drug resistance, treatment failure and adherence issues through a combination of onsite mentoring and formal trainings. To promote greater learning and experience sharing, case discussions, expert group reviews, quarterly physician network meetings and Continuum of Care (CoC) coordination meetings will also be used for training and capacity building in RH/STI (Reproductive Health/Sexually Transmitted Infections), drug use and positive prevention. Quality assurance and data use will be strengthened through weekly case discussions, supportive supervision of services through in-country supervisors, and ongoing mentoring and coaching from technical teams at the national and provincial levels. To ensure better coordination, linkages and quality of care, FHI will collaborate closely with organizations such as the Clinton Foundation, HHS/CDC, WHO, and other USG partners.

At the community level, home-based family care teams, composed of NGO staff, community members, PLHA, and health center representatives, will continue to promote ART adherence, treatment literacy, and appropriate follow up for ART patients. In FY 2009, FHI will continue to strengthen linkages between community level and facility-based activities such as PMTCT, voluntary counseling and testing (VCT), TB/HIV and OI/ART. Existing health equity fund support will be utilized to increase access to care and treatment services for those who cannot afford to pay.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

* Increasing gender equity in HIV/AIDS programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9699.09 **Mechanism:** NCHADS CoAg Base

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Treatment: Adult Treatment

Budget Code: HTXS

Program Budget Code: 09

Activity ID: 11308.25911.09

Planned Funds: $277,000

Activity System ID: 25911

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The purpose of the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) Cooperative Agreement is to promote ongoing collaborative between NCHADS and HHS/CDC in response to the HIV epidemic. Key focus areas of the NCHADS Cooperative Agreement include improving prevention of mother to child transmission (PMTCT) coverage, improving the Continuum of Care (CoC) for persons living with HIV/AIDS (in particular those with co-existing TB disease) and improving the collection and use of data to inform HIV program activities.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

This activity has been modified from that described in the COP 08 Activity Narrative to conform with the evolving quality improvement program of NCHADS. The quality improvement plan outlined in COP 08 has been modified with a plan in which mentoring in quality improvement would be performed by an NCHADS quality improvement team consisting of representatives from its Research Unit, Data Management Unit, and AIDS Care Unit, with assistance from technical advisors from donor partners including HHS/CDC and USG partners. As operational districts (ODs) with developed CoC scale up their data entry and data management capacity, they will be able to generate report cards on performance on a number of quality indicators that have been developed over the past year with the input of USG technical advisors. In FY 09, a limited number of operational districts will be selected to pilot quality improvement interventions. Site visits by the NCHADS Quality Improvement team will be conducted to review performance achievements of the operational district, identify areas of weakness, and assist the operational district in developing plans to address these weaknesses. Follow-up site visits will be planned to assess steps taken to address the identified weaknesses and to review subsequent quality measures.

In COP 09, USG will support these quality improvement activities in two operational districts of Banteay Meanchey Province. In addition, HHS/CDC will fund data management /data entry personnel at the Banteay Meanchey Provincial AIDS Office who will be charged with maintaining a timely and accurate database so that meaningful and timely quality improvement indicators can be determined. The HHS/CDC Clinical Advisor and Deputy Director will serve as a member of the quality improvement team mentoring these operational districts. It is expected that procedures adopted in these early efforts to assure and improve quality will inform future, more widespread continuous quality improvement (CQI) activities.

In COP 09, HHS/CDC will continue to provide support to four OI/ART sites in three Operational Districts of Banteay Meanchey Province. This support will include funding for participation of staff in regional network meetings and national meetings organized by NCHADS, as well as funds to support transportation of indigent patients to regularly scheduled visits to the OI/ART clinic.

In addition to the above activities, NCHADS will continue to strengthen ARV services in Banteay Meanchey, Battambang, and Pursat Provinces and the municipality of Pailin by sponsoring two regional network meetings for clinicians and counselors, refresher clinical training, courses on OI/ART, refresher training for nurse counselors, and management training workshops for leadership at the provincial and OD levels. In addition, they will be providing funds for three providers from each province and Pailin municipality to attend an appropriate regional conference.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18456

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18456	11308.08	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	7344	7344.08	NCHADS CoAg GHAI	$96,195
11308	11308.07	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	5755	5755.07	NCHADS CoAg GHAI	$37,700

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9697.09
Mechanism: CDC Cost of Doing Business - ITSO
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 24005.09
Planned Funds: $10,470
Activity System ID: 24005
Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount that HHS/CDC Cambodia is being billed by HHS/CDC Headquarters to support the Information Technology Service Office is $69,420.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9696.09
Mechanism: CDC Cost of Doing Business - State
Prime Partner: US Department of State
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 23998.09
Planned Funds: $88,406
Activity System ID: 23998
Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount for HHS/CDC Cambodia due to the Department of State in order to operate includes:
$350,000 ICASS
$113,078 Capital Security Cost Sharing
$123,087 Non-ICASS local guard charges
$586,165 Total
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9695.09
Mechanism: CDC_Post_Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 18488.25697.09
Planned Funds: $52,126
Activity System ID: 25697

Activity Narrative: This is an ongoing activity.

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

This funding is for the portion of the salary of the Deputy Director dedicated to ARV Services ($14,351). The Deputy Director will be a liaison between NCHADS and the three provincial and city AIDS directors on budgeting, planning, and reporting. He will work closely with CDC HIV Clinical Advisor and partners to assist NCHADS in developing a Quality Assurance (QA) Program in the above provinces. In addition, $25,000 in post-held travel funds are budgeted for international and field travel, and $11,700 is budgeted for the portion of the CDC GAP Director's in-country maintenance costs attributable to this program area.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18488

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18488	18488.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7342	7342.08	CDC_Post_Base	$27,351

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 9694.09 **Mechanism:** CDC_HQ_Base

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP **Program Area:** Treatment: Adult Treatment

Budget Code: HTXS **Program Budget Code:** 09

Activity ID: 11168.25689.09 **Planned Funds:** $197,994

Activity System ID: 25689

Activity Narrative: This is an ongoing activity.

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

This funding is for salary and support costs for the HIV Clinical Advisor and the CDC GAP Director that are attributable to adult ART activities. Those activities include assistance provided to the National Center for HIV, AIDS, Dermatology, and STDs (NCHADS) in providing assistance to provinces as QA activities are initiated including support to clinical mentors in identifying quality concerns and interventions to address those concerns, plus evaluation of impact of QA program on actual quality of care; participation in meetings of regional clinical network and clinical symposia; and participation in appropriate NCHADS technical working groups.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18460

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18460	11168.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7341	7341.08	CDC_HQ_Base	$74,000
11168	11168.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$125,091

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11731.09
Mechanism: USAID Cost of Doing Business
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 28812.09
Planned Funds: $9,450
Activity System ID: 28812
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.09: Activities by Funding Mechansim

Mechanism ID: 11734.09
Mechanism: USAID Personnel
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Treatment: Adult Treatment
Budget Code: HTXS
Program Budget Code: 09
Activity ID: 28824.09
Planned Funds: $23,450
Activity System ID: 28824
Activity Narrative:
New/Continuing Activity: New Activity
Continuing Activity:

Program Budget Code: 10 - PDCS Care: Pediatric Care and Support

Total Planned Funding for Program Budget Code: $151,844

Program Area Narrative:

In a report titled "HIV Estimates and Projections for Cambodia 2006-2012," published in 2007, a consensus workshop estimated that in the absence of antiretroviral therapy (ART), there would be 2,800 HIV-infected children age 0-14 alive in Cambodia in 2008. However, the model used to estimate and project the number of HIV infected children was unable to consider the effects of ART in its projections of the number of children living with HIV. Therefore, HIV prevalence among children aged 0-14 years is underestimated. As of June 30, 2008, 2,805 children are currently receiving ART and an additional 1,854 children are under care for prevention and treatment of opportunistic infections (OI). This rapid scale-up represents the collaborative response of the National Center for HIV/AIDS, Dermatology and STDs (NCHADS), the Clinton Foundation, which provides pediatric ARVs, technical assistance, and training to pediatric clinicians, and USG, UNICEF, and Global Fund, which support the service delivery at both facility and community levels. The national estimated targets for children on ARVs by the end of 2008 and 2009 are 3,000 and 3,500, respectively. Currently, 26 OI/ART sites treat children; this will be scaled up to 49 sites.

In COP 09, USG will continue working with NCHADS, the National Maternal and Child Health Center (NMCHC) and other partners to increase the coverage of HIV infected children and their follow-up in pediatric health facilities by utilizing similar platforms and strategies used for adults care and treatment. A particular focus area will be assuring that infected infants are initiated on treatment as soon as diagnosis is established. Currently, very few children age zero to two years are on treatment, and follow-up of HIV-infected children after birth has been very challenging. Until 2008, diagnosis of HIV in children could not be reliably determined until 18 months of age. From birth to 18 months it was difficult to maintain contact with the HIV-affected family and most exposed infants were lost to follow-up. No systematic transfer of care from Prevention of Mother to Child Transmission (PMTCT) services to Pediatric AIDS care had been established. In 2008 dried blood spot DNA-PCR testing for early infant diagnosis (EID) was introduced with funding from Clinton Foundation and with USG technical assistance. It is now possible to diagnose infants at 6 weeks or at 6 weeks post cessation of breast feeding. USG will focus on strengthening linkages between PMTCT and Pediatric AIDS care sites to assure close infant follow-up of HIV-exposed infants so that treatment can be initiated as soon as diagnosis is established. Appropriate training of home based care (HBC) teams, health center (HC) staff as well as OI/ART pediatric health care providers will be conducted to efficiently implement EID. In addition, USG will continue working with national technical working groups on the development of guidelines and policies to strengthen OI/ART pediatric services; support the delivery of quality OI/ART services for pediatric AIDS within the Continuum of Care (CoC) (see uploaded diagram) framework; support community care services provided through integrated HBC and orphans and vulnerable children (OVC) activities; and strengthen the referral linkages between both services.

USG will strengthen the quality of OI/ART services for children at CoC sites with emphasis on improving OI prophylaxis coverage (Cotrimoxazole and Fluconazole) among HIV infected and HIV-exposed children. Activities include training, supervision and mentoring activities to strengthen drugs and commodity supply systems as well as case management, coordination structures, referral systems and monitoring systems. Targeted training through a combination of onsite mentoring and formal training will be provided to physicians. Monthly meeting for children will be supported and used to provide appropriate information and education on basic care, prophylaxis and nutrition as well as social and psychological support.

At the community level, USG supported pediatric AIDS care services are provided through HBC. HBC teams are trained and supported in pediatric psychosocial/spiritual support, OI prevention, early recognition of OIs and referral for treatment, adherence support for ART, education in coping with ART side-effects, and follow-up of HIV-exposed infants. In addition, infected children will benefit from the comprehensive HBC package provided to people living with HIV/AIDS. The package includes psychosocial support in the form of counseling, spiritual support, preparation for funerals and providing for surviving family members; and food support, shelter repair, clothing and mosquito nets.

A growing challenge for People Living with HIV/AIDS in Cambodia is skyrocketing food prices. Over the past year, the cost of locally produced rice has doubled, as have the prices of fuel and fertilizer, and the cost of meat and fish has increased by as much as 60%. With 85% of Cambodia's population living in rural areas, of which 20% are already below the food poverty line, this food shortage is having a significant impact on vulnerable populations, including those affected or infected by HIV/AIDS. The World Food Program has been providing support to PLHA through USG implementing partners, but continued support is uncertain.

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID:	9765.09	**Mechanism:**	RHAC
Prime Partner:	Reproductive Health Association of Cambodia	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Care: Pediatric Care and Support
Budget Code:	PDCS	**Program Budget Code:**	10
Activity ID:	26091.09	**Planned Funds:**	$21,229
Activity System ID:	26091		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: RHAC, under a new cooperative agreement, replaces part of the activities listed as TBD in the COP 2008.

Under a sub-grant from RHAC, Angkor Hospital for Chidren (AHC) provides services to HIV infected chidren both in the hospital and through home based care. AHC is one of 23 pediatric ART (Antiretroviral Therapy) hospitals throughout the country which can provide ARV (Anti Retroviral) and OI (Opportunistic Infection) treatment to HIV infected children and is the only pediatric ART site in Siem Reap province. All children diagnosed with HIV will be provided with OI prophylaxis including Cotrimoxazol and Fluconazol to prevent PCP (Pneumocystic Pneumonia) and crypotococcal meningitis. The hospital also provides OI treatment for other illnesses such as diarrhea, TB, candidosis, herpes, etc.

AHC has a home care team which conducts home visits to follow up on HIV infected children under ART and OI treatment to assess treatment adherence and overall health of the child. During the home visit, the home care team assesses caregiver knowledge on administering medicine, conducting medical assessments, and determining drug side effects as well as stressing the importance of keeping hospital appointments. The team connects children and families to other available support services. AHC continues to improve the skills and knowledge of staff to better provide effective and compassionate care for children and families through training in areas such as psychosocial issues and attending meetings or workshops. AHC recruits and involves PLHA (People Living with HIV/AIDS) in providing counseling and education to caretakers and children and will continue to establish a pediatric peer educator and self-support group education program for children as evidence shows that their peers are the best source of support for children.

As a general pediatric hospital, AHC provides broad medical services and can serve as the entry point for HIV counseling and testing and Continuum of Care (CoC) service for HIV infected children. Families are more likely to participate in hospital activities since AHC provides the whole CoC in the hospital as well as in the community.

The USG funded pediatric care service for HIV infected children is coordinated with funding in other program areas including HIV counseling and testing, pedicatric ARV treatment, and OVC (Orphans and Vulnerable Children). Individuals provide in-kind resources such as toys for children during home visits.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Gender
* Increasing gender equity in HIV/AIDS programs
Health-related Wraparound Programs
* Child Survival Activities

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$16,188

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water	
Estimated amount of funding that is planned for Water	$1,200

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 9766.09 **Mechanism:** TBD/Umbrella

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Care: Pediatric Care and Support

Budget Code: PDCS

Program Budget Code: 10

Activity ID: 25875.09

Planned Funds: [redacted]

Activity System ID: 25875

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: On September 30th, 2009 the USAID agreement with KHANA will end. An RFP/RFA for an organization to serve as an umbrella supporting a number of implementing agencies in the areas of prevention and care, and national level advocacy and leadership will be issued in calendar year 2009. USAID will continue to prioritize the use of Cambodian entities that have the proven capacity to implement USG programs and are critical components of Cambodia's health sector. As neither an assessment nor the design has been completed, specific components have not been identified, but illustrative components are outlined below.

The TBD implementer will support children living with HIV in the five categories specified by PEPFAR: clinical/physical care, spiritual care, psychological care, social care and integrated prevention services. Routine collection of strategic information in the form of monitoring data, case studies, lessons learned and best practices from partners that will inform programs, donors and government-led initiatives (including the universal access targets) will be implemented. All basic health care and support activities will be carried out through local partners, networks and home care teams (HCTs). To ensure the effectiveness and sustainability of its programs and activities the TBD implementer will build partners' capacity through in-service training.

Comprehensive care and support in community and home-based settings to children living with HIV will be provided. Each sub-partner will support home care teams (HCTs) that operate from local health centers. These HCTs will make regular home visits to provide basic medical care to children, refer them to relevant health services (such as OI/ART and TB) and ensure that they can complete treatment. For those receiving ART, education will be provided on side effects, living well on ARV and ARV adherence and follow-up. In addition to basic health care, local partners and the HCTs will provide a comprehensive range of services to children living with HIV. These will include psychosocial support in the form of counseling, spiritual support, schooling, nutrition, and welfare support to those most in need, shelter repair, clothing and mosquito nets. Welfare support is provided on the basis of poverty, health and their family situation.

Training will be provided to local partners to update their knowledge and skills. Local partners will also participate in relevant meetings/workshops organized by the national programs for HIV/AIDS and maternal and child health.

The TBD implementer will implement activities that support the link between HIV and TB and integrate TB as a key area of training for HCTs. HCTs will disseminate information about TB within the community, in particular to the children living with HIV and their families and caregivers that detail the signs and symptoms of TB, diagnosis, treatment and treatment compliance and liaise with TB service providers. Local partners will conduct community meetings and work with local authorities and faith-based institutions to reduce stigma and discrimination towards PLHAs and their families.

Infected children will be supported to attend school and will be given the necessary materials and uniforms. HCTs will receive support to provide counseling and psychological support to children infected by HIV and their families and to refer eligible children to appropriate vocational training opportunities. These children will also be provided with additional support when parents become terminally ill, such as preparation for foster care. Other social services will be provided to reduce stigma and discrimination towards infected children who are most in need.

The challenge now is to address a maturing epidemic, and focus on providing basic AIDS health care through the CoC framework, with increasing numbers of people requiring care and support services, particularly in areas where the public health system is weak. Home care teams help provide access to a wide range of clinical, psychological, spiritual, and social support interventions. They represent the link between public referral services and the community, and between PLHAs and faith-based support. As reliance on these teams increases and resources focus more on treatment, the TBD implementer and its local partners will ensure that team members become proficient in referrals and increase their medical support role to include monitoring of side effects and drug adherence.

Food security is an important part of the service package for many PLHAs. Lack of access to regular and healthy food can lead to a general decline in health, decreasing likelihood of adhering to treatment regimes and a loss of income. Toolkits on food, nutrition, and HIV/AIDS produced in collaboration with various agencies will be used to support local partners in delivering messages on nutrition for PLHA.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Water

Table 3.3.10: Activities by Funding Mechansim

Mechanism ID: 9714.09
Mechanism: FHI
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: Pediatric Care and Support
Budget Code: PDCS
Program Budget Code: 10
Activity ID: 25943.09
Planned Funds: $60,615
Activity System ID: 25943

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

Strengthening linkages between OI/ART pediatric, Continuum of Care (CoC) and prevention services is a priority of the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) and the National Maternal and Child Health Center (NMCHC). At the national level, FHI will work through technical working groups (TWGs) to develop appropriate guidelines and policies at the facility and community levels.

In FY 2009, FHI will improve the follow-up of HIV-exposed children from delivery sites to OI/ART pediatric services through strengthened referral mechanisms. Greater emphasis will be placed on performing Early Infant Diagnosis using PCR (Polymerase Chain Reaction) technology in collaboration with NCHADS, the NIPH (National Institute of Public Health), UNICEF and the Clinton Foundation. Appropriate training of home based care (HBC) teams, health center staff and OI/ART pediatric health care providers will be conducted to efficiently implement early infant diagnosis (EID).

At the facility level, FHI will improve cotrimoxazol OI prophylaxis coverage among HIV infected and HIV exposed children, as well as palliative care in the four OI/ART pediatric sites. FHI will train, supervise and mentor staff in case management, coordination structures, as well as referral and monitoring systems. Targeted training through a combination of onsite mentoring and formal training will be provided to physicians. MMM (Friends Helping Friends) meetings for children will be supported by FHI and used to provide appropriate information and education on basic care, prophylaxis and nutrition as well as social and psychological support.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities
* Safe Motherhood

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 11 - PDTX Treatment: Pediatric Treatment

Total Planned Funding for Program Budget Code: $267,780

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9714.09 **Mechanism:** FHI

Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Treatment: Pediatric Treatment

Budget Code: PDTX **Program Budget Code:** 11

Activity ID: 25948.09 **Planned Funds:** $196,029

Activity System ID: 25948

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

The National Center for AIDS, Dermatology and STDs (NCHADS) currently provides pediatric HIV care and treatment through 19 OI/ART centers. In FY 2009, FHI will support NCHADS in expanding the number of pediatric OI/ART sites in Battambang and Kampong Cham. FHI will work with other stakeholders, such as UNICEF and the Clinton Foundation, at the national, provincial and site levels.

At the national level, FHI will continue to work with NCHADS and other partners to develop and update curricula, policies, and guidelines for children receiving HIV care and treatment.

At the provincial level FHI will support four OI/ART pediatric sites in Kampong Cham and Battambang. In addition to onsite mentoring and formal trainings, OI/ART pediatricians will attend Continuum of Care (CoC) coordination meetings, PMTCT network meetings and quarterly OI/ART clinical network meetings to share experiences and build their capacity and understanding of treatment of HIV/AIDS in children. Data collection and use for care and treatment of HIV in children will be actively supported. In order to ensure quality assurance and data usage, FHI will support weekly case discussions, supportive supervision of OI/ART pediatric services through in-country supervisors, and ongoing mentoring and coaching from technical teams at the national and provincial levels. At the community level, greater emphasis will be placed on optimizing home-based family care team coverage of HIV children in order to improve ART adherence as well as follow-up tracing of children lost to the system.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9765.09 **Mechanism:** RHAC

Prime Partner: Reproductive Health Association of Cambodia **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Treatment: Pediatric Treatment

Budget Code: PDTX **Program Budget Code:** 11

Activity ID: 26092.09 **Planned Funds:** $36,751

Activity System ID: 26092

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: RHAC, under a new cooperative agreement, replaces part of the activities listed as TBD in the COP 2008.

Under a sub-grant from RHAC, the Angkor Hospital for Children (AHC) provides comprehensive continuum of care (CoC) services for HIV infected children from counseling and testing to OVC support. OI (Opportunistic Infection) prophylaxis/management and home care service is addressed in the Pediatric Care and Support program area; HIV counseling and testing activities are described in the Counseling and Testing, and Orphans and Vulnerable Children program areas.

Pediatric ART (Antiretroviral Therapy) is distinct from adult ART in terms of medications, tools and methods of education (especially for adherence), and the patient's ability to understand ART. Children who receive HIV testing are followed up whether they are infected or not. CD4 cell counts are performed for all HIV infected children identified through the counseling and testing process to determine which children need ART. For children needing treatment, three ART preparation sessions are conducted to train the family and the child in how to comply with treatment requirements, possible ART side effects and continuing adherence to treatment over time. Infected children who are not in the ART program will receive a CD4 test every six months. In some cases, ARV is also provided to HIV infected children with poor medical conditions although they have high CD4 cell counts. Children under ART who live in Siem Reap will be followed up by a home care team to monitor their medical condition and ensure they continue to take appropriate medication.

AHC will strengthen collaboration with home-based care organizations to follow up with children who live in remote districts or come from other provinces. The hospital arranges appointments with families or caretakers of discharged children for routine medical check-ups and re-supply of ARVs. Children and families are advised to come to the hospital anytime if the patient experiences any side effects. Disease monitoring is regularly performed to evaluate the patients' health condition and to assess response to medication. AHC has observed that increasing numbers of children whose health did not improve after starting first line ART is probably the result of drug resistance. AHC now requests viral load and genotype tests in order to determine if the patient is, in fact, drug resistant and therefore can begin appropriate second line treatment. AHC has physicians and medical staff trained and qualified to deliver ART services to children and will continue to provide updated training to enable them to continue to provide high quality services.

As of July 2008, AHC has maintained the active cohort of 394 children who continue to receive ARV treatment from the hospital. AHC expects the number of HIV infected children that need ART services to increase to 474 by September 2010. AHC does not expect a larger increase of children since a number of new pediatric sites are being established. The National Center for HIV/AIDS, Dermatology and STDs (NCHADS) has requested that AHC transfer patients to ART sites near their homes, especially those from outside of Siem Reap. However, some patients keep going back to AHC after being referred which increases the number of children receiving ART services from AHC.

USG support covers approximately 50% of medical personnel salaries who provide ART services, lab tests including CD4 counts, viral load and genotype tests and some office equipment and supplies. The facility itself is supported by a private foundation (ABBOTT) and individual contributions. ARV drugs are provided by MoH/NCHADS under Global Fund support. Transportation support for children is shared between USAID, BTC (Belgium Technical Cooperation) and other NGOs.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $11,508

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.11: Activities by Funding Mechansim

Mechanism ID: 9700.09
Mechanism: NCHADS CoAg GHCS
Prime Partner: National Center for HIV/AIDS Dermatology and STDs
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GHCS (State)
Program Area: Treatment: Pediatric Treatment
Budget Code: PDTX
Program Budget Code: 11
Activity ID: 25913.09
Planned Funds: $35,000
Activity System ID: 25913

Activity Narrative: Almost six percent of adults in public OI/ART clinics in Cambodia receive care in Banteay Meanchey (BMC), one of the USG's target provinces. However, BMC accounts for only 1.6% of children enrolled in HIV care and only 1.1% of children on ART. While two hospitals in adjacent Siem Reap provide care for some children from BMC, it is likely that there are many HIV-infected children who are undiagnosed or untreated in the province. Factors contributing to this situation include failure to identify HIV-infected pregnant women, high rate of loss to follow-up among pregnant women who are identified as HIV-infected, high rate of loss to follow-up of exposed infants following delivery, and public perception that HIV pediatric care in BMC is of sub-standard quality. Two of the province's three OI/ART clinics report having no patients less than 15 years old.

The National Center for HIV/AIDS, Dermatology, and STDs (NCHADS) has set the expansion of pediatric services to all 49 OI/ART clinics in Cambodiaas a major priority. HHS/CDC will support NCHADS's strategy to improve and expand pediatric services in BMC by working to assure all HIV-exposed infants are identified antenatally, promoting linkages to community based services that will help prevent loss to follow-up, assure all HIV-infected pregnant women and their infants are provided with optimal prophylaxis, strengthen infant follow-up so that all exposed infants receive DNA-PCR HIV testing at 6 weeks and again at 6 weeks post weaning, support refresher trainings in the performance of dried blood spot PCR testing, provide informed counseling regarding optimal infant feeding choices, ensuring that all infants found to be infected are started on ART and co-trimoxazole as soon after diagnosis as possible, and guaranteeing that ongoing, quality pediatric care is provided at the treatment sites in the province. Funds will be provided for mentoring of pediatric staff, trainings for clinical staff and community support staff, quality improvement of pediatric services, and supervision of all these linked services.

New/Continuing Activity: New Activity
Continuing Activity:

Program Budget Code: 12 - HVTB Care: TB/HIV

Total Planned Funding for Program Budget Code: $527,205

Program Area Narrative:

Cambodia has the highest estimated tuberculosis (TB) incidence (500/100,000) in Asia. It is one of the World Health Organization's 22 "high-burden" TB countries. In 2006, the DOTS coverage was 100%, the smear-positive case-detection rate was 62%, and in 2005 the treatment success rate was 93%.

The HIV prevalence among TB patients in Cambodia is 7.8%, far greater than the HIV prevalence of 0.8% in the general population. At the same time, TB is very common among HIV-infected persons. Among persons newly diagnosed with HIV infection who are screened for TB, up to 25% are diagnosed with TB disease. The National Tuberculosis program reported that in 2007 38% of new TB patients were tested for HIV infection. Of patients diagnosed with TB/HIV, 70% were treated with co-trimoxazole preventive therapy (CPT) and 35% with antiretroviral therapy (ART). A TB drug-resistance survey has recently completed enrollment. Preliminary data are that 1.7% of new TB patients and 8.7% of re-treatment patients had multidrug-resistant (MDR) TB. This is an increase from the previous survey in 2002, which found no cases of MDR TB among new patients and 3% in re-treatment patients.

TB/HIV is a priority for the USG in Cambodia. As a non-focus country with a limited budget, it is not possible to address all aspects of TB/HIV in all areas of the country. Therefore, the plan focuses on policy and coordination-related activities at the national level and support for specific TB/HIV-related activities in selected areas of the country, and wraparound with non-PEPFAR USAID TB activities. These areas were chosen in collaboration with the national TB and HIV programs and complement support provided by other donors, of which Global Fund provides the largest support. To implement these activities, USG will again partner with the National Center for HIV/AIDS, Dermatology and STDs (NCHADS), and USAID's TB Capacity Assistance Project (TBCAP). In addition, this year, USG will directly fund the national TB program (CENAT) in a new activity.

In COP 08, support for TB/HIV included the following main areas: (1) support for collaboration between TB and HIV programs at the national level; (2) HIV testing of TB patients; (3) intensified TB case finding among people with HIV; (4) surveillance for and management of drug-resistant TB; (5) strengthening of TB laboratory services; and (6) improved monitoring and evaluation; For COP 09, activities will be continued and expanded in each of these areas. In addition, isoniazid preventive therapy (IPT) implementation and infection control in HIV care settings will be supported.

The COP 08 included funding for USG TB/HIV staff who work actively with CENAT and NCHADS to facilitate collaboration between the two programs. As regular participants in the TB/HIV technical working group, USG has been instrumental in improving collaboration. During 2008, USG worked with the TWG to develop a standardized operating procedure for provider-initiated HIV testing and counseling (PITC) for TB patients, initiated the development of a standardized operating procedure for intensified TB case finding, IPT, and TB infection control, and contributed to the development of a TB/HIV curriculum for TB clinicians. In COP 09, the USG will continue to support these staff to work with the national programs on collaborative TB/HIV activities. The main focus of improved collaboration for the coming year will be on advancing intensified TB case finding, IPT, TB infection control, and enhanced monitoring and evaluation. In addition, staff will continue to use lessons learned from successful program implementation in USG-supported areas to enhance programs in other areas through the TB/HIV working group.

For HIV testing of TB patients, the current standard practice in Cambodia is to refer TB patients to a voluntary counseling HIV testing (VCT) center for testing. USG has sought to: (1) maximize the proportion of TB patients tested for HIV infection under current policy in USG-supported areas; and (2) work with the national programs to revise policy and adopt a PITC-based approach. In COP 08, efforts were made to enhance testing under existing policy through support of patient transportation to VCT, regular meetings between TB and HIV staff to facilitate increased HIV testing, and training of staff in standardized approaches to talking to TB patients about the need for an HIV test. With these strategies in place, over 80% of TB patients in Banteay Meanchey (BMC) province in Northwest Cambodia were tested for HIV infection. In 2008, this package of activities was expanded to 2 additional USG focus provinces and Pailin Municipality; 50-60% of TB patients have been tested for HIV in the past year, well above the 38% reported nation-wide. The COP 09 will focus on implementing PITC in these 4 USG focus areas (provinces of Pursat, Banteay Meanchey, Battambang and Palin Municipality) and increasing the proportion of TB patients tested for HIV infection to over 80%.

National policy is that all people living with HIV/AIDS (PLHA) should be screened for TB at initial HIV diagnosis and regularly thereafter. In COP 08, this was supported through two efforts:
1. Regular meetings for TB and HIV staff in the northwest provinces to instruct staff in the importance of TB screening. This was previously supported by USG in one province and was expanded to all four USG focus areas in Northwest Cambodia in 2008; and
2. USG staff worked with the TB/HIV working group to begin preparation of a standardized operating procedure for intensified TB case finding. In the first 6 months of 2008, over 80% of people with HIV were screened for TB in the one province which has been supported by USG since 2003. In the two provinces for which these activities were added, 80-95% were screened.

In COP 09, the efforts in the 4 USG focus areas will be continued with a target of 90% of people with HIV screened for TB. Staff will continue to work with the TB/HIV working group on a standardized operating procedure for intensified TB case finding. Recently, a large study of how best to screen people with HIV has been completed in Cambodia, Vietnam, and Thailand. This

study provides evidence to guide the best approach to screening. Based on its findings, the method of screening will be modified both in USG-supported provinces and in national policy to ensure that people are being screened with the most sensitive available methods.

As part of COP 08, USG contributed some equipment-related costs for the TB drug-resistance survey. That survey is now complete. Through sources outside of PEPFAR, the national TB program is implementing a treatment program for patients with MDR TB. In COP 09, the primary USG contributions to drug-resistance surveillance and management will be technical assistance for routine surveillance for drug-resistance as part of the expansion of TB laboratory capacity.

Strengthening of TB laboratory services was an important component of the COP 08. PEPFAR funding supported USG staff who worked with the national TB program to develop a national laboratory strategic plan. Currently, there are 3 facilities in Cambodia capable of doing TB culture, and all 3 use solid media. In order to meet the needs of people with HIV, including more sensitive and rapid TB diagnosis and detection of drug-resistance, the addition of liquid culture was supported in COP 08. Funding was used to renovate one of the three culture sites, which is a site located in Battambang (a province in the northwest). COP 08 funding also supported technical assistance for liquid culture implementation and a biosafety consultation to ensure that laboratory staff are protected. Remaining COP 08 resources are being used to support procurement of supplies and equipment needed to implement liquid culture and training of laboratory staff. Starting in late 2009, funding from the Global Fund will cover the ongoing costs of the culture laboratories. For COP 09, the USG will continue to support technical assistance and staff training, and will procure supplies needed for the period before Global Fund funding starts in late 2009. In addition, USG will fund transport of specimens from local HIV care centers to the culture facility and information systems to capture laboratory data.

COP 08 supported monitoring and evaluation of TB/HIV activities through hiring USG staff dedicated to M&E, including TB/HIV, and by providing support to staff conducting supervision of TB/HIV activities in the northwest provinces to ensure that high quality data were collected and data were used to enhance program performance. These activities will be continued in COP 09.

Funding for COP 09 will also support implementation of IPT for PLHA. This support will include continued work with the TB/HIV working group on developing a standardized operating procedure for IPT, funding of training for IPT implementation, support for training and supervision for IPT implementation in the northwest provinces, and monitoring and evaluation of implementation in that area. The goal for the first year is that 25% of people with HIV newly presenting to the HIV care facilities in USG's four focus area, without active TB, will be started on IPT.

USG will continue to support improvements in TB infection control to decrease the transmission of TB to HIV-infected persons. This is being done through USAID funded wraparound TB activities. USAID supports the national TB Program (NTP), Community DOTS (C-DOTS) and Public Private Mix (PPM). C-DOTS is implemented through a network of community volunteers who assist health centers to increase TB case detection and observe treatment within a patient's home. C-DOTS currently covers about one third of all health centers in Cambodia and is being expanded with Global Fund support. PPM activities improve diagnosis and strengthen referrals between the private and public sectors, and is being implemented in over 33 Operational Districts. Through TBCAP, USAID supports the implementation of external quality assurance in TB laboratories in 8 provinces.

Due to limited PEPFAR funds, TB-HIV activities in the following areas will be supported with USAID TB-funds: (a) communications strategies, messages, materials and associated capacity building; (b) strengthening the referral system between voluntary counseling and testing (VCT) and TB, increasing access to ARVs (Antiretrovirals) for TB patients and improving diagnosis of TB in PLHA; (c) clinical TB/HIV management training and support; (d) conducting targeted evaluation research for the improvement and expansion of Isoniazide Prophylaxis Treatment (IPT); (e) strengthening the skills of physicians to diagnose TB as well as strengthening linkages between TB and VCT; (f) implementing and monitoring option 2 (the transport of blood from TB patients to the nearest VCT site for HIV testing) by training health center (HC) staff on provider initiated testing and counseling (PITC); and (g) strengthing linkages with community based care to improve the skills of village health support groups (VHSGs) and home based care (HBC) teams in delivering TB messages and assisting in treatment adherence and referral of suspected cases.

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

Because the support largely focuses on improving government health care infrastructure and policy and developing human resources to meet the challenges of TB and HIV, the prospect of sustainability of these activities is high.

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID:	9694.09	**Mechanism:**	CDC_HQ_Base
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Care: TB/HIV
Budget Code:	HVTB	**Program Budget Code:**	12
Activity ID:	11166.25688.09	**Planned Funds:**	$92,403

Activity System ID: 25688

Activity Narrative: This is an ongoing activity.

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

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

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18464

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18464	11166.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7341	7341.08	CDC_HQ_Base	$85,615
11166	11166.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$138,144

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 9701.09

Mechanism: CENAT CoAg GHCS

Prime Partner: National Tuberculosis Centre

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 25685.09

Planned Funds: $200,000

Activity System ID: 25685

Activity Narrative: TB is the number one cause of death among people living with HIV/AIDS (PLHA). Early diagnosis of TB in people with HIV, along with prevention of TB transmission, can reduce mortality. Additionally, since multidrug-resistant (MDR) TB is associated with increased mortality in people with HIV, it is important to detect MDR TB when present. This calls for enhanced TB diagnostic capacity in PLHA to include quality smear microscopy, liquid culture, chest radiography services, and drug-susceptibility testing, along with improved TB infection control.

In recognition of the fact that a strong national HIV program requires there to be an equally strong national TB control program, HHS/CDC will develop a Cooperative Agreement with the National TB Program (NTP), based at the National Center for Tuberculosis and Leprosy (CENAT) to complement its Cooperative Agreement with the National Center for HIV/AIDS, Dermatology and STDs (NCHADS). This narrative describes the activities planned in partnership with CENAT for COP 09.

The objective of this cooperative agreement is to provide support to improve the diagnosis of TB in PLHA and to decrease the risk of transmission of TB to people with HIV. Sputum smears are collected in over 900 health centers around the country and then sent to one of 210 microscopy units for staining and reading. A system for external quality assurance (EQA), including blinded rechecking of these smears, has been implemented, and USG supported EQA for smear microscopy in 13 of Cambodia's 24 provinces was part of COP 08. The Global Fund and Japanese government will provide support for EQA in all provinces in the coming year, but USG will support training and supervision related to quality assurance in the northwest provinces. This will include two regional TB laboratory workshops for TB laboratory staff and supervisors to discuss the results of EQA testing of sputum smears and approaches to improvement of smear preparation and reading.

At this time, there are three TB laboratories in Cambodia with culture capabilities. All three of these laboratories are using solid media for culture. Presently, USG is in the process of implementing WHO recommended liquid culture in the Battambang Referral Hospital. Funding from COP 08 was used to renovate one of the three culture sites, which is a site located in Battambang (a province in the northwest). The funding also supported technical assistance for liquid culture implementation and a biosafety consultation to ensure protection of laboratory staff. Remaining COP 08 funding is being used to support procurement of supplies and equipment needed to implement liquid culture and training of laboratory staff. With resources from COP 09, the USG will continue to support technical assistance and staff training. In addition, USG will fund transport of specimens from local HIV care centers to the culture facility and information systems to capture laboratory data. USG will work with the NTP to develop a policy on the use of culture of sputum from suspected TB in PLHA.

In the province of Battambang, where HIV care is supported by USG, there is an HIV care facility lacking services for chest radiography. With funding from COP 09, the USG will support the purchase of chest radiography equipment and supplies for this site and will support the training needed to implement it.

Finally, USG will support the renovation of some existing TB wards to provide isolation areas for patients with MDR TB to minimize the risk of transmission to HIV-infected persons cared for in the same facility.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $5,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 9695.09 **Mechanism:** CDC_Post_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 11167.25696.09

Planned Funds: $84,765

Activity System ID: 25696

Activity Narrative: This is an ongoing activity.

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

This funding is for the portion of the salary of the Deputy Director and the Program Development Specialist dedicated to TB/HIV ($45,765). The Deputy Director will be a liaison between NCHADS and the three provincial and one municipal AIDS directors on budgeting, planning, and reporting. Based in Battambang, the Program Development Specialist will be well situated to improve HIV testing rates of TB patients in this province. In 2006, only 17% of TB patients in the province were tested for HIV. Through workshops supported by USG that rate increased to 50% in 2007, but a goal of 75-80% testing cannot be reached without the presence of a mentor working both with the Provincial TB Supervisor and TB/HIV coordinator, as well as with health center staff, to emphasize the importance of HIV testing of TB patients and to help develop mechanisms to accomplish this. In addition, NCHADS will be scaling up implementation of isoniazid preventive therapy (IPT) for HIV infected patients in whom TB has been ruled out, and will also be promoting the “Option 2” strategy to transport blood from health centers to VCT sites for testing. The Program Development Specialist will play an integral role in implementing both these activities in the four focus areas. He will also assist in data analysis of the Improving Diagnosis of TB in HIV-infected Persons Study (The ID-TB/HIV Study) being conducted by USG.

In addition to the funds requested to support staff salaries, $25,000 in post-held travel funds are budgeted for international and field travel and $14,000 is budgeted to procure Determine HIV rapid tests for the TB clinics at which HIV testing will be introduced as a demonstration project. Holding these funds at post will allow for rapid implementation of this activity.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18486

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18486	11167.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7342	7342.08	CDC_Post_Base	$43,697
11167	11167.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5746	5746.07	CDC_Post_Base	$44,507

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 9696.09

Mechanism: CDC Cost of Doing Business - State

Prime Partner: US Department of State

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 23997.09

Planned Funds: $62,621

Activity System ID: 23997

Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount for HHS/CDC Cambodia due to the Department of State in order to operate includes:
$350,000 ICASS
$113,078 Capital Security Cost Sharing
$123,087 Non-ICASS local guard charges
$586,165 Total

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 9700.09

Mechanism: NCHADS CoAg GHCS

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 11303.25908.09

Planned Funds: $80,000

Activity System ID: 25908

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The purpose of the National Center for HIV/AIDS Dermatology and STDs (NCHADS) Cooperative Agreement is to promote ongoing collaboration between NCHADS and HHS/CDC in response to the HIV epidemic. Key focus areas of the NCHADS Cooperative Agreement include improving prevention of mother to child transmission (PMTCT) coverage, improving the Continuum of Care (CoC) for persons living with HIV/AIDS (in particular those with co-existing TB disease) and improving the collection and use of data to inform HIV program activities.

In COP 08, USG supported TB/HIV activities in several areas, of which two (surveillance for and management of drug-resistant TB and strengthening of TB laboratory services) will be continued in partnership with the National TB Program and is described in that Activity Narrative. The other activities that were implemented in partnership with NCHADS and which will be continued in COP 09 include the following, all of which focus on the 4 focus areas in Northwest Cambodia:

1. Improved collaboration between TB and HIV programs;
2. Supervision of TB/HIV activities and monitoring and evaluation by provincial/municipal health department personnel in the four focus areas;
3. Improved HIV testing of TB;
4. TB screening in all people with HIV; and
5. TB infection control in HIV care settings.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

In addition to these five areas of support, USG will begin support implementation of isoniazid preventive therapy (IPT).

In each of the activities supported, USG will work to enhance collaboration between NCHADS and the TB programs through joint planning and regular meetings between staff of the two programs. Through support for supervision of TB/HIV activities and appropriate monitoring and evaluation, USG will ensure that data are used to maximize program performance.

Since the development of COP 08, a revised framework for TB/HIV collaboration has been developed by WHO/WPRO, which recommends that HIV testing of TB patients be done at the TB treatment facility rather than at specialized HIV-testing sites to minimize contact of infectious TB patients with people living with HIV/AIDS (PLHA). In Cambodia, a national policy is in place that dictates that patients with TB be either referred to voluntary counseling and testing (VCT) testing sites (Option 1), have their blood drawn at a health center and sent for testing to the nearest VCT site (Option 2), or in rare instances have HIV testing performed by a mobile testing unit when it visits the health center (Option 3). The new framework will result in a switch from Option 1 to Option 2 testing strategy, and funds previously designated for support of transport of TB patients to testing sites will be redirected to help implement Option 2 in four focus areas in Northwest Cambodia. Training materials on pre-test information and post-test counseling for TB staff, developed by HHS/CDC, will be used to prepare health center staff for implementation of Option 2. While this transition is taking place, USG will continue to support efforts to maximize HIV testing of TB patients through current policy by supporting meetings of TB and HIV staff, supportive supervision, and monitoring and evaluation. Meanwhile, on-site HIV testing of TB patients will continue to be performed at demonstration project sites where testing is also being done of pregnant women (HHS/CDC is supporting a demonstration project to determine if HIV testing rates of pregnant women can be improved by offering testing on-site at health centers; this service is being extended to TB patients at these 15 sites in 2009). As data are collected to assess cost and effectiveness of this model, they will be shared with the National TB program and NCHADS to determine whether national policy regarding where testing is conducted should be changed. Of all patients registered for TB treatment during the period covered by COP 09 in the four USG focus areas, at least 80% will be tested for HIV infection. Data will be reported through the national TB program, as per current national policy.

Another development since the submission of COP 08 has been an evidence based algorithm for the diagnosis of TB in HIV-infected adults. In addition to providing a strategy for the most cost-effective use of TB culture, the algorithm provides an evidence based means to rule-out TB disease using a symptom screen. The diagnostic algorithm also provides a more standardized means for clinicians at OI/ART clinics to diagnose or rule out TB in their patients and provides the national program with a monitoring tool that will allow more systematic assessment of TB screening practices at OI/ART clinics. With COP 09 resources, this new, standardized approach to TB screening will be implemented at all HIV care facilities in the four focus areas in Northwest Cambodia. This will require training, regular meetings, and supportive supervision. Of all patients in HIV care during the period covered by COP 09, at least 80% will be screened for TB at least once. NCHADS is developing an electronic system to capture these data as part of their routine program. In the interim, USG will support data collection about TB screening to monitor progress, and results will be reported to NCHADS.

The USG will continue to support improvement in infection control at HIV care settings. The primary focus of this support will be to develop appropriate policies at the national level and to use these policies to develop specific plans for each HIV care facility in the four focus areas.

Finally, USG will support the introduction of isoniazid preventive therapy (IPT) in PLHA in the focus areas. This will include support for training, supportive supervision, introduction of tools for monitoring and evaluation, and support to use data to improve program performance. The target is for 25% of PLHA without TB disease newly presenting to one of the HIV care facilities in the four provinces in Northwest Cambodia to be started on IPT. The same data collection system used for TB screening will be used to monitor progress for IPT, and results will be reported through NCHADS.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18468

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18468	11303.08	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	7344	7344.08	NCHADS CoAg GHAI	$47,679
11303	11303.07	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	5755	5755.07	NCHADS CoAg GHAI	$109,800

Table 3.3.12: Activities by Funding Mechansim

Mechanism ID: 9697.09

Mechanism: CDC Cost of Doing Business - ITSO

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Care: TB/HIV

Budget Code: HVTB

Program Budget Code: 12

Activity ID: 24004.09

Planned Funds: $7,416

Activity System ID: 24004

Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount that HHS/CDC Cambodia is being billed by HHS/CDC Headquarters to support the Information Technology Service Office is $69,420.

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 13 - HKID Care: OVC

Total Planned Funding for Program Budget Code: $853,785

Program Area Narrative:

The 2005 Cambodia Demographic and Health Survey indicates that 8.8% of children 0-17 years of age or an estimated 553,000 children are orphans in Cambodia. These children have lost one or both parents due to a range of causes, and an unknown proportion are orphans due to HIV. Cambodia remains one of the poorest countries in the region, with a rural population of over 80% and no social welfare system, which leaves many orphans, children and families economically and socially vulnerable. Identifying and distinguishing HIV OVC from the multitude of other orphans and vulnerable children is difficult. There are no current estimates of the number of Cambodian children orphaned or vulnerable as a result of HIV/AIDS. As of mid-2008 the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) had 4,659 children 0-14 years old registered for OI/ART services (i.e. living with HIV). Based on a USG partner that provides support to a large number of NGO home based care (HBC) teams that support both people living with HIV/AIDS (PLHA) and OVC the ratio of OVC to People Living with HIV/AIDS (PLHA) was about 1.4 in 2006-2007. If this ratio is applied to all known PLHA as of mid-2008, it would imply that there are about 60,000 HIV OVC in Cambodia. This figure can only be taken as a very rough estimate, since there have been no studies validating whether OVC in these communities are either over-estimated (although the partner works to exclude non-HIV affected children) or, what is more likely, under-estimated (particularly when a parent dies and there is no longer a PLHA in the family) or whether this ratio can be applied to PLHA who do not receive (HBC). However it is the only estimate available at this time. Currently, through the integrated HBC OVC program more than 30,000 children either with HIV/AIDS or in HIV/AIDS families or orphaned by AIDS receive care and support in Cambodia. This shows that there is a substantial gap in service coverage for OVC even using what is likely to be a conservative estimate of their numbers.

Most OVC programs in Cambodia serve to alleviate poverty and enable children to access health care and schooling. While the USG agrees that a community and family-based assistance approach is the most appropriate for OVC, the needs demand a more holistic rural development and poverty alleviation framework, including food security. Over the past year, the cost of locally produced rice has doubled, as have the prices of fuel and fertilizer, and the cost of meat and fish has increased by as much as 60%. Skyrocketing food prices are affecting vulnerable populations in both urban and rural areas. Since 1998, the USG has been a major supporter for the OVC program through an integrated HBC OVC approach. The emphasis is primarily on children who lost parents due to AIDS, those living with HIV infected parents or live with extended family or with caregivers in their communities or in orphanages.

In FY 2007, Cambodia's second year under PEPFAR, the USG surpassed its targets for direct service provision to OVC, with 18,649 OVC served and 6,795 providers/caretakers trained. Positive outcomes include integration of OVC activities with other HIV program areas such as pediatric Antiretroviral Therapy (ART); HBC and clinical palliative care; increased OVC access to HIV and basic health services; nutritional, educational and vocational training services; increased skills of HBC teams and caregivers to provide HIV-related and basic health care to OVC; OVC policy development at the national level with implementation at the commune level; and establishment of community-led initiatives addressing OVC needs. USG OVC activities leverage funding from the Global Fund and other donors, including food support from the World Food Program (WFP), though continued provision of WFP support is uncertain given global demands due to food insecurity.

Some of Cambodia's strongest programs combine OVC care and support with micro-enterprise initiatives funded by other donors. USG partners have also been successful in leveraging other donor and private funds to support access to clean water in rural areas. Cross sectoral work engages schools and teachers so OVC can access education and not be stigmatized.

In FY 2009, given the limits of USG funding, USG OVC activities will continue at current levels with no further expansion planned. The emphasis is primarily on improving the quality of community services targeted at the most vulnerable OVC affected by HIV/AIDS. The USG's OVC and HBC interventions are integrated to develop a more comprehensive family focused approach. Efforts to transition current OVC activities to host country mechanisms and Global Fund resources will continue where possible. With inadequate data to determine the true numbers of OVC infected or affected by HIV/AIDS, it is difficult to limit assistance to these populations given the enormous educational, nutritional and health care needs of most rural and many urban Cambodian children.

The USG will continue to support OVC activities in all key HIV/AIDS prevention, care, and treatment service areas and mitigate the impact of HIV where possible. The USG will continue to support programs that enhance the quality of community and facility-based services for OVC through training of government health center staff and HBC teams to deliver critical HIV care and social support services to OVC, train health center staff and HBC teams to educate OVC caretakers in the provision of OVC care, and provide transportation support for health care and HIV services, including Voluntary Counseling and Testing (VCT), and viral load testing. Community activities will be supported to enable communities and caretakers to assume increased responsibility and care for OVC and extended/foster families by ensuring they receive holistic care and access to critical community (non-clinical) services. The USG's partners will implement activities that increase caretaker skills to assess OVC health status, and educational, psychosocial, nutritional and basic needs; provide referrals for medical and support services; provide HIV prevention counseling and legal protection for OVC; increase parenting skills; and reduce stigma against HIV positive OVC and their families. Efforts will also be made to strengthen the links between OVC community-based interventions and those in health facilities in order to increase access to services such as VCT, Prevention of Mother to Child Transmission (PMTCT), Opportunistic Infection (OI) treatment, antiretrovirals (ARV) and pediatric AIDS care. In addition, strong links and partnerships will be established with community development organizations that can support additional comprehensive economic activities and skills for beneficiaries.

On a limited basis, the USG will continue to support residential care when preferable options are not available. The USG will also continue to support Faith Based Organization programs in pagodas, mosques and churches as they provide cost-effective, community-based non-clinical OVC services.

The USG collaborates with the Ministry of Health and Ministry of Social Affairs, Veterans and Youth Rehabilitation, and National AIDS Authority to implement OVC activities in accordance with the National Multi-Sectoral HIV/AIDS Strategy; and works with National OVC Task Force to develop national policy and advocacy as well as a monitoring and evaluation system for OVC. At the community level, in order to enable effective implementation, the USG links with a variety of partners, including provincial authorities, commune councils, village chiefs, school authorities, legal bodies, pagodas and NGOs. The USG works with the Global Fund and UNICEF, to enable implementing partners to expand OVC services to additional provinces and support additional interventions (e.g. food provided by WFP). Collaborative relationships with Global Fund and UNICEF will also continue at the national and provincial policymaking, advocacy and program coordination levels.

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID:	9714.09	**Mechanism:**	FHI
Prime Partner:	Family Health International	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Care: OVC
Budget Code:	HKID	**Program Budget Code:**	13

Activity ID: 25950.09 **Planned Funds:** $297,357

Activity System ID: 25950

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

FHI's OVC (Orphans and Vulnerable Children) and home based care (HBC) interventions are integrated to develop a more comprehensive family focused approach. In FY 2009, FHI will provide extensive capacity building to home care teams on topics such as counseling and palliative care; succession planning; child participation; life skills; parenting skills for caregivers; providing or establishing linkages for medical, psychosocial, and economic support; and stigma and discrimination reduction. Efforts will be made to strengthen the links between OVC community-based interventions and those in health facilities in order to increase access to services such as voluntary counseling and testing (VCT), PMTCT, OI/ART and pediatric AIDS care. Strong links and partnerships will be established with community development organizations that can support more comprehensive economic activities and skills to beneficiaries. Regular comprehensive monitoring will be conducted using regionally adapted OVC QA/QI (Quality Assurance/Quality Improvement) tools and resources. To enable effective implementation, FHI links with a variety of partners, including provincial authorities and NGOs. This ensures coordination of HIV/AIDS care, support and treatment referrals with income generation and vocational training support, school authorities, legal bodies, local religious entities (temples), and commune and village chiefs.

FHI also supports the National AIDS Authority (NAA), UNICEF and the Ministry of Social Affairs, Veterans and Youth (MoSAVY) for development of national policy and advocacy. Support from the Global Fund enabled FHI to expand coverage to additional sites in Kampong Cham.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas
Health-related Wraparound Programs
* Child Survival Activities

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities	
Estimated amount of funding that is planned for Food and Nutrition: Commodities	$30,267

Economic Strengthening	
Estimated amount of funding that is planned for Economic Strengthening	$29,185

Education	
Estimated amount of funding that is planned for Education	$2,783

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9765.09 **Mechanism:** RHAC

Prime Partner: Reproductive Health Association of Cambodia **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Care: OVC

Budget Code: HKID **Program Budget Code:** 13

Activity ID: 28496.09 **Planned Funds:** $28,228

Activity System ID: 28496

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: RHAC, under a new cooperative agreement, replaces part of the activities listed as TBD in the COP 2008.

OVC activities will be carried out by the Angkor Hospital for Children (AHC) through a sub-grant. Often abandoned by their families, many HIV affected children do not acquire enough skills to attain minimal levels of livelihood security. They may also face stigma, discrimination, abuse, and exploitation. The AHC supports both children living with HIV infected parents and those who lost parents due to AIDS and now live in orphanages or with community caretakers. AHC provides school supplies to enable affected children to attend school and supports family income generation activities to ensure food security and improve nutrition. Formula is provided when needed for safe infant feeding to improve nutritional status. The hospital conducts routine medical check-ups for children in orphanages, schools and the community. Education about HIV/AIDS is provided to caregivers and the community to raise awareness and reduce stigma and discrimination. AHC refers affected children to other organizations for legal aid, psychological counseling and financial support. AHC will continue to collaborate with other NGOs to identify affected children who need support.

The OVC program is integrated with other program areas (pediatric care and treatment, and counseling and testing) and is also supported by AHC resources for general pediatric services.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 9766.09

Mechanism: TBD/Umbrella

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Care: OVC

Budget Code: HKID

Program Budget Code: 13

Activity ID: 25878.09

Planned Funds: [redacted]

Activity System ID: 25878

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: On September 30th, 2009 the USAID agreement with KHANA will end. An RFP/RFA for an organization to serve as an umbrella supporting a number of implementing agencies in the areas of prevention and care, and national level advocacy and leadership will be issued in calendar year 2009. USAID will continue to prioritize the use of Cambodian entities that have the proven capacity to implement USG programs and are critical components of Cambodia's health sector. As neither an assessment nor the design has been completed, specific components have not been identified, but illustrative components are outlined below.

The TBD implementer will focus on children who are directly affected by HIV and AIDS and other vulnerable children, and address human and local organization capacity development and in-service training, targeted evaluation, strategic information and food security.

OVC will be provided support to attend school and will be given the necessary materials and uniforms. HCTs (Home Care Teams) will receive support to provide counseling and psychological support to children infected by HIV and their families and to refer eligible OVC to appropriate vocational training opportunities. These children will also be provided with additional support when parents become terminally ill, such as preparation for foster care. Other social services will be provided to reduce stigma and discrimination towards OVC who are most in need.

Community mobilization meetings, including the engagement of local faith-based structures, such as pagodas to help reduce the stigma and discrimination that is so often experienced by OVC and their families and to encourage a community response to HIV and AIDS with particular reference to OVCs will be promoted. Community mobilization is considered particularly important in the case of OVC because the community has a unique role to play in terms of finding foster care and protecting vulnerable children from exploitation, including trafficking. Committees of influential people from local communities, faith-based groups and the Commune Council will be formed to address the issue of child abuse and to support a child protection framework. Refresher training may be provided to HCTs on responding to the needs of OVC, child rights and child protection policy, organizing school support, life skills, succession planning, memory book development, seeking foster care and pediatric ARV.

The OVC program will also offer an integrated package of care and prevention. OVC, as well as community youth, receive information on the importance of abstinence and being faithful as key HIV prevention approaches, including life skills education to be able to make their own informed choices. When appropriate, older OVC will receive education about correct and consistent condom use and all will receive risk-reduction education so as to help protect themselves from HIV infection and other risks such as drugs, alcohol, sexual and domestic violence and trafficking. OVC access to vocational training and income generation schemes will be developed. Building and maintaining linkages with other service providers to ensure comprehensive packages for addressing the needs of OVC will also be required.

HCTs will collaborate with other service providers, community and religious leaders, local government representatives and various faith-based organizations, including monks and nuns in the village pagodas.

The TBD implementer will work closely with other government and non-government agencies assisting the national response to OVC and will become a member of the OVC National Task Force and relevant technical working groups.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Child Survival Activities

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Estimated amount of funding that is planned for Economic Strengthening [redacted]

Education

Estimated amount of funding that is planned for Education [redacted]

Water

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11731.09
Mechanism: USAID Cost of Doing Business
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13
Activity ID: 28811.09
Planned Funds: $8,100
Activity System ID: 28811
Activity Narrative: ICASS, IRM tax for USAID FSN HIV/AIDS Advisor
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.13: Activities by Funding Mechansim

Mechanism ID: 11734.09
Mechanism: USAID Personnel
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Care: OVC
Budget Code: HKID
Program Budget Code: 13

Activity ID: 28823.09 **Planned Funds:** $20,100

Activity System ID: 28823

Activity Narrative: Salary and travel costs for USAID FSN HIV/AIDS Advisor

New/Continuing Activity: New Activity

Continuing Activity:

Program Budget Code: 14 - HVCT Prevention: Counseling and Testing

Total Planned Funding for Program Budget Code: $619,071

Program Area Narrative:

Voluntary Counseling and Testing (VCT) sites are managed and supervised by the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) with financial support from bilateral partners (USG, DFID, French Cooperation), UNICEF, Global Fund, and various NGOs. VCT centers operated by NGOs are accredited by NCHADS and follow national guidelines and reporting procedures.

VCT is an important entry point to the Continuum of Care (CoC) network (see uploaded diagram). The CoC is the national network model which links care and support services at all levels, and includes VCT, prevention of mother to child transmission (PMTCT), opportunistic infections/antiretroviral treatment (OI/ART), and community and home based palliative care. NCHADS endorses a national algorithm using two rapid tests: the first screening test is highly sensitive (Determine) and the confirmatory test is highly specific (Uni-Gold, Stat-Pak). NCHADS has also approved the use of a tie-breaker test (Serodia) at reference laboratories for discordant HIV tests results. NCHADS has a comprehensive and updated national standard VCT training curriculum, and provides ongoing training to counselors and laboratory technicians in counseling and HIV rapid test protocols and procedures. A quality control program has been implemented with technical support from USG, the Pasteur Institute of Cambodia and the Clinton Foundation.

Since the first VCT site was set up in Cambodia in 1995, there has been rapid expansion. As of June 2008, 206 VCT sites were providing counseling and testing services in all 24 of Cambodia's provinces. The number of people seeking VCT services has increased from about 65,000 per quarter in 2007 to about 75,000 per quarter in the first half of 2008. Of these, about 4% were found to be HIV-positive. Women account for 56% of all individuals tested, and 52% of all positive test results. In Cambodia VCT laboratories also do all PMTCT tests, of which there were about 20,000 per quarter in the first half of 2008. To improve the uptake of VCT, the MOH has introduced provider-initiated testing and counseling (PITC) and recently piloted the Linked Response approach which aims to strengthen linkages between HIV and reproductive and sexual health services and community based programs.

The USG has played a significant role in helping NCHADS expand VCT services by supporting the establishment of over 70 public VCT sites in 14 provinces, and 17 VCT sites operated by the Reproductive Health Association of Cambodia (RHAC), an indigenous NGO. To this end, USG supported renovation of facilities to create secure and confidential counseling spaces, and equipment and technical support to ensure quality services were provided. The USG continues to provide technical assistance to strengthen the capacity of counselors and lab technicians, ensure quality assurance and fund other associated costs to enable service delivery. Operational costs have been transitioned to the Global Fund and other donors through their support to NCHADS.

In FY 09, the USG will continue to strengthen the capacity of the national program and NGO partners in their effort to improve the quality of VCT services and increase accessibility throughout Cambodia. Specific activities include:

Increase utilization: the USG will continue efforts to increase uptake of VCT by most at risk populations (MARPs), couples (including discordant couples), TB patients, pregnant women and youth through support for new VCT sites, mobile VCT, education and referral “centers”. USG partners will work with community structures, including community and home based care teams, Village Health Support Groups and community volunteer groups, to mobilize community members to seek HIV testing and access follow-up services. USG will also support the implementation of NCHADS Linked Response initiative to increase screening of TB patients and pregnant women at health centers, and support the development of information, education, and communication (IEC) materials that explain the benefits of early testing and identify mechanisms for transportation and social support.

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

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

Thus far, VCT has been integrated into 50 CoC sites in referral hospitals. Referral linkages have been established between all VCT sites under the CoC to refer all positive clients for TB screening, OI, and ART treatment. This referral network is coordinated by the CoC committee and Home Based Care teams. NCHADS, with support from USG and other development partners, developed Standard Operation Procedures (SOP) to strengthen referral linkages within and between community and health facility based services. The USG team and its partners participated in the development of the SOP and support its implementation. In addition, in the 17 USG NGO funded VCT sites an integrated package of services is provided that includes family planning/reproductive health, Sexually Transmitted Infection (STI) treatment and PMTCT. Through its clinics, RHAC provides 21% of the total national PMTCT screenings of pregnant women and 15% of the national VCT. This is a remarkable achievement, as there are a total of 99 PMTCT sites and 206 VCT.

Despite the rapid expansion of VCT sites over the past few years, the uptake of these services is still limited due a variety of factors, including HIV-related stigma and discrimination, poor quality provider behavior and high transportation costs to access services. Concerns about the quality of services and the delay in supplies from the Center Medical Store remain. An ongoing challenge is the weaknesses in referral linkages between services provided under the CoC, especially for individuals with a positive HIV test result. In FY 09, the USG and other donors will continue to work closely with NCHADS and the National AIDS Authority (NAA) to address these challenges.

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	9765.09	**Mechanism:**	RHAC
Prime Partner:	Reproductive Health Association of Cambodia	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	26094.09	**Planned Funds:**	$202,697
Activity System ID:	26094		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: RHAC, under a new cooperative agreement, replaces part of the activities listed as TBD in the COP 2008.

HIV voluntary counseling and testing or VCT will be provided as an integrated service through 20 RHAC clinics and a sub-grant to Angkor Hospital for Children (AHC). In 2008, RHAC managed 17 clinics (the same clinics as mentioned in the PMTCT program area), established in eight of 24 provinces including Battambang, Kampong Speu, Kampong Cham, Phnom Penh, Sihanoukville, Siem Reap, Svay Rieng and Takeo, and covering 14 Operational Districts (ODs). RHAC will establish three additional clinics in FY 2009. These clinics provide comprehensive reproductive health and HIV/AIDS related services including FP (Family Planning), ANC (Antenatal Care), PNC (Postnatal Care), STI (Sexually Transmitted Infection) treatment, cervical cancer screening, post-abortion care, PMTCT, VCCT and male circumcision. The target groups for VCT services include the general population and other high risk groups, including pregnant women (addressed in the PMTCT program area), young people, factory workers, sex workers, entertainment and casino workers, and MSM (Men who have Sex with Men). The clinics collaborate within different program components of RHAC as well as with other implementing partners to strengthen referrals for VCT services. RHAC clinics provide free VCT services directly to sex and entertainment workers in addition to those referred by other RHAC programs.

Clients receive HIV/AIDS information education provided by clinic staff while waiting for their appointments and through TV education to promote demand for VCT services. RHAC's community-based outreach peer education program provides education about HIV/AIDS, including VCT and information about the availability of services, and refers people who need services to the clinics. Each clinic has a separate room for males and male counselors/providers so that men feel more comfortable when receiving services. The clinics will continue to improve or maintain quality services as this has been shown to increase the number of clients overall and VCT clients in particular. All clinics are equipped with laboratory support services, including qualified lab technicians and counselors to provide quality services to clients. Having the capacity to perform on-site testing using the national recommended testing protocol promotes increased post-test counseling. RHAC clinics provide post-test counseling to over 95% of clients tested. In order to further ensure the quality of testing, RHAC will train clinic staff and lab technicians in External Quality Assurance (EQA) and will start to implement EQA in its clinics/laboratories following the Standard Operation Procedure (SOP) for VCT external quality control, in collaboration with the National Institute of Public Health (NIPH) and the National Center for HIV/AIDS, Dermatology and STDs (NCHADS). RHAC will train staff on updated VCT services to continue quality counseling and testing services, which will bring in more VCT clients. Clients identified as HIV positive by RHAC clinics will be referred to appropriate services including TB, OI/ART (Opportunistic Infection/Antiretroviral Therapy), and home-based care. Each clinic will improve follow-up of referred clients to ensure that they receive the services they require. RHAC expects to expand cervical cancer screening services for HIV infected women in additional clinics. This service is currently provided in two clinics in Takeo and Siem Reap in collaboration with MSF-Belgium.

AHC is an official NCHADS VCT site for HIV counseling and testing for children. As a pediatric hospital providing services for 300-600 sick children on daily basis, AHC is an entry point into the continuum of care (CoC) program for HIV infected children. Staff conduct risk assessments of children and provide counseling to caretakers and children about VCT, ART and conduct testing. The hospital provides HIV testing for 20-50 children per month. Two types of tests are provided, including antibody and PCR (Polymerase Chain Reaction) for those less than18 months old. The PCR will be sent to a national laboratory for testing. Children identified as HIV infected are provided with further services including OI and ART. AHC will continue to build on its network with other partners providing child care support activities and with communities to refer children for hospital services, including VCT.

RHAC clinics provide comprehensive integrated services, therefore funding for VCT services is integrated with other USG funds for HIV/AIDS, and non-PEPFAR USAID reproductive health and maternal health funds as well as Global Fund. USAID is funding core and operational costs of 17 clinics including staffing, training, facilities and other associated costs. HIV tests for all clinics are procured under Global Fund. Resources for VCT services provide by AHC are augmented by a private foundation (ABBOTT), and donations by individuals. Belgium Technical Cooperation (BTC) and other NGOs share the cost of transport for children.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

* Family Planning
* Safe Motherhood

Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$32,603

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID:	9877.09	**Mechanism:**	RACHA
Prime Partner:	Reproductive and Child Health Alliance	**USG Agency:**	U.S. Agency for International Development
Funding Source:	GHCS (USAID)	**Program Area:**	Prevention: Counseling and Testing
Budget Code:	HVCT	**Program Budget Code:**	14
Activity ID:	26087.09	**Planned Funds:**	$132,750
Activity System ID:	26087		

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: RACHA has been awarded a new cooperative agreement. It was part of the TBD partner in the COP08 that covered several programs ending September 2008

RACHA provides support to the Ministry of Health (MoH) to reduce HIV transmission among the general population through voluntary counseling and testing (VCT) services established within health facility settings. VCT services are being scaled up all 24 provinces, with at least one VCT site per operational district. RACHA utilizes MoH policies, protocols and guidelines. Support focuses on strengthening institutional capacity in an effort to ensure sustainability. In addition, village health support groups (VHSGs), village shopkeepers and RACHA 'Comedy for Health' teams provide information in communities to increase demand for services at health facilities.

RACHA will continue to provide capacity building and strengthening to VCT counselors and lab technicians. Two VCT counselors and 2 lab technicians in each health facility will receive 5 days refresher training on HIV counseling and testing. Necessary materials for VCT and lab services will be provided as well as counseling network meetings and supportive follow-up for staff at all levels. Trained counselors and lab technicians, as well as other related staff, will use their upgraded skills and experiences to provide higher quality services for client sensitization and voluntary participation. RACHA will expand the number of sites that follow the national standard protocol and guidelines. This includes capacity building for VCT counselors, support teams and other related staff as well as facility renovation to create adequate and confidential space for appropriate client service delivery.

Clients who are identified as HIV positive will be referred to the nearest OI and home based care (HBC) services. RACHA maintains strong collaboration and linkages with OI services, related HBC partners, self help groups and MMM (Khmer acronym for Friends Helping Friends). These links are vital, to ensure that HIV positive clients are receiving the full package of prevention and care services.

Strong collaboration exists with all related partners - PSI, HBC and other NGOs. Effective collaboration between partners is a key focus of the MoH strategy. RACHA supports the full VCT package and links with OI/ART services and organizations offering HBC in its geographic focus areas. All positive cases needing care or support are referred to OI/ART services and MMM.

In FY 2009 RACHA will provide support for at least 11 sites in 8 ODs in 5 provinces and Phnom Penh Municipality.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Construction/Renovation

Gender

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

Health-related Wraparound Programs

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$29,162

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.14: Activities by Funding Mechansim

Mechanism ID: 9714.09
Mechanism: FHI
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Prevention: Counseling and Testing
Budget Code: HVCT
Program Budget Code: 14
Activity ID: 25951.09
Planned Funds: $283,624
Activity System ID: 25951

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

At least five additional VCT sites will be supported.

At the national level, FHI will continue providing technical assistance to the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) in the revision of voluntary counseling and testing (VCT) guidelines, policies and procedures, and training curricula to incorporate new and emerging issues. FHI will also support quarterly in-country regional counselor networks in Battambang and Kampong Cham provinces, which will provide a forum for sharing of experiences, providing updated skills and knowledge, and discussing approaches for quality assurance and quality improvement (QA/QI). Trainings will be conducted with health providers and counselors on topics such as discordant couple counseling, positive prevention, family planning, data management, and adherence to national guidelines and procedures. There will also be more aggressive and intensive promotion of VCT services for families of PLHA, especially partners and children, as well as pregnant women.

In FY 2009, five new VCT sites will be supported in Battambang province. At the facility level, emphasis will be placed on quality assurance and improvement, universal precautions, setting up integrated STI/VCT/RH sites and implementing NCHADS Linked Response strategy to integrate services provided through the HIV program and health centers. Through counselor network meetings and other training opportunities for counselors, targeted training will be provided on family planning options among HIV-positive clients, positive prevention, PMTCT and STIs. Due to the lack of systematic links between STI, reproductive health (RH) and VCT, two additional health centers will be piloted as sites for 'one stop shop' RH, STI, VCT services. STI providers in these sites will be trained on 'Provider Initiated Testing and Counseling' (PITC). Efforts will be made to strengthen linkages between TB and HIV through piloting the options mentioned in national TB/HIV SOPs. Health center (HC) staff will be trained in PITC to implement the option 2 requirement sending the blood of TB patients to the nearest VCT site for HIV testing.

At the community level, mobile integrated VCT/STI services will be promoted in military and police schools, including drug rehabilitation centers in Battambang and Banteay Meanchey, border battalions and Korsang (a local NGO working with drug users). Outreach and home based care services will promote counseling and testing services so vulnerable groups and their families have multiple options for HIV testing and can be linked with community-based prevention, treatment, care, and support services. Regular monthly supervision using QA/QI tools will be undertaken at VCT sites by FHI staff, as well as by periodic joint operational district (OD), provincial health department (PHD), NCHADS, and FHI supervision teams.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Family Planning
* TB

Military Populations

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 15 - HTXD ARV Drugs

Total Planned Funding for Program Budget Code: $0

Program Budget Code: 16 - HLAB Laboratory Infrastructure

Total Planned Funding for Program Budget Code: $948,246

Program Area Narrative:

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

The National Institute of Public Health Laboratory (NIPHL) is designated as the national HIV Reference Laboratory and is responsible for: (1) assessing training needs and developing the necessary training to respond to those needs; (2) carrying out regular laboratory supervision; (3) setting standards for equipment; (4) testing protocols and lab design; (5) serving as a reference laboratory for national hospitals; and (6) providing quality assurance programs for laboratories throughout the country.

NIPH, with technical assistance from HHS/CDC, will continue its work in establishing a national public health laboratory network. The objective of the laboratory network is to increase availability of a minimum package of laboratory tests across Cambodia, decrease dependence on the NIPHL in Phnom Penh for such tests, and reduce the proportion of samples that need to be sent to NIPHL for testing.

The capacity of Cambodia's HIV laboratory services remains weak and has not expanded with the same speed as expansion of ARV treatment sites and available services are unbalanced. In three provincial facilities, the laboratory provides CD4 testing, but has difficulty, or is unable to reliably conduct more rudimentary tests such as blood counts, electrolytes, liver function tests, gram stains, or routine bacterial cultures. In addition, expired reagents and supplies provided through the Ministry of Health's (MoH) Central Medical Stores remains a major obstacle to quality laboratory services.

Because of limited capacity to perform needed diagnostic tests and lack of reliable test results, clinical staff rely little on laboratories to inform diagnoses and treatment. Laboratory capacity is further limited by segregation of services in line with national vertical programs. TB may share laboratory facilities with voluntary counseling and testing (VCT), antiretroviral (ARV) monitoring, blood bank, and other programs, or each program may maintain distinct laboratories with separate personnel. In either situation, the staff, supplies, and other support is program-specific, resulting in multiple programs duplicating effort, services, and resources.

In 2007 NCHADS initiated a movement to integrate the laboratory activities in some referral and former district hospitals. While political obstacles remain, USG advocates strongly for laboratory integration in national technical working groups and will support the integrated laboratories with technical assistance and, to a limited extent, essential equipment and reagents. This has already been initiated at a referral hospital in Battambang.

Historically, few donors have provided technical and financial assistance to NIPHL. Recognizing the pivotal role the national laboratory system has specifically for HIV/AIDS treatment and care, and the health system in general, the USG has supported essential equipment and supplies and provided extensive technical assistance to NIPHL and the National Blood Transfusion Center at the national level to support increased capacity of laboratories and blood banks throughout the country.
In COP 09, the priorities of USG-supported laboratory services are to improve and expand HIV testing, and ensuring quality laboratory services at the NIPHL and regional laboratories. Additionally, USG supports the improvement of TB culture for PLHA in Cambodia. USG provides policy input at the technical working group (TWG) level including the TWG for blood safety and laboratory services and the TWG for TB Laboratories. Both of these TWGs are intended to provide a forum for discussion of necessary policy changes at the MoH level.

USG directly supports the following seven laboratories:

(a) Reference Laboratory Level: the National Institute of Public Health Laboratory;
(b) Referral Level: Five referral hospital laboratories in three provinces: Pursat, Battambang, and Banteay Meanchey and one referral hospital laboratory in Pailin municipality; and
(c) Health Center Level: One, the Poipet Health Center and one laboratory in Banteay Meanchey Province.

There is a tiered public health laboratory services structure in Cambodia. There is only one national reference laboratory in NIPH. FASCount machines, supported by the Clinton Foundation, are used for CD4 testing in three provincial laboratories and NIPHL.

The number of FASCount machines in the provinces will increase soon to six. NIPHL will perform approximately 40,000 CD4 counts and over 3,800 HIV screening tests in 2008. USG has equipped NIPH with two voluntary counseling and testing (VCT) rooms. Each of the 24 provinces has one provincial referral hospital with a full service laboratory. Within each province are operational districts, each with a referral hospital with a laboratory providing only basic hematology. Additionally, there are more than 950 health centers in Cambodia. Laboratory services, with the exception of sputum smear preparation, are not provided at the health center level.

The National HIV Reference Laboratory at NIPH has developed the capacity to perform DNA PCR for infant diagnosis of HIV. This testing was initially available for five provinces with dried blood spot (DBS) and laboratory supplies provided by the Clinton Foundation. NIPHL staff in collaboration with NCHADS has trained health care workers from an additional seven provinces for the expansion of DBS collection sites. Within the national laboratory network, viral load testing is available at the national level with samples collected in the capital and in two provinces. USG will continue to partner with other donors such as the Clinton Foundation to provide technical assistance to the NIPHL to improve quality and expand the capacity for viral load and CD4 testing and for DNA PCR for infant diagnosis. Financial support for viral load testing is provided by the Global Fund and WHO.

The National TB Reference Laboratory (NRL) is housed at the National Center for Tuberculosis and Leprosy and is a part of the National TB Program; it is not a part of NIPHL. There are three national laboratories which are capable of performing cultures for TB, although these are underutilized. Drug susceptibility testing is only available at the NRL. Sputum smears prepared at the health centers nationwide are transported (usually weekly) to a microscopy unit in a district or provincial hospital laboratory. USG will work closely with the National TB Program, USAID's TB Capacity Assistance Project (TBCAP), and WHO on TB laboratory issues at the national and provincial levels. Additionally, the National TB Program has a National TB Laboratory Strategic Plan 2007-2010. Among the activities planned is the expansion of TB culture capabilities. USG supports this activity and will introduce liquid culture in the Battambang Referral Hospital laboratory. In FY 2009, USG will develop a Cooperative Agreement with the National TB Program to further strengthen the laboratory diagnosis of TB in PLHA.

Adequately trained laboratory staff is the biggest unmet need in the national laboratory network. USG will address this by working with partners to fund a Pre Service Curriculum Development program to the Cambodian Technical School for Medical Care. Quality assurance needs to be improved throughout the network and this includes the need for improved laboratory management, equipment maintenance, uninterrupted supply of quality control (QC) reagents, communication with clinicians and improved turn around time for specimen processing. For example, positive sputum smear examination results may take seven to ten days to reach the ordering clinician. Laboratory equipment is often donor provided, however, ongoing equipment maintenance and supplies of reagents, including QC reagents, are not provided by either the donor or Ministry of Health on a regular basis. Hematology and biochemistry testing, essential for monitoring ARV toxicity, is generally not supported by the vertical programs such as the National TB Program or NCHADS. Outside of the laboratories supported by USG implementing partners, quality assurance of laboratory services is weak.

In COP 09, USG will continue to develop quality management systems in the laboratories it supports. This will include training for laboratory directors, training in infection control and biosafety equipment, and the addition of another laboratory analyst to provide technical support in the focus provinces. USG will also work to implement a Laboratory Training Unit within the NIPH.

One USG NGO partner supports 20 laboratories in clinics providing HIV testing on site. The partner will continue to provide quality control of its laboratory services and ongoing training of laboratory technicians.

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	9702.09	**Mechanism:**	ASPH - CDC
Prime Partner:	Association of Schools of Public Health	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Budget Code:**	16
Activity ID:	25825.09	**Planned Funds:**	$42,500
Activity System ID:	25825		

Activity Narrative: Activities to increase HIV testing in antenatal clinics and TB clinics in the focus areas of Battambang, Banteay Meanchey, Pailin and Pursat began in 2008. Also in 2008, a project to institute liquid TB culture at the Battambang Provincial Laboratory in order to improve the yield in TB culture in HIV positive patients was started. It is both critically important to implement these projects professionally and successfully, and to be able to expand the scope of the projects as improved results are demonstrated.

An Association of Schools of Public Health (ASPH) Fellow will assist with both activities, half time in PMTCT and half time in laboratory infrastructure. The Fellow will assist in writing standard operating procedures, implementation plans, and reports, and in monitoring and evaluating progress of the projects. Finally, the Fellow will provide technical assistance in the implementation and quality assurance assessment of these projects.

Though the $37,500 for Laboratory Infrastructure will be obligated in FY 2009, the Fellow will be provided for a two-year period.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9699.09 **Mechanism:** NCHADS CoAg Base

Prime Partner: National Center for HIV/AIDS Dermatology and STDs **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP **Program Area:** Laboratory Infrastructure

Budget Code: HLAB **Program Budget Code:** 16

Activity ID: 18452.25914.09 **Planned Funds:** $62,000

Activity System ID: 25914

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The purpose of the National Center for HIV/AIDS Dermatology and STDs (NCHADS) Cooperative Agreement is to promote ongoing collaboration between NCHADS and HHS/CDC in response to the HIV epidemic. Key focus areas of the NCHADS Cooperative Agreement include improving prevention of mother to child transmission (PMTCT) coverage, improving the Continuum of Care (CoC) for persons living with HIV/AIDS (in particular those with co-existing TB disease) and improving the collection and use of data to inform HIV program activities.

This initiative includes ongoing support of laboratory activities. The HHS/CDC cooperative agreement with NCHADS will continue to partially support an integrated laboratories initiative, and provide support to laboratories in four USG focus areas: the three provinces of Banteay Meanchey, Battambang, Pursat, and the municipality of Pailin. ARV services are provided at 10 sites in these provinces and laboratory services must be available to clinically monitor the care and treatment of HIV patients.

On-site technical assistance, including review of laboratory methods, standard operating procedures, and quality assurance, will be provided by the HHS/CDC laboratory analyst stationed in Battambang. Workshops on laboratory techniques and quality assurance will be conducted in collaboration with the National Institute of Public Health (NIPH) laboratory. USG funds will be used to support laboratory equipment maintenance agreements and purchase quality control reagents, as necessary. In addition, USG funds will be used to purchase laboratory equipment for laboratories in USG focus provinces where ARV services are provided. Additionally, this initiative will support the phase 2 evaluations of HIV test kits in order to review the HIV testing algorithm in country.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18452

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18452	18452.08	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	7461	7461.08	NCHADS CoAg Base	$427,930

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9696.09 **Mechanism:** CDC Cost of Doing Business - State

Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP **Program Area:** Laboratory Infrastructure

Budget Code: HLAB **Program Budget Code:** 16

Activity ID: 23999.09 **Planned Funds:** $96,970

Activity System ID: 23999

Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount for HHS/CDC Cambodia due to the Department of State in order to operate includes:
$350,000 ICASS
$113,078 Capital Security Cost Sharing
$123,087 Non-ICASS local guard charges
$586,165 Total

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9697.09

Mechanism: CDC Cost of Doing Business - ITSO

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 24006.09

Planned Funds: $11,484

Activity System ID: 24006

Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount that HHS/CDC Cambodia is being billed by HHS/CDC Headquarters to support the Information Technology Service Office is $69,420.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9694.09

Mechanism: CDC_HQ_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 11169.25690.09

Planned Funds: $180,452

Activity System ID: 25690

Activity Narrative: This is an ongoing activity.

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

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

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

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18450

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18450	11169.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7341	7341.08	CDC_HQ_Base	$167,733
11169	11169.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$278,322

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9695.09

Mechanism: CDC_Post_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 11170.25698.09

Planned Funds: $93,898

Activity System ID: 25698

Activity Narrative: This is an ongoing activity.

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

This funding is for the portion of the salary of the Laboratory Analyst (locally employed staff) dedicated to laboratory activities ($34,898). For FY 09, a second Laboratory Analyst is proposed in order to meet the rapidly increasing demand for technical support for laboratories that has been created by laboratory upgrades and new lab activities. In addition, $25,000 in post-held funds are budgeted for international and field travel, and $34,000 for housing and utilities for the Senior Laboratory Scientist.

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18451

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18451	11170.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7342	7342.08	CDC_Post_Base	$36,342
11170	11170.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5746	5746.07	CDC_Post_Base	$127,142

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9765.09 **Mechanism:** RHAC

Prime Partner: Reproductive Health Association of Cambodia **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Laboratory Infrastructure

Budget Code: HLAB **Program Budget Code:** 16

Activity ID: 26095.09 **Planned Funds:** $94,942

Activity System ID: 26095

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: RHAC, under a new cooperative agreement, replaces part of the activities listed as TBD in the COP 2008.

RHAC will have 20 fully-equipped laboratories, co-located in its clinics, that perform HIV testing on-site. In addition to HIV testing, these laboratories perform other reproductive health and maternal health tests including syphilis (RPR), vaginal smear, cervical smear, urethral smear, pregnancy, urine analysis, and cervical cancer screening (PAP smear & VIA). One lab has been upgraded to perform comprehensive lab tests including bio-chemical analyses.

RHAC will continue quality control measures in its laboratories to ensure the accuracy of testing, particularly HIV. RHAC will build the capacity of laboratory technicians through training and provide HIV testing for the Angkor Hospital for Children, its sole sub-grantee.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Health-related Wraparound Programs

* Family Planning
* Safe Motherhood

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development	$15,271

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID:	9698.09	**Mechanism:**	NIPH CoAg GHCS
Prime Partner:	National Institute of Public Health	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GHCS (State)	**Program Area:**	Laboratory Infrastructure
Budget Code:	HLAB	**Program Budget Code:**	16
Activity ID:	11299.25872.09	**Planned Funds:**	$229,000
Activity System ID:	25872		

Activity Narrative: THIS IS AN ONGOING ACTIVITY:

The National Institute of Public Health (NIPH), with technical assistance from HHS/CDC, will continue its work in establishing a national public health laboratory network. The objective of the laboratory network is to increase availability of a minimum package of laboratory tests, decrease dependence on the NIPH Laboratory (NIPHL) in Phnom Penh for such tests, and reduce the proportion of samples that need to be sent to NIPHL for testing.

NIPH will continue to emphasize quality laboratory systems and will support the development of guidelines and standard operating procedures (SOP) for integrated laboratories, including equipment, operations, and cross-training of staff. With support from the MOH Technical Working Group for Blood Safety and Clinical Laboratory Services, which includes USG and international organizations staff, NIPH has been a champion for drafting the National Policy Guidelines for Medical Laboratory Services of Cambodia.

NIPH, with technical support from the USG and the Clinton Foundation, will expand the capacity of NIPHL to provide DNA polymerase chain reaction (PCR) testing for the timely diagnosis of HIV infection in infants. Expansion of infant diagnosis is urgently needed.

To date, collection sites of dried blood spots (DBS) for DNA PCR testing has been expanded to 12 additional provinces. A molecular laboratory has been renovated and additional thermocyclers purchased. We fully expect that the number of exposed infants tested will increase substantially during the next year. Moreover, USG will continue to support NIPH to implement quality assurance both at NIPH and at sample collection sites for early infant diagnosis.

CD4 testing, important for assessing eligibility for and monitoring ARV treatment, is available at NIPHL and in three provincial hospital laboratories. Three new additional Fluorescence Activated Cell Sorting (FACS) count machines will be placed soon in the provinces. The USG will continue to work with NIPHL where an estimated 40,000 CD4 tests will be performed in 2008. NIPH, with USG technical assistance, will support a quality assurance network for CD4+ testing in the other provincial laboratories, to include the monitoring of samples quality, turn around time of tests results, the implementation of SOPs and logs for daily maintenance of equipments and temperature charts, and the follow-up of corrective actions. Hospital Directors, Laboratory Heads and Deputy Heads and Laboratory Assessors in USG focus provinces will be trained on assuming their managerial roles for assuring testing quality for all tests performed and delivered by the laboratories under their authorities.

Due to rapid scale up of access to antiretroviral therapy (ART), from less than 3,000 people in 2003 to 29,589 in the second quarter of 2008, it is extremely important that health care providers monitor the effectiveness of treatment and drug toxicity in HIV patients receiving ARV. The demand for viral load and toxicity monitoring is expected to increase as an increasing number of persons living with HIV/AIDS survive longer due to benefits of receiving ARV treatment. Presently, within the Ministry of Health and the national laboratory network, viral load assays are only available at NIPHL and this testing has only just become available. NIPH, with technical assistance from the USG, will work to ensure and maintain the quality of sample collections for viral load assays performed with Global Fund support. NIPH cooperative agreement funds will be used for reagents for confirmatory HIV diagnostic testing, biochemistry and hematology along with internal quality control reagents and enrollment in overseas proficiency testing programs to support ARV treatment at NIPHL and USG focus provinces laboratories.

To enable laboratories to provide reliable HIV antibody test results, NIPHL will continue to produce and distribute serum panels to laboratories throughout the country. The number of laboratories supported by the external quality assurance (EQA) scheme has been expanded to include national hospitals and voluntary confidential counseling and testing (VCT) sites under the supervision of NCHADS. Presently, NIPHL distributes EQA panels to the blood transfusion centers and voluntary counseling and testing (VCT) sites. However, the number of VCT sites has increased to 213, and it is expected that EQA panels will have to be provided to all of 213 VCT sites in 2009. In 2007, 320,000 people were tested in VCT sites.

ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS:

COP 09 funds will support NIPHL in improving and expanding HIV laboratory testing as outlined in the Program Area Context. These activities are a continuation from last year, and will focus on assuming their leadership and functions as the National HIV Reference Laboratory. As NIPH continue their pursuit of International Organization for Standardization (ISO) 15189 accreditation in some laboratory sections, it will be necessary for them to maintain the competence of their staff. They will provide continuing education and workshops to their staff and the USG focus provinces laboratory staff.

This funding will also support the development of a Training Unit at the NIPH. The training unit staff will be dedicated to designing courses and workshops with the help of subject matter experts. They will be knowledgeable in adult learning methodology and will be themselves trained on teach back methodology to be more effective in delivering customized training to different audiences.

NIPH will develop training manuals to train a team of laboratory assessors to conduct rigorous and cost-effective supervision with follow-up on the implementation of corrective actions and monitor subsequent improvement in maintaining quality and safety in laboratories in the field

Additionally, the NIPHL staff will provide training and supervision at one provincial hospital laboratory to be used as a model for integrated laboratory development and supervisory visits to other provincial laboratories. As biosafety is a major concern in clinical laboratories, part of this funding will address the issue of biohazard waste management including autoclaving, and maintenance, inspection and certification of Biological Safety Cabinets in laboratories supported by USG.

These activities are consistent with the strategic approaches for strengthening laboratory capacity and

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18459

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18459	11299.08	HHS/Centers for Disease Control & Prevention	National Institute of Public Health	7346	7346.08	NIPH CoAg GHAI	$250,000
11299	11299.07	HHS/Centers for Disease Control & Prevention	National Institute of Public Health	5756	5756.07	NIPH CoAg GHAI	$100,000

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development $39,000

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9700.09

Mechanism: NCHADS CoAg GHCS

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Laboratory Infrastructure

Budget Code: HLAB

Program Budget Code: 16

Activity ID: 11309.25915.09

Planned Funds: $87,000

Activity System ID: 25915

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The purpose of the National Center for HIV/AIDS Dermatology and STDs (NCHADS) Cooperative Agreement is to promote ongoing collaboration between NCHADS and HHS/CDC in response to the HIV epidemic. Key focus areas of the NCHADS Cooperative Agreement include improving prevention of mother to child transmission (PMTCT) coverage, improving the Continuum of Care (CoC) for persons living with HIV/AIDS (in particular those with co-existing TB disease) and improving the collection and use of data to inform HIV program activities.

This initiative includes ongoing support of laboratory activities. The HHS/CDC cooperative agreement with NCHADS will continue to partially support an integrated laboratories initiative, and provide support to laboratories in four USG focus areas: the three provinces of Banteay Meanchey, Battambang, Pursat, and the municipality of Pailin. ARV services are provided at 10 sites in these provinces and laboratory services must be available to clinically monitor the care and treatment of HIV patients.

On-site technical assistance, including review of laboratory methods, standard operating procedures, and quality assurance will be provided by the HHS/CDC laboratory analyst stationed in Battambang. Workshops on laboratory techniques and quality assurance will be conducted in collaboration with the National Institute of Public Health (NIPH) laboratory. USG funds will be used to support laboratory equipment maintenance agreements and purchase quality control reagents, as necessary. In addition, USG funds will be used to purchase laboratory equipment for laboratories in USG focus provinces where ARV services are provided. Additionally, this initiative will support the phase 2 evaluations of HIV test kits in order to review the HIV testing algorithm in country.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18453

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18453	11309.08	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	7344	7344.08	NCHADS CoAg GHAI	$34,508
11309	11309.07	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	5755	5755.07	NCHADS CoAg GHAI	$145,300

Table 3.3.16: Activities by Funding Mechansim

Mechanism ID: 9703.09 **Mechanism:** TBD - Pre-service Curriculum Development

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP **Program Area:** Laboratory Infrastructure

Budget Code: HLAB **Program Budget Code:** 16

Activity ID: 25885.09 **Planned Funds:** [redacted]

Activity System ID: 25885

Activity Narrative: The USG will provide the seed money to provide a Pre-Service Curriculum Development for the medical technology program at the Technical School of Medical Care (TSMC). The TSMC medical technology program is essential to the development and strengthening of diagnostic laboratory capabilities in Cambodia. Of all the programs at the TSMC, the medical technology program has received the least assistance. There is an urgent need to provide quality training in medical technology in Cambodia. Skilled medical technologists were executed or died during the Pol Pot regime, so there has been no continuity in the development of medical laboratory staff. Although many governmental and non-governmental organizations are interested in improving the health infrastructure, there is serious shortage of qualified laboratory personnel; in the country. The American Society for Clinical Pathology (ASCP) has created a successful 24 month package for pre-service curriculum development which includes an in-depth curriculum review, creation of lesson plans, curriculum finalization workshop and mentorship including seminars on effective teaching, seminars for students on study skills and teaching in the classroom as required. The USG will work with other partners to find additional funding to support this ASCP program in Cambodia.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 17 - HVSI Strategic Information

Total Planned Funding for Program Budget Code: $1,473,100

Program Area Narrative:

USG plays a significant role in assisting the Royal Government of Cambodia (RGC) to strengthen national strategic information (SI) activities by collaborating with the National AIDS Authority (NAA), the National Center for HIV/AIDS, Dermatology, and STDs (NCHADS), other government organizations, civil society and major international donors and partners.

USG Cambodia HIV/AIDS program's close collaboration with RGC and major donors is imperative to ensure continued advancement of various ongoing national Strategic Information /Monitoring & Evaluation (SI/M&E) activities and to identify vital resources to cover future planned SI/M&E activities in support of the "Third One."

Surveillance
Cambodia has a well-developed surveillance system that provides essential information on the HIV epidemic in Cambodia, particularly among several most-at-risk populations (MARPs). USG has provided significant financial and technical support to establish the national surveillance program and to help build surveillance capacity. The national surveillance system, implemented by NCHADS, is considered a model of second-generation surveillance, and one of the most advanced in SE Asia.

One of the USG's key activities is providing technical assistance (TA) to build capacity in the national HIV/AIDS program. USG supports the National AIDS Authority, which is responsible for coordinating the national AIDS response, guided by the National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS, 2006-2010 (NSP-II). NAA coordinates M&E activities through the National M&E Advisory Group, in which USG continues to play a lead role, which endeavors to harmonize monitoring indicators and methods in line with the "Three Ones". In 2008, NAA issued the National HIV/AIDS Monitoring and Evaluation Guidelines and coordinated a multi-ministry assessment based on the Global Fund M&E System Strengthening Tool, providing a roadmap for needed improvements in the national M&E system. USG and UNAIDS provide substantial technical support to NAA, and to the M&E functions of its member RGC ministries, including support for capacity building in data analysis, interpretation, utilization, and reporting. NAA continues to be challenged by the lack of financial and political support, and is unable to guide RGC member ministry M&E efforts due to a lack of experienced staff and the limited capacity of its M&E staff.

The overall USG SI Strategy focuses on providing SI/M&E TA and capacity building to RGC and all NGO partners. Sustainability is a key component of the SI strategy, thus the USG will continue to focus on building local capacity for M&E with an emphasis on data quality and use for program management and program improvement. USG will provide support to RGC in building a sustainable and robust national surveillance and M&E system, with efforts to harmonize indicators and Health Management Information Systems (HMIS), in line with the "Third One". USG supported development of the NCHADS indicators and guidelines, and with WHO, UNAIDS, and others provided technical and materials support for training and placement of provincial data management officers throughout the country. USG will assist RGC and NGO partners at both the national and provincial levels to: 1) strengthen national surveillance systems and surveys; 2) provide TA for conducting in-depth analyses of surveillance and survey data; and 3) advocate for the use of data for evidence-based strategic program planning, program improvement, and decision-making. As national HIV programs and their basic information systems become more established, the USG will need to devote more attention to improving the use of data by government and NGO partners through Continuous Quality Improvement

(CQI) techniques and, occasionally, Operations Research. Finally, USG will support key program assessments as an integral part of the USG program implementation focusing on MARPs.

With COP 09 funds, USG SI support will focus on four areas:

1. Strengthen national surveillance systems, surveys, and data use

Cambodia's surveillance system is relatively robust. Behavioral surveillance surveys (BSS) have been conducted regularly since 1997 (7 rounds). HIV sentinel surveillance (HSS) serosurveys have been conducted regularly since 1996 (8 rounds). DHS+ was conducted in 2005 and two integrated behavioral and biological surveys (IBBS) have been conducted (2001 and 2005). IBBS includes STI surveillance and will be repeated every three or four years. In 2007, RGC held an international consensus workshop in which results of DHS+ HIV testing and HSS 2006 were analyzed to provide updated adjustment factors (male-to-female ratio of people living with HIV/AIDS (PLHA), calibrator for estimating general population prevalence, and urban-rural population distribution weights) needed for estimating national HIV prevalence. Workshop outcomes included revised national HIV prevalence estimates and projections through 2012 of the number of PLHA (children and adults), AIDS-related deaths, new HIV infections, and HIV-infected persons in need of ART. In 2008, the HSS 2006 specimens were tested with the BED-incidence assay to directly measure the proportion of HIV infections that were recently acquired. USG also worked closely with partner NGOs to design and conduct a project to improve previous estimates of men who have sex with men (MSM) population size. Although financial support from USG was not provided, RGC also conducted a project with support from WHO to estimate the size of the injection and non-injection drug using population and prevalence of HIV, hepatitis B, and hepatitis C among these two groups. RCG is developing an antiretroviral (ARV) resistance surveillance system, with financial and technical support from WHO and technical assistance from USG as needed. In 2008, NCHADS developed a protocol and tool for collection and analysis of ARV resistance early warning indicators, and began data collection for an HIV drug resistance threshold survey.

Specific activities will include: (a) providing support to NCHADS to conduct an IBBS in five priority provinces among three target groups -- female sex workers (FSWs), police (a proxy group for clients of FSWs), and MSM. USG will provide assistance with protocol development; supply procurement; sampling; training at the national and provincial levels; laboratory quality assurance; data analysis, interpretation, and reporting; and dissemination and publication of results; and (b) other behavioral surveys for MARPs such as the Tracking Results Continuously (TRaC) surveys and other special assessments/formative research.

2. Building SI/M&E capacity in RGC (NCHADS, NIPH, NAA) and NGOs

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

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

3. Building and strengthening a sustainable national M&E system, with efforts to harmonize indicators and HMIS

USG will continue to provide technical support to NAA's M&E unit to build the national M&E framework and to improve data analysis and use. Where possible, the USG will support national data systems compatible with national indicators needed for the PEPFAR II program and other international standards. USG will also support expansion of the scale and scope of NCHADS' data management system, including improved exchange of program monitoring data with relevant ministries and programs at district, provincial, and national levels; and improved monitoring of data quality and increased analysis and use of data at the service delivery level, including continuous quality improvement approaches. USG will continue to support the NCHADS Data Management Unit to strengthen their data management and monitoring activities.

4. USG will support key assessments as an integral part of USG MARPs-focused program implementation.

In collaboration with NCHADS and NGO partners, USG will evaluate specific aspects of supported programs, including coverage and quality of prevention services for MARPs; quality of life and risk behaviors of PLHA and OVC; and access to and participation in PMTCT services, including a cost analysis of the PMTCT routine testing program and family-based care initiatives.

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10900.09 **Mechanism:** TBD - IBBS QA

Prime Partner: To Be Determined

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 25892.09

Planned Funds: [redacted]

Activity System ID: 25892

Activity Narrative: Quality control retesting of a sample of IBBS specimens. In FY 09-10, the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) Surveillance Unit, with USG support, will conduct an integrated biological-behavioral sentinel survey (IBBS) in 5 priority provinces (Phnom Penh, Kampong Cham, Battambang, Sihanoukville, and Banteay Meanchey) among three target populations: female sex workers, police (a sentinel group which has served as a proxy for clients of female sex workers in several previous Cambodian surveys), and men who have sex with men (MSM). To determine the prevalence of three bacterial sexually transmitted infections (STIs), biological specimens (blood, swabs, and urine) will be tested for Treponema pallidum, Neisseria gonorrhoeae (NG), and Chlamydia trachomatis (CT). These tests will be performed by a local laboratory, but quality control retesting of a 10-20% sample of specimens will be performed by an outside laboratory (e.g., in the US or Thailand) for NG and CT. The laboratory to be determined will be selected based on its recognition as a high quality reference laboratory with the capacity to provide “gold standard” results for purposes of evaluating IBBS test performance. Additional criteria will include logistics of shipping specimens, projected turn around time, and cost.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9700.09

Mechanism: NCHADS CoAg GHCS

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

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GHCS (State)

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 11310.25916.09

Planned Funds: $112,000

Activity System ID: 25916

Activity Narrative: THIS IS AN ONGOING ACTIVITY.

The purpose of the National Center for HIV/AIDS Dermatology and STDs (NCHADS) Cooperative Agreement is to promote ongoing collaboration between NCHADS and HHS/CDC in response to the HIV epidemic. Key focus areas of the NCHADS Cooperative Agreement include improving prevention of mother to child transmission (PMTCT) coverage, improving the continuum of care for persons living with HIV/AIDS (in particular those with co-existing TB disease) and improving the collection and use of data to inform HIV program activities.

NCHADS' Surveillance Unit is responsible for conducting routine sentinel surveillance and special surveys for prevalence of HIV, sexually transmitted infections (STIs), and risk behaviors. Additionally, in collaboration with several partners, NCHADS is responsible for developing estimates and projections of HIV prevalence, incidence, and mortality.

NCHADS Data Management Unit is responsible for managing all of NCHADS program data (e.g., voluntary counseling and testing [VCT], ARV, etc.) needed for monitoring care and treatment and supporting the data management needs of the Surveillance Unit. In 2006, Data Management Teams were placed in the Provincial AIDS Offices of 11 provinces. NCHADS plans to expand Data Management Team coverage to at least 19 provinces by the end of 2009. Both Surveillance and Data Management Units work closely with staff in Provincial AIDS Offices.

Until 2005, Cambodia's sentinel surveillance system had not included men who have sex with men (MSM) as a sentinel population. Prevalence of HIV, STIs and related risk behaviors among MSM had not been routinely monitored. NCHADS included MSM in a cross-sectional IBBS for the first time in 2005. NCHADS will conduct a follow-up IBBS in 2009-10 in 5 priority provinces (Phnom Penh, Kampong Cham, Battambang, Sihanoukville, and Banteay Meanchey) among three target populations: female sex workers, police (a sentinel group which has served as a proxy for clients of female sex workers in several previous Cambodian surveys), and MSM. MSM will be tested for HIV as well as STIs, and will receive confidential pre- and post-test HIV counseling and their HIV test results. Technical assistance in protocol development and data collection, analysis, and interpretation will be provided by the USG (Family Health International [FHI] and CDC). This survey is projected to cost over $200,000 and the USG will provide partial funding over the two years required to plan the survey; obtain ethical approvals; conduct in-country training, field work, and laboratory testing of biologic specimens; analyze and interpret the survey data; disseminate the survey results; and publish the final report of survey findings. Partial funds for IBBS were initially requested in COP 08. Because the start of this project and an HIV Sentinel Survey has been delayed, partial funding should already be available for NCHADS to implement the IBBS. The USG will also support IBBS laboratory and quality control testing to recipients.

In COP 09, USG will support the procurement of supplies, training and conferences for the NCHADS Surveillance Unit.

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18470

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18470	11310.08	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	7344	7344.08	NCHADS CoAg GHAI	$175,000
11310	11310.07	HHS/Centers for Disease Control & Prevention	National Center for HIV/AIDS Dermatology and STDs	5755	5755.07	NCHADS CoAg GHAI	$190,800

Emphasis Areas	
Human Capacity Development	
Estimated amount of funding that is planned for Human Capacity Development	$6,000
Public Health Evaluation	
Food and Nutrition: Policy, Tools, and Service Delivery	
Food and Nutrition: Commodities	
Economic Strengthening	
Education	
Water	

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9766.09
Mechanism: TBD/Umbrella
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 25880.09
Planned Funds: [redacted]
Activity System ID: 25880

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: On September 30th, 2009 the USAID agreement with KHANA will end. An RFP/RFA for an organization to serve as an umbrella supporting a number of implementing agencies in the areas of prevention and care, and national level advocacy and leadership will be issued in calendar year 2009. USAID will continue to prioritize the use of Cambodian entities that have the proven capacity to implement USG programs and are critical components of Cambodia's health sector. As neither an assessment nor the design has been completed, specific components have not been identified, but illustrative components are outlined below.

The focus of strategic information (SI) efforts will be to benefit the national response to HIV and AIDS as a whole. Monitoring data, lessons learned and best practices will be shared with sub-partners, target groups, other USAID partners, the government of Cambodia and local, national and international forums. The TBD implementer will be committed to an ongoing plan of capacity building and improved technical expertise both for its own staff and sub-partners, in addition to reviewing projects, developing tools and documenting and promoting best practices among sub-partners and external stakeholders.

The TBD implementer will provide direct and specific training to sub-partner staff for effective data collection at the field level and assistance in interpretation of monitoring data and results to help them better structure their programs and their targets. As needed, technical assistance visits and coaching will be provided to sub-partners and routine monitoring visits by partner program officers.

Besides sub-partners, other institutions, such as the National AIDS Authority (NAA), the National Center for HIV, AIDS, Dermatology and STIs (NCHADS), Provincial AIDS Offices and the National Agency for Combating Drugs (NACD) will receive technical assistance from the TBD implementer for their strategic information activities in the form of training and contributions to their data collection systems.

The TBD implementer will work with the government agencies, sub-partners and other organizations to identify and address potential areas for operations research. They will also involve the target communities and the beneficiaries in the design and implementation of evaluations and other research. The TBD implementer will play a key part in supporting Cambodia's M&E system in the HIV and AIDS sector by contributing to nationally-set targets, sitting on central M&E coordinating committees, improving SI collection methods and training civil society and government representatives in reporting and accountability procedures and techniques.

The TBD implementer will seek to strengthen and expand the impact of its strategic information work through contributing to the on-going national monitoring system. It is essential that the information the TBD implementer collects is used not only to inform its own programs but also that of other agencies and the government of Cambodia. The TBD implementer will contribute to Cambodia's universal access targets and the other data collection needs of NCHADS, NACD and NAA. It will also support the efforts of national civil society organizations to coordinate and collect strategic information relevant to Universal Access Targets and the NAA central reporting system. The TBD implementer will work with media to ensure HIV/AIDS receives accurate coverage in both printed and broadcast media through facilitating media visits to sub-partners and beneficiaries.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9695.09 **Mechanism:** CDC_Post_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 11172.25709.09

Planned Funds: $76,295

Activity System ID: 25709

Activity Narrative: This is an ongoing activity.

HHS/CDC staff provide direct technical support in this program area to the Ministry of Health and its National Centers, and to the Provincial Health Departments of Banteay Meanchey, Battambang, and Pursat provinces and Pailin municipality. HHS/CDC collaborates with USAID and its partners to assist in the implementation of activities.

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

Funding also includes local and international travel costs for SI-related travel, and housing and utilities for the USG epidemiologist, who is a member of the PEPFAR SI Team.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18455

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18455	11172.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7342	7342.08	CDC_Post_Base	$46,828
11172	11172.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5746	5746.07	CDC_Post_Base	$58,727

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9694.09

Mechanism: CDC_HQ_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Strategic Information

Budget Code: HVSI

Program Budget Code: 17

Activity ID: 11171.25692.09

Planned Funds: $210,767

Activity System ID: 25692

Activity Narrative: ACTIVITY UNCHANGED FROM FY2008.

HHS/CDC staff provides direct technical support in this program area to the Ministry of Health (MoH) and its National Centers, and to the Governments of Banteay Meanchey, Battambang, and Pursat provinces and Pailin municipality. HHS/CDC collaborates with USAID and its partners to assist in the implementation of activities.

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18454

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18454	11171.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7341	7341.08	CDC_HQ_Base	$177,053
11171	11171.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$272,252

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9697.09 **Mechanism:** CDC Cost of Doing Business - ITSO

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP **Program Area:** Strategic Information

Budget Code: HVSI **Program Budget Code:** 17

Activity ID: 24007.09 **Planned Funds:** $12,016

Activity System ID: 24007

Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount that HHS/CDC Cambodia is being billed by HHS/CDC Headquarters to support the Information Technology Service Office is $69,420.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9696.09 **Mechanism:** CDC Cost of Doing Business - State

Prime Partner: US Department of State **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP **Program Area:** Strategic Information

Budget Code: HVSI **Program Budget Code:** 17

Activity ID: 24000.09 **Planned Funds:** $101,464

Activity System ID: 24000

Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount for HHS/CDC Cambodia due to the Department of State in order to operate includes:
$350,000 ICASS
$113,078 Capital Security Cost Sharing
$123,087 Non-ICASS local guard charges
$586,165 Total

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 9714.09 **Mechanism:** FHI

Prime Partner: Family Health International **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Strategic Information

Budget Code: HVSI **Program Budget Code:** 17

Activity ID: 25953.09 **Planned Funds:** $500,000

Activity System ID: 25953

Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

FHI and its partners will collect data to provide information on indicators at the impact, outcome, and process/output level for USG programming in Cambodia; strengthen the capacity of the HIV surveillance/monitoring system and its personnel, provide information to explain changes in HIV prevalence, including the impact of USG-funded prevention programming, provide information for advocacy and policy, assess the effectiveness of programs that provide care and treatment to ART patients, assess costs of programs, recurrent costs and implications of costs in the context of scale up, and develop a clear understanding of the HIV/AIDS epidemic in the country so that that effective national policies and appropriately targeted programs can be developed.

At the national level, FHI will continue to provide targeted support, with emphasis placed more on technical assistance rather than operational costs, especially in relation to the Integrated Behavioral Surveillance Survey (IBSS). FHI will collaborate closely with the National Center for AIDS, Dermatology and STDs (NCHADS), WHO and HHS/CDC to see how linkages can be established with the Behavioral Sentinel Surveillance (BSS)/IBBS and information can be better utilized at all levels for program improvement. In FHI -supported survival and viral load analyses using the existing routine data from health facilities, technical support on HIV Sentinel Surveillance (HSS) and modeling data to estimate the HIV prevalence are key research activities. Ongoing capacity building of the surveillance unit staff will be intensified with seconded FHI surveillance unit staff within NCHADS. Training on triangulation of biological and behavioral data of NCHADS surveillance staff will be conducted. FHI will ensure that it contributes to the priorities set forth in the ‘National Research Agenda’, the National M&E framework and the Country Impact Task Force data gaps analysis. FHI will continue participation in technical working groups and other networks that review country progress against national HIV/AIDS targets; and strengthen the implementation of one integrated national M&E system.

At the provincial and site level, emphasis will be placed on strengthening data quality and data use. At specific sites such as referral hospitals, FHI will partner with other organizations, such as HHS/CDC, to ensure good use of quality data for program improvement. Close collaboration with WHO and HHS/CDC will be done to roll out any data management, analysis, and usage models. At the site level, data management and use will be strengthened in the supported sites and a standardized filing system based on technical areas will be used. Follow-up support will be provided for the FHI Cambodia Management Information System (FHI CAMIS) database, to improve data analysis and graph generation. Monthly and quarterly coordination meetings and regular program activities will also be implemented. Quality assurance/quality improvement (QA/QI) tools will be used during regular site visits. In addition, in facilities such as referral hospitals and health centers, FHI will collaborate with other organizations to ensure development of comprehensive health facility surveys and periodically measure progress against set targets. In Continuum of Care (CoC) sites, strong emphasis will be placed on monitoring treatment failure and resistance. Refresher training will be conducted for staff and partner agencies on data management, analysis, quality, and use. Training will be conducted at provincial levels on basic epidemiology and interpretation and use of data. FHI will collaborate closely with HHS/CDC, WHO, NCHADS, the Global Fund, the National Institute of Public Health (NIPH) and other key stakeholders to plan and implement high quality strategic information activities and ensure good use of results.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10899.09 **Mechanism:** TBD - IBBS Testing

Prime Partner: To Be Determined **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP **Program Area:** Strategic Information

Budget Code: HVSI **Program Budget Code:** 17

Activity ID: 25894.09 **Planned Funds:** [redacted]

Activity System ID: 25894

Activity Narrative: Laboratory testing of IBBS specimens. In FY 09-10, the National Center for HIV/AIDS, Dermatology and STDs (NCHADS) Surveillance Unit, with USG support, will conduct an integrated biological-behavioral sentinel survey (IBBS) in 5 priority provinces (Phnom Penh, Kampong Cham, Battambang, Sihanoukville, and Banteay Meanchey) among three target populations: female sex workers, police (a sentinel group which has served as a proxy for clients of female sex workers in several previous Cambodian surveys), and men who have sex with men (MSM). To determine the prevalence of three bacterial sexually transmitted infections (STIs), biological specimens (blood, swabs, and urine) will be tested for Treponema pallidum, Neisseria gonorrhoeae, and Chlamydia trachomatis. Although NCHADS-US CDC cooperative agreement funds will be used to purchase test reagents, additional funds ($7000) will be required to pay for laboratory testing.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 10467.09 **Mechanism:** PSI

Prime Partner: Population Services International **USG Agency:** U.S. Agency for International Development

Funding Source: GHCS (USAID) **Program Area:** Strategic Information

Budget Code: HVSI **Program Budget Code:** 17

Activity ID: 25932.09 **Planned Funds:** $142,358

Activity System ID: 25932

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: The implementer has been changed from TBD-Social marketing/BCI in the COP 2008 to PSI under a new cooperative agreement.

PSI will employ an evidence-based approach to project implementation, with research and strategic information forming a foundation for all program activities. Research and project monitoring and evaluation employed for this project will focus on the production of timely, actionable data that project managers will use to design and manage effective social marketing and behavior change interventions (BCI) for HIV. All information is disseminated to program partners, the Royal Government of Cambodia (RGC), and other institutions. PSI studies on high risk groups and behaviors provide complementary information to the system of surveillance surveys under NCHADS. Three factors will ensure research results are optimized in meeting programmatic needs: the involvement of project stakeholders and partners from the beginning to the end of the research process; a focus on research that identifies factors that can be influenced by program managers; and application of rigorous methodologies that lend credibility, acceptance, and use of results to inform program interventions.

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11731.09 **Mechanism:** USAID Cost of Doing Business

Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 28815.09
Planned Funds: $27,000
Activity System ID: 28815
Activity Narrative: ICASS, IRM tax for USAID USPSC SI Advisor
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.17: Activities by Funding Mechansim

Mechanism ID: 11734.09
Mechanism: USAID Personnel
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Strategic Information
Budget Code: HVSI
Program Budget Code: 17
Activity ID: 28825.09
Planned Funds: $120,200
Activity System ID: 28825
Activity Narrative: Salary and travel costs for USAID USPSC SI Advisor
New/Continuing Activity: New Activity
Continuing Activity:

Program Budget Code: 18 - OHSS Health Systems Strengthening

Total Planned Funding for Program Budget Code: $1,566,468

Program Area Narrative:

Cambodia's Second Health Sector Strategic Plan (2008-2015) established the policy framework for improvement of the health sector; and it stated Mission, "to provide stewardship for the entire health sector and to ensure a supportive environment for increased and equitable access to quality health services in order that all the people of Cambodia are able to achieve the highest level of health and well-being," is the scaffold on which all USG programs are fixed.

The national health system, while still relatively weak, has demonstrated it can deliver results in partnership with donors and non-government players. Particularly notable successes have been achieved in the area of HIV/AIDS. Prevalence has been reduced to 0.8% of the adult population, over 85% of Cambodians eligible for antiretroviral therapy (ART) are now on treatment and a vibrant community and civil society network are providing excellent prevention and care services. To its credit, the Royal Government of Cambodia (RGC) was quick to recognize the severity of the HIV epidemic and establish an effective policy framework and enabling environment that willingly adopted outside innovations and coordinated internal efforts to scale up successful initiatives. HIV/AIDS services were established, communities mobilized and continued support for quality surveillance, research and analysis of Cambodia's HIV epidemic has provided critical information on transmission patterns and guided program interventions at every step. However, this early and significant success was achieved at the expense of a sector-wide approach. The National AIDS Program established parallel services and systems which, given adequate resources, were unburdened by the systemic and chronic problems of the national health system. But parallel practices bring high transactional costs for HIV patients, donors, and the government and, in the long term, fail to achieve the full benefits of sustainable, accessible and quality services. In 2007 approximately 3% of Cambodia's HIV/AIDS budget was supported by the government, highlighting the fragility of a program that relies on donor-funding – primarily the USG and the Global Fund - for over 95% of costs.

The profile of humanitarian assistance and reconstruction projects is finally giving way to long-term sector-wide health development approaches. USG interventions aim to strengthen and integrate decentralized health care services by institutionalizing quality and capacity at the provincial and Operational District (OD) levels. Working closely with the Ministry of Health (MoH) and other health partners, the USG systems approach aims to improve the performance of health providers, including the establishment of effective performance-based management systems; expand models for health financing; sharpen quality at the facility level; and increase strategic public-private partnerships. A primary challenge under the Health Strategic Plan (HSP2) will necessitate the integration of services to achieve more sustainable health outcomes and ensuring that the RGC increases its political and financial commitment to performance-linked incentive systems and the alignment of planning, disbursement and monitoring.

The new USG health systems strengthening instrument which will be awarded by December 2008, has been designed to reinforce and work collaboratively with the Health Systems Support Project (HSSP2), a pooled funding arrangement (supported by the World Bank, AusAid, DFID, UNFPA, UNICEF, Agence France de Development (AfD) and the Belgian Technical Cooperation (BTC)) at approximately $100 million over five years. The HSSP2 has four program components: (1) strengthen health service delivery, (2) improving health financing, (3) strengthening human resources, and (4) strengthening health system stewardship functions. It contributes towards Cambodia's Rectangular Strategy pillar 'Capacity Building and Human Resources Development' that calls for expanding the network of health facilitates, improving access to services by the poor, focusing on maternal and child health and communicable disease control, and enforcing health laws to ensure quality and safety of health services.

The USG Health Systems Strengthening Project aligns with HSSP2 strategies and both project cut across all USAID health program areas. As the USAID Health Systems program has not been awarded and the HSSP2 is due to commence 01 January 2009, collaboration structures and details will be worked out over the course of 2009.

In FY 09, HIV/AIDS policy dialogue between the MoH and the USG continues to focus more on technical assistance to the national program and on how to work together strategically rather than on what activities to fund. Leveraging the USG role in key public sector institutions and USG participation on national technical working groups that shape health sector priorities and policies that advance the development of public systems and which address obstacles to the integration of prevention of mother to child transmission (PMTCT) into existing maternal and child health services and improving the integration of TB and HIV services are priorities. Identifying and addressing obstructions to improved service delivery, program integration, improved public sector performance in addition to building consensus on new service delivery modalities will require dedicated time, technical insight, and political space. Any such reorientation will require increases in RGC ownership and funding in the coming years and will be fundamentally tied to government-wide Public Financial Management and Civil Service reforms as well as the future directions of Decentralization and Deconcentration efforts. In FY 2009 the USG will continue to focus on pragmatic steps as part of this longer-term strategy:

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

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10466.09
Mechanism: HSS
Prime Partner: To Be Determined
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 28765.09
Planned Funds: [redacted]
Activity System ID: 28765
Activity Narrative: N/A
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 10467.09
Mechanism: PSI
Prime Partner: Population Services International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 25931.09
Planned Funds: $30,000
Activity System ID: 25931
Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: The implementer has been changed from TBD-Social marketing/BCI in the COP 2008 to PSI under a new cooperative agreement.

In FY 2009, PSI will strengthen NGO capacity through the United Health Network (UHN) initiative. Created in 2002 with USAID funding, UHN has grown to 36 members, mostly local NGOs, whom PSI will assist in social marketing of its health products and behavior change communications (BCC). The training includes product related information (including proper storage) and selling techniques with the goal of increasing access among at-risk communities served by the UHN members. These include, among others, commercial sex workers, men who have sex with men, and vulnerable populations such as garment factory workers and migrant workers.

In addition to selling the products, UHN members disseminate key BCC messages through their peer-education and other outreach initiatives. PSI will continue to develop complementary BCC materials and tools, train UHN members on their use and provide them with materials.

Additionally, PSI will contribute to public health system strengthening and policy formulation by being an active member in several technical working groups including the National Condom Working Group and the National AIDS Authority (NAA) Advocacy and Communication Working Group.

New/Continuing Activity: New Activity
Continuing Activity:

Emphasis Areas

Gender

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

Health-related Wraparound Programs

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

Workplace Programs

Human Capacity Development

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9714.09
Mechanism: FHI
Prime Partner: Family Health International
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 25954.09
Planned Funds: $120,086
Activity System ID: 25954
Activity Narrative: ACTIVITY UNCHANGED FROM FY 2008

In FY 2009, FHI will continue to play a key role in the development of the National Center of HIV/AIDS Dermatology and STDs (NCHADS), National Maternal and Child Health Center (NMCHC) and provincial annual operational workplans. FHI will also strengthen existing national networks such as the National MSM (Men having Sex with Men) Network and the Women's Health Network that advocate for reduction of stigma and discrimination among these marginalized groups. FHI will strengthen institutional capacity in all partners, implementing agencies and networks in specific areas. Documentation of programs and processes will enhance sharing of best practices and evidence based programming. FHI will continue to show leadership in new approaches and share these experiences with partners and stakeholders to improve HIV/AIDS response.

New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9696.09
Mechanism: CDC Cost of Doing Business - State
Prime Partner: US Department of State
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 24001.09
Planned Funds: $59,879
Activity System ID: 24001
Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount for HHS/CDC Cambodia due to the Department of State in order to operate includes:
$350,000 ICASS
$113,078 Capital Security Cost Sharing
$123,087 Non-ICASS local guard charges
$586,165 Total
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9697.09
Mechanism: CDC Cost of Doing Business - ITSO
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 24008.09
Planned Funds: $7,092
Activity System ID: 24008
Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount that HHS/CDC Cambodia is being billed by HHS/CDC Headquarters to support the Information Technology Service Office is $69,420.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9694.09
Mechanism: CDC_HQ_Base
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Health Systems Strengthening
Budget Code: OHSS
Program Budget Code: 18
Activity ID: 11173.25693.09
Planned Funds: $146,336
Activity System ID: 25693

Activity Narrative: This is an ongoing activity.

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

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18448

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18448	11173.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7341	7341.08	CDC_HQ_Base	$161,205
11173	11173.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5745	5745.07	CDC_HQ_Base	$306,941

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9695.09 **Mechanism:** CDC_Post_Base

Prime Partner: US Centers for Disease Control and Prevention **USG Agency:** HHS/Centers for Disease Control & Prevention

Funding Source: GAP **Program Area:** Health Systems Strengthening

Budget Code: OHSS **Program Budget Code:** 18

Activity ID: 11174.25736.09 **Planned Funds:** $23,075

Activity System ID: 25736

Activity Narrative: This is an ongoing activity.

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

This funding is for the portion of the salaries of the Budget Analyst and the Administrative Assistant dedicated to working directly with Ministry of Health partners to develop capacity to manage cooperative agreements ($11,375). Considerable time is spent with NCHADS, NIPH, the National Maternal and Child Health Center, and the provincial governments in Banteay Meanchey, Battambang, Pailin and Pursat to monitor cooperative agreement expenditures, assist with activity and spending plans, and jointly evaluate proposed procurements. As a result, there is a growing team of local staff at these organizations who have been trained in the management of US cooperative agreements.

In addition, $11,700 is budgeted for housing of the GAP Director and Associate Director, prorated by the proportion of their time dedicated to policy and systems strengthening.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18449

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18449	11174.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7342	7342.08	CDC_Post_Base	$44,787
11174	11174.07	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	5746	5746.07	CDC_Post_Base	$85,986

Table 3.3.18: Activities by Funding Mechansim

Mechanism ID: 9766.09

Mechanism: TBD/Umbrella

Prime Partner: To Be Determined

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Health Systems Strengthening

Budget Code: OHSS

Program Budget Code: 18

Activity ID: 25881.09

Planned Funds: [redacted]

Activity System ID: 25881

Activity Narrative: ACTIVITY HAS BEEN MODIFIED IN THE FOLLOWING WAYS: On September 30th, 2009 the USAID agreement with KHANA will end. An RFP/RFA for an organization to serve as an umbrella supporting a number of implementing agencies in the areas of prevention and care, and national level advocacy and leadership will be issued in calendar year 2009. USAID will continue to prioritize the use of Cambodian entities that have the proven capacity to implement USG programs and are critical components of Cambodia's health sector. As neither an assessment nor the design has been completed, specific components have not been identified, but illustrative components are outlined below.

Organizational capacity strengthening remains a central strategy of the Cambodia PEPFAR program. The TBD implementer will build on its partners' technical, organizational and institutional capacities through a variety of methods, including workshops; follow-up and monitoring visits; one to one technical support visits and mentoring to partner staff. Other approaches may include project reviews, tools development, documentation, sharing lessons learned and facilitating partner meetings as a means to provide additional ways of exposing NGOs to new approaches and best practices.

The program will reflect the varying needs of different partners and plan support according to their needs based on the capacity assessments. Capacity building will focus on systems strengthening, partnerships, referral systems and coordination, HIV/AIDS technical capacity, organizational strength (governance, strategy, structure, human resources, administration, and program and financial management), participation of People Living with HIV/AIDS (PLHAs) and communities, and involvement in evidence and consultation-based advocacy.

These activities contribute specifically to health systems strengthening by strengthening the implementation of the Continuum of Care. This includes working closely with the public health system to strengthen linkages for referral to a full range of relevant services. At the same time HCT (Home Care Team) activities strengthen local linkages between public health facilities and the community. The involvement of Health Centre staff in Home Care Teams ensures that the delivery of home-based care is carried out by a partnership of the public and NGO sectors at the local level. The capacity of public health staff will be built through training and mentoring. Skills gained as part of HBC (Home Based Care) are transferable to other aspects of staff work in the community.

Policy and advocacy issues such as treatment access, provision of counseling and testing, prevention and care and support for infected people will be addressed. The TBD implementer will strengthen the solidarity and networking capacity of PLHA groups to advocate for reduced stigma and discrimination and access to health services.

The TBD implementer will participate in policy development through influencing national government strategic planning and strengthening advocacy for and by PLHAs and other vulnerable populations and collaborate with the government and other stakeholders in identifying policy gaps and policies they may need to be revised.

New/Continuing Activity: New Activity

Continuing Activity:

Emphasis Areas

Gender

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

Human Capacity Development

Estimated amount of funding that is planned for Human Capacity Development [redacted]

Public Health Evaluation

Food and Nutrition: Policy, Tools, and Service Delivery

Food and Nutrition: Commodities

Economic Strengthening

Education

Water

Program Budget Code: 19 - HVMS Management and Staffing

Total Planned Funding for Program Budget Code: $1,074,651

Program Area Narrative:

FY 2008 was the first full year that Team Cambodia has worked to implement Staffing for Results (SFR). Significant progress has been made. Our four technical working groups Prevention, Facility-based Services, Community-based Services, and Strategic Information, have all completed the initial formation process. Subsequently, the technical working groups have served as a platform for reviewing accomplishments over the previous year and in setting priorities for the FY 2009 COP.

A particularly successful decision was the hiring of a USG Strategic Information Advisor, hired through USAID with GHCS-State funds. The incumbent has been critical in working with USG programs, PEPFAR partners, Royal Government of Cambodia counterparts, and other national and multinational organizations to coordinate SI activities and to ensure that monitoring and evaluation for PEPFAR is done accurately and consistently among our partners. He has also ensured that our COP targets are based on evidence and that our annual report is completed accurately and on time. Additionally, the SI Advisor has helped strengthen interagency learning through his work on PMTCT, highlighting successes of USAID and CDC PMTCT implementation and facilitating opportunities for cross-fertilization.

One issue experienced in our SFR efforts in FY 2008 has been difficulty in recruiting highly-qualified staff for the USAID Prevention Advisor position. While we have finally been successful in recruiting for the position, it has taken many months and lots of effort to find a qualified individual for the job. Once the Prevention Advisor is in place in early 2009, recruitment will have taken over 10 months. It is anticipated that recruitment in Cambodia will continue to be a challenge. It is difficult to find experienced, well-qualified personnel locally, and in particular, talented individuals with high-level English-language skills. Recruiting internationally is possible, but is both expensive and time consuming.

During FY 2009, Team Cambodia will build upon the SFR activities initiated in FY 2008. As Team Cambodia is small and streamlined, communications between agencies, at both the management and technical levels, is extremely collegial. Staffing decisions are made jointly with each agency serving on the others recruitment panels. For example, for the USAID Prevention Advisor Position, the panel consisted of the Director of CDC/Cambodia, the SI Advisor, the PEPFAR Coordinator and the USAID FSN HIV/AIDS Advisor.

The question of limited annual increases of funding is one that Cambodia has already addressed. Team Cambodia has had to make the difficult choices required in responding to a decreased budget in FY 2008. As noted elsewhere in the COP, this has precluded us from funding proposed activities by the Department of Defense, and will limit our ability to include Peace Corps in PEPFAR activities. So, while we are able to deal with level funding, some incremental increases in funding would pay significant dividends for Cambodia's PEPFAR program.

HHS/CDC is requesting one new staff position this year. As noted in the activity narratives, there has been an increased focus over the last year in increasing HIV testing at antenatal clinics and TB clinics, as well as an initiative to bring liquid TB culture to Cambodia in order to improve TB diagnosis in HIV-infected individuals. Both of these projects will require hands-on training and supervision at the local level to ensure quality results. HHS/CDC currently has one Lab Analyst working in Battambang who provides lab technical support and skills-building throughout Banteay Meanchey, Battambang, Pursat and Pailin. The increased work level justifies creating a second Lab Analyst position to help ensure high quality work and therefore programmatic success. This would be an LES position.

Turnover will be a major issue during FY2009. Three direct hire positions will turn over, including the CDC Country Director, the USAID Deputy Health and Population Officer, who serves as the PEPFAR Coordinator, and the CDC Epidemiologist. This will result in a significant loss of experience, leadership, and institutional memory. These positions will be refilled following standard practice.

There are also three important contractor positions that will turn over. The USG SI Advisor will be leaving and will be difficult to replace. CDC's HIV/AIDS Clinical Advisor will be leaving, and will also be difficult to replace. Finally, CDC's Microbiology Lab Advisor will be leaving, and while the position will probably not be refilled, a program of short-term technical assistance in this area will be scheduled.

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID:	9695.09	**Mechanism:**	CDC_Post_Base
Prime Partner:	US Centers for Disease Control and Prevention	**USG Agency:**	HHS/Centers for Disease Control & Prevention
Funding Source:	GAP	**Program Area:**	Management and Staffing
Budget Code:	HVMS	**Program Budget Code:**	19
Activity ID:	18447.25737.09	**Planned Funds:**	$329,767
Activity System ID:	25737		

Activity Narrative: This is an ongoing activity.

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

New/Continuing Activity: Continuing Activity

Continuing Activity: 18447

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18447	18447.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7342	7342.08	CDC_Post_Base	$470,199

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 9694.09

Mechanism: CDC_HQ_Base

Prime Partner: US Centers for Disease Control and Prevention

USG Agency: HHS/Centers for Disease Control & Prevention

Funding Source: GAP

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 18446.25694.09

Planned Funds: $255,611

Activity System ID: 25694

Activity Narrative: This activity includes $183,547 in costs for portions of the salaries of the CDC GAP Director and Associate Director associated with management and administration of the program. In addition, this activity includes the following operations costs:

Headquarters-based travel - $43,464. This would cover two TDYs in excess of 2 weeks for management and staffing, one for COP preparation for FY10 and one for temporary coverage during home leave of the Associate Director. It also includes a portion of the moving cost for replacement of the GAP Director.

Shipping - $5,000. This would cover shipping of materials from headquarters to Cambodia.

Supplies - $23,600. This covers credit-card purchase of supplies, including office, IT and laboratory supplies and blackberry service.

New/Continuing Activity: Continuing Activity

Continuing Activity: 18446

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18446	18446.08	HHS/Centers for Disease Control & Prevention	US Centers for Disease Control and Prevention	7341	7341.08	CDC_HQ_Base	$232,239

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 9697.09
Mechanism: CDC Cost of Doing Business - ITSO
Prime Partner: US Centers for Disease Control and Prevention
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 24009.09
Planned Funds: $16,508
Activity System ID: 24009
Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount that HHS/CDC Cambodia is being billed by HHS/CDC Headquarters to support the Information Technology Service Office is $69,420.
New/Continuing Activity: New Activity
Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 9696.09
Mechanism: CDC Cost of Doing Business - State
Prime Partner: US Department of State
USG Agency: HHS/Centers for Disease Control & Prevention
Funding Source: GAP
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 18445.24002.09
Planned Funds: $139,385
Activity System ID: 24002
Activity Narrative: This amount is the prorated portion of the “cost of doing business” attributable to this program area. The total amount for HHS/CDC Cambodia due to the Department of State in order to operate includes:
$350,000 ICASS
$113,078 Capital Security Cost Sharing
$123,087 Non-ICASS local guard charges
$586,165 Total
New/Continuing Activity: Continuing Activity
Continuing Activity: 18445

Continued Associated Activity Information

Activity System ID	Activity ID	USG Agency	Prime Partner	Mechanism System ID	Mechanism ID	Mechanism	Planned Funds
18445	18445.08	HHS/Centers for Disease Control & Prevention	US Department of State	7343	7343.08	CDC Cost of Doing Business - State	$514,209

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11734.09
Mechanism: USAID Personnel
Prime Partner: US Agency for International Development
USG Agency: U.S. Agency for International Development
Funding Source: GHCS (USAID)
Program Area: Management and Staffing
Budget Code: HVMS
Program Budget Code: 19
Activity ID: 28826.09
Planned Funds: $265,880
Activity System ID: 28826

Activity Narrative: Salary and travel costs for PEPFAR Coordinator, and prorated salary costs for USAID Program and Finance Office staff

New/Continuing Activity: New Activity

Continuing Activity:

Table 3.3.19: Activities by Funding Mechansim

Mechanism ID: 11731.09

Mechanism: USAID Cost of Doing Business

Prime Partner: US Agency for International Development

USG Agency: U.S. Agency for International Development

Funding Source: GHCS (USAID)

Program Area: Management and Staffing

Budget Code: HVMS

Program Budget Code: 19

Activity ID: 28816.09

Planned Funds: $67,500

Activity System ID: 28816

Activity Narrative: ICASS, IRM tax for PEPFAR Coordinator and prorated ICASS, IRM tax for USAID Program and Finance Office staff

New/Continuing Activity: New Activity

Continuing Activity:

Table 5: Planned Data Collection

Is an AIDS indicator Survey(AIS) planned for fiscal year 2009?		**Yes**	**X**	**No**
If yes, Will HIV testing be included?		Yes		No
When will preliminary data be available?				
Is an Demographic and Health Survey(DHS) planned for fiscal year 2009?	**X**	**Yes**		**No**
If yes, Will HIV testing be included?		Yes	X	No
When will preliminary data be available?			6/1/2011	
Is a Health Facility Survey planned for fiscal year 2009?		**Yes**	**X**	**No**
When will preliminary data be available?				
Is an Anc Surveillance Study planned for fiscal year 2009?		**Yes**	**X**	**No**
If yes, approximately how many service delivery sites will it cover?		Yes		No
When will preliminary data be available?				
Is an analysis or updating of information about the health care workforce or the workforce requirements corresponding to EP goals for your country planned for fiscal year 2009?		**Yes**	**X**	**No**

Supporting Documents

File Name	Content Type	Date Uploaded	Description	Supporting Doc. Type	Uploaded By
CDC chart.doc	application/msword	11/4/2008	CDC Chart	Other	PSou
Gender Narrative.doc	application/msword	11/4/2008		Gender Program Area Narrative*	PSou
USAID OPHE chart FY09.doc	application/msword	11/4/2008		Other	PSou
CoC Model.doc	application/msword	11/4/2008		Other	PSou
PEPFAR Chart.doc	application/msword	11/7/2008		Other	PSou
FY09 Budgetary Requirements Worksheet.xls	application/vnd.ms-excel	11/8/2008		Budgetary Requirements Worksheet*	JRoss
COP Management and Staffing Budget Table.xls	application/vnd.ms-excel	11/8/2008		Management and Staffing Budget Table	JRoss
Cambodia-HCW Salary Support Table.xls	application/vnd.ms-excel	11/8/2008		Health Care Worker Salary Report	JRoss
HCD HRH Narrative.doc	application/msword	11/8/2008		HRH Program Area Narrative*	JRoss
Cambodia COP 2009 Global Fund Supplemental.doc	application/msword	11/8/2008		Global Fund Supplemental	JRoss
CN Summary Cambodia.doc	application/msword	11/8/2008		Executive Summary	JRoss
Ambassador letter.pdf	application/pdf	11/14/2008		Ambassador Letter	PSou
FY09 COP 8% or 2M justification.doc	application/msword	11/14/2008		Single Partner Funding	PSou
Summary Targets and Explanations Table Cambodia COP09-Dec1'08Revision.xls	application/vnd.ms-excel	12/2/2008		Summary Targets and Explanation of Target Calculations	PSou
FY 09 COP C&T Justification.doc	application/msword	12/3/2008		Budgetary Requirement Justifications	JRoss
FY 09 COP OVC Justification.doc	application/msword	12/3/2008		Budgetary Requirement Justifications	JRoss