

KINGDOM OF CAMBODIA
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Making a Significant and Lasting Difference:

The National Plan of Action
for Orphans, Children Affected by HIV
and Other Vulnerable Children in
Cambodia, 2008 – 2010



June 2008



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March 2008



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Furthermore, we would like to express our gratitude to the numerous NGOs, FBOs and government agencies who have participated in the provincial and national workshops to fine-tune and validate this action plan.

Last, but not least, we thank the children who have contributed their thoughts and inputs, and who, by sharing their views and experiences, have helped us ensure that this plan addresses their needs.

ACRONYMS

CMDG	Cambodian Millennium Development Goals
CRC	Convention on the Rights of the Child
DFID	United Kingdom Department for International Development
FHI	Family Health International
HIV	Human Immunodeficiency Virus
MoSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
NAA	National AIDS Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NGO	Non-governmental Organisation
NOVCTF	National Orphans and Vulnerable Children Task Force
OVC	Orphans and Vulnerable Children
RGC	Royal Government of Cambodia
UNAIDS	Joint United Nations Programme on HIV and AIDS
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development

INTRODUCTION

Background

Children and young people aged 18 and under make up almost half of Cambodia's 13.8 million population. A large proportion (85%) of the population lives in rural areas and relies on subsistence agriculture for their livelihood. Cambodia is experiencing a period of relative stability after more than 3 decades of social and economic devastation from civil war and the genocidal regime. Overall, more than of the population lives under the poverty line.

A complex range of factors leads to vulnerability in Cambodia.¹ Most of the population is engaged in subsistence agriculture, they are left chronically food insecure. The heavy reliance on rice cultivation increases the vulnerability of the rural population, as rice yields are dependent on what can often be erratic weather conditions.

There are still many forms of vulnerability in Cambodia.² Most of the population is engaged in subsistence agriculture, and rice yields are dependent on what can often be erratic weather conditions.

For the urban poor, and especially migrants, lack of secure housing tenure leaves many in a precarious situation, often in squatter settlements with a high risk of sudden eviction. Rural to urban migration also further increases children's vulnerability, both in situations when they are "left behind" in the village or when accompanying their parents to insecure urban conditions.

¹

² The following paragraphs on vulnerability are synthesized from Managing Risk and Vulnerability in Cambodia: An Assessment and Strategy for Social Protection (The World Bank, June 2006)

The country is experiencing an HIV epidemic that is the sum of many micro-epidemics and characterised by high levels of infection among sex workers, their clients, men who have sex with men and the small but growing number of injecting drug users. Prevention efforts have been relatively successful and HIV sentinel surveillance data show a steady decrease in HIV prevalence in the general population from a high of 3.0% in 1997 to the current level of 0.9% among people in the age group 15 to 49. The HIV prevalence among antenatal care attendees is decreasing, and in 2006 was estimated at 1.1% nationally, although this masks some persistent variations and higher prevalence in urban areas.³

It was estimated that in 2006 there were approximately 65,000 adults and 6,000 children living with HIV and AIDS in Cambodia.⁴ There is no incidence data collected, however the most recent estimates, from 2003, found that each year another 8,000 people become infected (approximately 0.06% of the population), of whom half are married women and one third are children.⁵

The HIV epidemic, poverty and food insecurity are currently threatening the survival of many children in Cambodia, especially orphans. Reducing the impact of HIV and poverty on children and their families requires interventions that serve the needs of all vulnerable children in a community. It also requires interventions that address the additional needs of children directly affected by HIV and AIDS.

Being orphaned or vulnerable are not new phenomena in Cambodia, and the response of families and communities to the children orphaned or made vulnerable by HIV and AIDS has been compassionate and remarkably resilient given the trauma experienced over the last 4 decades and the widespread poverty. However, many households are experiencing difficulty in meeting their basic needs. Much of the burden of caring for family members with AIDS falls on children or affects their access to protection, care and support.

This plan seeks to address the underlying causes of vulnerability among orphans and the most vulnerable children, while also addressing the more specific and specialised needs of children affected by HIV.

Summary of the OVC Situation Assessment

Quantifying orphans, children affected by HIV and other vulnerable children, some key figures:

There was little change in the overall proportion of orphans 0 to 14 years between 2000 and 2005. Using 2004 population projection figures, it is estimated that there were a lot of orphans living in households in 2005, in addition to the approximately 6,121 living in orphanages. The majority of the orphans lost their father. There is great variation in orphan prevalence across the provinces. Provinces with highest proportions of orphans in 2005 include Battambang/Pailin (10%), Oddar Meanchey (9%) and Siem Reap (9%). Although the prevalence of orphans in urban and rural areas is very similar, rural areas carry the greater burden of caring for orphans because there are more children living there.

³ HIV Sentinel Surveillance Consensus Workshop on 2006 HIV Estimation for Cambodia Dissemination Meeting, Phnom Penh, 28 June 2007

⁴ Ibid.

⁵ NCHADS, *HIV Sentinel Surveillance Report, Cambodia*, 2003

The 2007 national Consensus Building Workshop on Cambodia's HIV Estimates estimated that there are approximately 3,800 children living with HIV in Cambodia. With 1.1% of pregnant women living with HIV, and without interventions to prevent mother-to-child transmission, an estimated 1,547 babies are born with HIV each year. There are currently no available estimates for the number of children affected by HIV.

While the death of a parent places challenges on children, the sickness of a parent also has an impact on health and development indicators. Children with chronically ill parents are significantly less likely than orphans and non-orphans to possess basic materials, such as shoes and two or more sets of clothes. In 2005, 6% of children had one or both parents who had been very sick for three or more months the previous year. Consequently, one out of seven (14.4%) children aged 0 to 17 are either orphans or vulnerable due to the chronic illness of a parent.

Extreme poverty plays a preponderant role in children's vulnerability. Street children are considered among the most vulnerable children in Cambodia. A conservative estimate puts their number at 24,700, mostly in Phnom Penh, Pailin, Siem Reap and Sihanouk Ville.

Data collected through the anti-human trafficking police reported cases show that in 2007, 771 (272 children) victims of trafficking, sexual exploitation or sexual abuse/rape were rescued.

Understanding the situation of orphans, children affected by HIV and other vulnerable children, some highlights:

- 19% of orphans have grandparents as their head of household
- 8% of orphans are adopted/fostered or not related to the head of household
- 17% of orphans are not living with all their siblings who are also under the age of 18, adding stress to the trauma brought about by the loss of a parent
- children who have lost their mothers are significantly more likely to be severely stunted than other children
- children whose mothers are in the lowest wealth quintile have a 3 times greater risk of death than those whose mothers are in the highest wealth quintiles
- poorest children have less access to preventive interventions such as immunisation and prevention of water-borne diseases, leading to lower survival rates (for example, 56% of poorest children are fully immunised, as compared to 76% of the richest)
- children and adolescents in HIV-affected households are more likely to eat fewer meals and experience hunger more often than their peers in non-HIV-affected households
- not having enough food to eat every day is significantly correlated with depression, anxiety and stress among children affected by HIV
- among 13 to 17 year olds, orphans fare considerably worse in terms of school attendance, and this is true for both boys and girls
- in general, girls have lower rates of school enrolment than boys, and this is more pronounced for girls affected by HIV
- discrimination and hunger are the 2 biggest predictors of signs of psychological distress among children affected by HIV
- children who have lost their mothers are less likely to have their births registered or to have a birth certificate than other children

- AIDS-affected households have significantly lower income than non-affected households
- HIV-affected households spend much more on health care and much less on other non-health expenditures when compared to non-HIV-affected households
- chronic illness among parents in both urban and rural areas is significantly linked to lower wealth status, and rural households fare worse

A mapping of the current response to date indicates that the coverage of social services for orphans and vulnerable children (OVC) is limited, and significant numbers of OVC do not yet receive sufficient support from government and civil society. For example, only 6 provinces have OVC impact mitigation services in more than 70% of communes, and coverage of impact mitigation services is less than 30% in 13 provinces.

Some provinces, notably Kampong Cham, Siem Reap, Prey Veng, Kampong Thom, and Kampong Speu have a high number of orphans and low impact mitigation coverage. These provinces could be considered as priority provinces for service delivery scale-up.

THE NATIONAL PLAN OF ACTION

Development of the National Plan of Action

This National Plan of Action has been developed with broad input from government, civil society, including NGOs and children, and international development partners. It draws on the recommendations and lessons learned from the Situation and Response Assessment and the mapping of OVC impact mitigation services that were developed in the first half of 2007; those documents are to be published at the same time as this Plan of Action.⁶ The overall process was led by the National OVC Task Force (NOVCTF) with support from the Steering Committee, an international consultant and two local consultants.

Based on the findings and recommendations from the situation assessment and with guidance from the global Framework for the Protection, Care and Support of OVC Living in a World with HIV and AIDS, a draft Plan was developed, and feedback and further input was then

⁶ Orphans, Children Affected by HIV and Other Vulnerable Children in Cambodia: A Situation and Response Analysis, 2007 (DRAFT) and Mapping the Response: Protecting, Caring for and Supporting Orphans and Vulnerable Children in Cambodia (DRAFT)

sought. Two provincial consultative workshops were conducted in Battambang and Sihanoukville, and this was followed by a national consultative workshop in Phnom Penh in June 2007.

Participants in the workshops provided feedback on, and confirmed the relevance of, the vision and goal as well as detailed comments on each strategy, the objectives, proposed activities, lead agency and key partners. The indicators and targets were set in consultation with lead agencies and with technical assistance from UNAIDS. They are consistent with the Universal Access Targets, the National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) targets and the targets established under the National Strategic Plan for a Comprehensive and Multi-sectoral Response to HIV for 2006-2010.

Organisations and participants' who have contributed to the planning workshops in Battambang, Sihanoukville and Phnom Penh are listed under Appendix 1.

Guiding Principles

The Convention on the Rights of the Child guides the National Plan of Action

Cambodia is a signatory to the Convention on the Rights of the Child (CRC), the most comprehensive international document pertaining to the rights of children. The CRC recognises that children are both rights holders and participants; they are not merely the recipients of services or the beneficiaries of protective measures.

The CRC affirms that the family has primary responsibility to protect and care for the child, and that governments have the responsibility to protect, preserve and support the child-family relationship. The CRC also specifies the responsibility of the state to provide special protection for a child who is deprived of his or her family environment.

The underlying values of the CRC guide the implementation and monitoring of this National Plan of Action. Therefore the Plan is guided by:

- non-discrimination (Article 2)
- best interests of the child (Article 3)
- rights to survival, well-being and development (Article 6)
- children have a right to participate in decisions that affect them (Article 12)

All efforts should contribute to making a significant and lasting difference to the lives of children

All efforts, both individual and collective, should be directed to making a positive, significant and lasting difference to the lives of children. This requires a clear understanding of the intended and unintended benefits programmes may have on children, and the development of the capacity to analyse as well as implement policy.

Gender equity

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

Involvement of children

Children and their caregivers are not just recipients of social support services; they are also part of the solution. Their efforts, experiences and insight are valuable in all aspects of the national response, from policy development to programme planning, implementation, research, monitoring and evaluation. In principle, if OVC need to be represented in any decision-making forum, they should be represented by an OVC/child representative. By taking part in development activities, children often acquire skills and confidence that not only help them now but in later life.

Child-centred approach

A child-centred approach ensures that children are recognised as the client and should be the key beneficiaries of all efforts. Children may want to discuss issues that adults wish to avoid, such as abuse. Greater openness helps families and communities to address important problems that affect children and often improves relationships. When given support and opportunity, children can be effective in educating other children and adults on matters of importance. A child-centred approach ensures that children are facilitated to express their needs effectively in local, national and international forums in a non-exploitative way.

Vision

A Cambodian society where all children are provided with adequate protection, care and support to develop to their full potential in a supportive environment

Goal

The goal of the three-year, the multi-sectoral National Plan of Action 2008-2010 is to strengthen the coordination, systems and coverage and quality of services needed to mitigate the impact of HIV on the lives and futures of Cambodian children, while also addressing the underlying issues to vulnerable children.

Links to other National Plans, Strategies and National Targets

The National Plan of Action will contribute to achieving the Cambodian Millennium Development Goals (CMDG) and targets, especially those relevant to improving the lives of children and their caregivers, including:

CMDG 1: Eradicate extreme poverty and hunger;
CMDG 2: Achieve universal nine-year basic education;
CMDG 4: Reduce child mortality;
CMDG 5: Improve maternal health; and
CMDG 6: Halt and reverse the spread of HIV.

The National Action Plan will contribute to achieving the goals of the National Strategic Plan for a Comprehensive and Multi-sectoral Response to HIV (known as NSP II because it is the second such plan), especially Strategy 3, which states that the Ministry of Social Affairs, Veterans and Youth rehabilitation (MoSVY) will provide leadership in developing policies, strategies and guidelines for impact mitigation services for children, families and communities and increase coverage and quality of interventions for OVC and families affected by HIV.⁷ The NSP II includes an objective to increase the nutritional support to families affected by HIV, and this is made explicit in this Plan with a nationally agreed upon minimum package of food aid.

The Universal Access Indicators and Targets that focus on OVC include:

- Percentage of households with OVC that receive minimum package of care (Target 2008 – 30%; 2010 – 50%)
- Percentage of communes with at least one organisation providing care and support to households with OVC (Target 2008 – 50%; 2010 – 100%)⁸

Priority Provinces

The priority provinces for scaling up services, due to the presence of HIV in the general population, the large number of OVC and low coverage of impact mitigation services are Kampong Cham, Siem Reap, Prey Veng, Kampong Thom and Kampong Speu.

⁷ National AIDS Authority (2005). "National Strategic Plan for a Comprehensive and Multi-sectoral Response to HIV/AIDS 2006-2010." Cambodia: NAA, 2005

⁸ HIV/AIDS Coordinating Committee (HACC), Proceedings - Civil Society Pre-Consultation on Universal Access - Cambodia's Road Map to the National Response to HIV/AIDS, 23 November 2006.

Purpose of the National Plan of Action

The 3-year multi-sectoral National Plan of Action will:

1. provide a structural framework to facilitate an effective and coordinated response to children who are orphaned, affected by HIV or vulnerable, which creates a positive, lasting and significant difference in the lives of children;
2. provide guidelines and a framework for programming, organising and scheduling activities among the various agencies to reduce duplication of efforts and ensure a consistent and harmonised approach;
3. act as a frame of reference with common and agreed indicators and targets for measuring Cambodia's achievements in mitigating the impact of HIV and AIDS on children;
4. serve as the core document for effective resource mobilisation and allocation for OVC support programmes and priority activities around the country; and
5. be a common national framework for strengthening and unifying national multi-sectoral interventions by all stakeholders.

FIVE KEY STRATEGIES

To achieve the goals and realise the vision, the National Plan of Action will utilise 5 key strategies adopted and adapted from The Global Framework for the Protection, Care, and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS. The key strategies for Cambodia are:

1. strengthen the capacity of families to protect and care for orphans and vulnerable children by prolonging the lives of parents and providing economic, psychosocial and other support;
2. mobilise and support community-based responses that protect, care for and support OVC and their caregivers;
3. ensure access for OVC to essential services, including education, health care, birth registration and others;
4. ensure vulnerable children are protected through policy and legislation; and
5. create a supportive environment for a coordinated, effective response to children affected or made vulnerable by HIV and AIDS.

Specific Strategies

Key Strategy 1: Strengthen the capacity of families to protect and care for orphans and vulnerable children

Families are the best hope for vulnerable children, but families affected by HIV or experiencing financial hardship or food insecurity may require support from outside sources for both immediate survival needs and in the longer term. OVC families require integrated support in order to enable them to provide protection, care and support the children. Key strategy 1 comprises 6 specific objectives, each of which can only be achieved through the implementation of a number of related activities. It is desirable for each of these activities to be provided through an integrated service response.

Specific Objectives:

- 1.1 Improve the living condition and economic security of households supporting OVC
- 1.2 Provide quality, child-centred psychosocial support to HIV-affected children and their caregivers
- 1.3 Strengthen and support childcare capacities
- 1.4 Secure children's rights now and in the future
- 1.5 Prolong the lives of HIV-positive parents
- 1.6 Reduce new infections among young people by strengthening their life skills

Key Strategy 2: Mobilise and support community-based responses to care for, protect and support orphans and vulnerable children

Orphans and vulnerable children live in communities, and communities provide the most timely and consistent support to OVC. Lessons learned indicate the need for a systematic approach to community mobilisation and support for community-based responses. To do so, key strategy 2 sets out 3 specific objectives.

Specific Objectives:

- 2.1 Engage village/commune leaders, commune council members and other community leaders in responding to the immediate needs of OVC
- 2.2 Enable community members to talk openly, accurately and without discrimination about HIV and AIDS
- 2.3 Mobilise community members to provide effective, timely and compassionate support to OVC and HIV-affected families.

Key Strategy 3: Ensure access to essential services for orphans, children affected by HIV and other vulnerable children

Access to essential services helps to protect children's rights to survival and development. OVC require free and full access to these services. This key strategy consists of 4 specific objectives focused on scaling up and expanding coverage of minimum packages for services.

Specific Objectives:

- 3.1 Increase food security among OVC and their caregivers
- 3.2 Reduce childhood morbidity and mortality by providing support to OVC and their caregivers to help them access health services
- 3.3 Support OVC, including those affected by HIV, to complete 9 years of free formal education
- 3.4 Provide children in need of alternative care access to safe, appropriate alternative care options

Key Strategy 4: Ensure vulnerable children are protected through policy and legislation

Whilst the family has primary responsibility for the care and protection of children, the national government has the ultimate responsibility to protect children and ensure their well-being.⁹ Cambodia has a number of laws and regulations, and ratified some international conventions that can be used to protect children from being abused, exploited and discriminated against.

⁹ UNICEF, *A Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS*, 2004, page 18.

Over the next 3 years, the Plan will guide activities to strengthen the government's capacity to promote kinship and foster care systems; develop, monitor and enforce minimum standards for service providers; build competency and accountability for professionals working with children; and increase capacity for transforming residential care institutions into community-based alternative care services.

Specific Objectives:

- 4.1 Ensure children are protected from abuse, exploitation, neglect and trafficking by a child-centred, comprehensive national Child Protection Law, Juvenile Justice Law and related programmes
- 4.2 Enhance MoSVY's capacity to protect, care for and support OVC

Key Strategy 5: Create a supportive environment for a coordinated, effective response to orphans and vulnerable children

At the beginning, the HIV epidemic was accompanied by fear, ignorance and denial, leading to silence and inaction on the part of governments and other stakeholders as well as stigma and discrimination against people living with HIV. Orphans and vulnerable children, as well as their families, are frequently victimized in this way.¹⁰

Specific Objectives:

- 5.1 Strengthen the capacity of the NOVCTF to provide leadership that benefits OVC
- 5.2 Strengthen coordination among stakeholders acting to reduce the impact of HIV on children
- 5.3 Enable children, leaders and communities to advocate on behalf of OVC
- 5.4 Develop the NOVCTF capacity to identify, mobilise and effectively allocate the resources needed to implement this Plan
- 5.5 Provide decision makers, activists and advocates with information needed to provide effective HIV impact mitigation for OVC

¹⁰ UNICEF, A Framework for the Protection, Care and Support of Orphans and Vulnerable Children Living in a World with HIV and AIDS, 2004, page 20.

Standard Minimum Packages of Support

The following section will provide an agreed definition and content of the standard minimum package of support to be provided to OVC.

The Minimum Package of Support consists of:

- food security
- psychosocial support
- economic support
- educational support
- health support

Standard Minimum Packages of Support	Content of each package
Food security	<ul style="list-style-type: none"> ▪ 30 kilograms of rice per month/OVC ▪ 1 litre of cooking oil/month ▪ ½ kilogram of iodised salt/month ▪ 1 litre of fish sauce/month
Psychological or emotional rehabilitation support	<p>For the children: counselling, home visits, recreational activities (play, children’s clubs, social gatherings, etc), memory books, and so on</p> <p>For the caregivers: counselling, home visits, holidays from duty, caregiver networks, etc</p> <ul style="list-style-type: none"> ▪ Self-reliance support: life skills education/training to children and caregivers: decision making, communication, negotiation, problem solving, stress reduction, small business development/income generation, household management etc ▪ Reintegration into family, school, work ▪ Case management skills for social workers: all people in contact with children must be well trained in social work, especially case management ▪ Advocacy to address stigma and discrimination, equality of school access, birth registration, food and nutrition, shelter (alternative care)
Educational support	<p>The Formal Education Package shall:</p> <ul style="list-style-type: none"> ▪ encourage parents/families to enroll children in school ▪ mobilise “community support” to support OVC’s education (books, pens, uniforms, transportation, etc) ▪ ensure the distribution of teachers’ books, students’ books and other reading materials to teachers, students and communities, especially in remote areas. ▪ provide scholarships to children in need, reducing the rate of children following their parents (seasonal migration)

	<ul style="list-style-type: none"> ▪ Create “community learning centres” with activities that keep children’s interests in learning, reduce repeating of classes or dropping out, as well as provide life skills to children ▪ Advocacy at all levels on all issues related to OVC’s education <p>Vocational Training and Life Skills Training for Out-of-School Youth:</p> <p>Life skills include self awareness, communication, interpersonal skills, creative thinking, decision making, problem solving, HIV awareness and peer education.</p>
Economic support:	<ul style="list-style-type: none"> ▪ support older children or/and adult members of families with OVC or of HIV affected families for vocational/skill training; ▪ ensure access to interest-free micro-credit programmes for the OVC or HIV-affected families; ▪ provide access to animal bank programmes such as cattle/goat/pig banks; ▪ improve families’ abilities to produce enough food for consumption, if not also for selling. This includes vegetable growing, rice cultivation, animal/poultry/fish raising and handicrafts; ▪ train families in life skills relevant to income generation activities. This shall include, but is not limited to, basic financial management skills, small business management skills, and literacy and numerical skills; ▪ regular follow-up with the families to provide monitoring and technical support before the families are strong enough to stand on their own feet.
Health support	<p>Access to appropriate health services:</p> <ul style="list-style-type: none"> - For OVC aged 0 to 5, this includes full course immunisation, vitamin supplementation, routine healthcare, HIV testing services. - For OVC aged 6 to 13, this includes vitamin supplementation, routine health care, HIV testing, reproductive health care and HIV prevention information services. - For OVC aged 14 to 18, this includes routine health care for OVC and their caregivers, reproductive healthcare, HIV prevention information services and HIV testing services.
Other packages of support	
Minimum social support package for children receiving HIV treatment (antiretroviral therapy or treatment or prophylaxis of opportunistic	<ul style="list-style-type: none"> ▪ food aid ▪ transport ▪ trusted accompaniment ▪ adherence support

infections)

APPENDIX 1

Sihanoukville Workshop Participants List, National Plan Action Workshop 06-07 June, 2007 at the Khac Meas Hotel

No.	Name	Sex	Title/Position	Institution
1	Ain Manith	F	Justice	Court of Sihanoukville
2	Morm Maly	F	Chief of Administration	Information
3	Tit Kosal	F	Director	AOG
4	Som Soporn	M	Staff	CCPCR
5	Mony Sisovan	M	Director	CCPOAR
6	Mok Sareoun	M	Deputy Director	Education
7	Korng Dyna	M	Deputy Director	PoCR
8	Ke Hukdom	M	Deputy Director	PoLVT
9	Serju Sithjut	M	Deputy Director	PHD
10	Nuy Pengjev	M	Deputy Director	PoRD
11	Seng Kuteara	M	Staff	AFFESIP
12	Pov Vanny	F	Chief Of Gender	MoWA
13	Mak Sros	F	Staff	PSAVY/ M'LOPTAPANG
14	Bou Somart	M		CPCDO, PNH
15	Khat Sovan	M	Staff	PC TAKEO
16	Pol Sarorn	M	Translator	PNH
17	Jeanne Roberts	F	Consultant	OVC Task Force
18	Kien Seryphal	F	Consultant	OVC Task Force
19	Sok Kheng	F	Staff	VCAO, PNH
20	Sok Phanna	F	Programme Officer	KT PNH
21	Keo Sarim	M	Staff	CWPD,KSPE
22	Py Sarart	F	Staff	SIT KD
23	Em Sovanny	F	Programme Officer	ASPECA KP
24	Nam Phanat	M	Programme Officer	KC.DI KP
25	Ho Map	F		Kep organization
26	Cent Saroeun	M	OVC	REDA Svay Rieng
27	Leak Chowan	M	Programme Officer	PNKS Prey Veng
28	Kong Khim	M	Staff	Rescue KD
29	H.EKhoy Sokha	M	Dep Governor	Svay Rieng
30	Pen Sona	M	Vice PHD	Svay Rieng
31	Mao Chhien	M	Vice PLAH	Svay Rieng
32	Miss Roth SoPhea	M	Staff	CWDCC K.P
33	Poach Mann	F	Staff	PTEA Svay Rieng
34	Ms Keo Kaneka	M	Staff	CARITAS Cambodia
35	Mop Sophal	F	Programme Coordinator	CCAVA

36	Prum Vannak	M	Deputy Director	Svay Rieng
37	Khim Phearum	M	Programme Officer	Save the Children Norway
38	Ros Sam An	M	Deputy Director	SANTINA SVR
39	Im Thano	M	CPO Project Manager	WVC PNH
40	Chin Mony	M	Advocate	LICADHO PNH
41	Keo Ravy	M	Staff	MoSVY PNH
42	Chea Somaly	F	Staff	MoSVY PNH
43	Seang Seong	F	Staff	DSAVY

**Battambang Workshop
Participants List, National Plan of Action Workshop 06-07 June at the Teo
Hotel**

No.	Name	Sex	Title/Position	Institution
1	Nget Saborak	M	ED	CSCN/Pursat
2	Song Bunthon	M	Database, HIV/AIDS	Caritas/Siem Reap
3	Meas Samnang	M	Staff	CWPD/ Pailin
4	Kim San	M	E D	COHD/Pursat
5	Pum Reatray	M	General Manager	CHO/Pursat
6	Loeung Makyon	M	Director	KT/BMC
7	Koy Vanlyn	M	PC	SEADO/BMC
8	Meng SengHieng	M	Staff	KBA/BMC
9	Chey Kimsan		Field Officer	Ponleurkuma/BMC
10	Chheang Sophat	M	BLI	UNICEF/Pursat
11	In Titya	M	Project Coordinator	OEC/BTB
12	Heng Sayhong	F	Survey	LICHADO/BTB
13	Srey SaKan		Social Worker	KNK/BTB
14	Tep Chantha	M	Project Coordinator	CWCC/Poipet/BMC
15	Khlang Pichet	M	Chief Of Disabled Children	NOVCTF/MOSAVY
16	Kim Gnongchea	M	Chief of PoCR	PoCR
17	Pol Narin			PoWA
18	Teav Aoum	F	Deputy Director	PoLVT
19	Chea Sarin	M		Provincial Information
20	Morm Sam		Deputy Director	PoLVT
21	Khun Vuthy	M	Deputy Director	POSAVY
22	Nhean Sophat	M	Chief of Administration	PHD
23	Teav Sokha		Assistant	UNHCHR
24	Tem Thearim	F	Assistant	SABORAS
25	Moav Kosal		Director	Phare PS
26	Nil Domnang	M	Project Officer	WVC, Child Labour
27	Chea Nary	F	Social Worker	KMR
28	Duk Chorvarn	M		PORD
29	Tor Sros		Programme Officer	I L D O
30	Rouern Hak	M	Staff	BWAD

31	Nou Bora	M	Representative	SKO
32	Mony Vansavat		Chief	HOC
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37	Sa Kimsorn	M	BTB	KRDA
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39	Oer Kheamra	F	BTB	MPK

Phnom Penh Workshop
Participants List, National Plan of Action Workshop 21-22 June 2007 at the
Imperial Garden Villa and Hotel

No.	Name	Sex	Title/Position	Institution
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8	Keo Ravy	F	Staff	MoSVY
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10	Vandy Phal	M	Director	Pak
11	Vann Pisey	F	Secretary	JBCF
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13	Hory Vouchyang	F		
14	Natalie Kruse levy	F	Technical Advisor	CRS
15	Poch Man	M	Director	PTEA Svay Rieng
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17	Chea Thira	F	OVC Specialist	KHANA
18	Kong Narom	F	Programme Officer	UNICEF
19	Vong Tong	M	Chief of Organisation	
20	Lesley Miller	F	Head of Child Protection	UNICEF
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22	Lyn Mayson	F	Director - OPS	SCA
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24	Pov Theng	M	Facilitator	SCA Siem Reap
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27	Ly Yasak	M	P O	SCA
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29	Koem Vibol	M	Coordinator	Wat Neak Loeung Krom
30	Van Sothan	M	Coordinator	Wat Neak Loeung Krom
31	Cent Saroeun	M	Coordinator	REDA
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33	Hok Phearom	F	Pr. Coordinator	Task
34	Huot Totem	M	Director	Vithey Chivit
35	Chea Sarath	M	President	WOMEN
36	Rachaeklave	F	Management Advisor	REDA
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43	Isaac Veth	M	Isaacveth/Director	Aii
44	Uong Chheng	M	Head Of HIV/AIDS Dep.	AFESIP
45	Tan Kimleng	M	Medical Director	Sihanouk Hospital
46	Ung Kimheang	M	TA	MoEYS/ UNDP
47	Sok Socheath	M	President	CFC Kg Cham
48	Kuch Chhan	F	CWI	CFC Kg Cham
49	Khum	M	Project Manager	CFC Kg Cham
50	Chet Tra	M	CWA	CFC Kg Cham
51	Roth Sophea	M	ED	CPR Kg Chnang
52	Roeung Sopunna	F	CPC	SCADP Kandal
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54	Keo Choureoun	M	ADV.Proj. Officer	Cesecom
55	Dr Ith Vira	M	Viil. AT2s Office	MoI
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59	Sovanmakara	M	OVC Advisor	OVC
60	Bou Buntha	M		
61	Sey Mon	M	OVC Advisor	OVC
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68	Sok Kimclan	M	BLT	BLT
69	Luy Bora	M	BLT	BLT
70	Ourg Orn	M	Volunteer	
71	Chum Thon	M	P. Manager	World Solution

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83	Prak Soty	F	Admin.	SFODA
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85	Choub Soben	M	ACCYCC	YCC Kg Speu
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87	Sok Sambath	M		MoIDUSRY
88	Yang Meang Sang	M		DOLA/MoI
89	Dr Hem Sokhorn	M		Kumacheat Hospital
90	Heng Vannarith	M		MoD
91	Mey Chanthy	F		MoWA
92	Chhun Roeun	M	Director	Sit Kandal
93	Pheng Channdara	M	Trainer	Chabdai
94	Y Saro	M	Deputy Director	PDoCR Pursat
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115	Tem In	F	Chief	PoCR Kg Speu
116	Prom SaMet	M	Chief of Bureau	PoCR Kg Speu

117	Koav Visal	M		CTN
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119	Bou Sitha	F	Under Of Bureau	MoSVY
120	Chea Thy	M	Staff Of Plan	NAA
121	Ross Ty	M	Admin	MoSVY
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Strategy 1: Strengthen the capacity of families to protect and care for orphans and vulnerable children							
Specific Objectives	Programme Activities	Key Responsible Institution	Indicators and Baseline	Other target	Target 2010	Indicator link	
1.1	Improve living conditions and economic security of households supporting OVC	Increase percentage of households with OVC that receive minimum package of support (i.e. food security support, psychosocial support, health support, economic support, educational support)	MoSVY	% of households with OVC that receive minimum package of support	2008: 30% of households with OVC	50% of households with OVC	Universal Access Report 2007
		Promote and support home gardening, animal husbandry and other small-scale agricultural activities	MoAFF, NGOs	% of OVC households receiving support to do home gardening, animal husbandry and small-scale agricultural activities		50% of households with OVC	
		Increase the effectiveness of income generation programmes by establishing formal links and collaborations between income generation programmes and organisations with relevant technical expertise, including the Grass Roots Business Initiative project	NOVCTF, MoLVT, UNICEF, NGOs	# of NGOs receiving technical assistance from income generation activities (IGA) experts		80% of NGOs requiring assistance receive technical assistance on IGA	
		Establish OVC Economic Security Discussion Forum (or sub-committee of NOVCTF) to share information and lessons learned to improve programming	NOVCTF, NGOs	# of Forum meetings conducted	Forum established by 2008	Quarterly forum meetings conducted	
		Pilot and evaluate targeted conditional cash transfer schemes/child support grants according to agreed criteria and transparent assessments and compare outcomes and cost effectiveness with selected successful income security and material support programmes.	MoSVY, MoLVT, NGOs	# of sites piloted		3 pilot sites implemented and evaluated	

1.2	Provide quality, child-centred psychosocial support to HIV-affected children and their caregivers	Scale up basic social work training, mentoring, supervision and capacity building programmes for NGOs and government social workers working with OVC. Ensure the curriculum undergoes regular updates to include new policies and programmes	MoSVY, UNICEF, NGOs	# of MoSVY staff working with children who satisfactorily complete basic social work training per year. Baseline SSC 49 people.		# MoSVY staff being trained	Global Fund R7
		Develop and disseminate good practice guidelines for responding to the psychosocial needs of OVC	MoSVY, NGOs	# of copies of good practice guidelines disseminated			
		Scale up access to NCHADS/National Mental Health Programme Training in psychological support for OVC and extend training opportunities to NGO staff	MoH (NCHADS, NMHP), NGOs	# of staff trained in psychological support for OVC	2008: 90 paediatricians and 100 paediatric counsellors trained by 2008	90 paediatricians and 100 paediatric counsellors	NCHADS Plan
1.3	Strengthen and support child care capacities	Extend the MMM centres to include OVC and caregivers' self-help groups for mutual support	CPN+, NCHADS, NAA	# of COC with MMM groups established	2008: 20 MMM	30 MMM	NCHADS Plan
1.4	Secure children's rights now and in the future	Promote increased coverage of birth registration by enforcing the Birth Registration sub-decree and related regulations	MoI, MoJ, UNICEF, NGOs	% of orphans (< 5 yrs) whose births are registered with the authorities: baseline 2005: 74% Birth Registration sub-decree and related regulations revised	Birth Registration sub-decree and related regulations revised by 2009	95%	
		Scale up integrated impact mitigation programmes for OVC that include succession planning and inheritance protection activities in their services to OVC and their caregivers	MoJ, NGOs	% of primary caregivers who have made arrangements for someone else to take care of their children in the event that they are unable to do so: baseline 2005: 74% of all caregivers		80%	

1.5	Prolong the lives of HIV+ parents	Scale up access to HIV testing and treatment for parents and primary caregivers	MoH (NCHADS)	# of VCCT sites offering counselling and testing services: baseline 2007: 170 VCCT % of adults 15-49 ever tested for HIV: baseline 2005: 11%		200 VCCT sites	Universal Access Report 2007
		Increase access to continuum of care for adults	MoH (NCHADS)	# of ODs with a full continuum of care; Baseline 2006: 22		40 ODs	Universal Access Report 2007
1.6	Reduce new infections among young people by strengthening their life skills	Develop and cost an expansion plan for life skills training for in- and out-of-school youth	MoEYS, NGOs	# of schools providing life skills training	Cost an expansion plan by 2009	Funding secured and plan being implemented	

Strategy 2: Mobilise and support community-based responses

	Specific Objectives	Programme Activities	Key Responsible Institution	Indicators and Baseline	other target	Target 2010	Indicator link
2.1	Engage village/commune leaders, commune council members and other community leaders in responding to the immediate needs of OVC	Support and provide training to improve local authorities' knowledge and understanding of OVC issues, through the MoI Social Sector Training for Commune Councils to enable local commune chiefs, councillors and village leaders to facilitate the inclusion of OVC responses into Commune Investment Plans	MoI, National Committee for the management of Decentralisation and Deconcentration reform (NCDD), Partnership to Support Decentralisation and Deconcentration (PSDD), MoSVY, PLAU (Provincial Local Administration Unit), NAA	% of communes with a development strategy in the Commune Investment Plan that addresses the needs of OVC		100% of communes in the 5 priority provinces	

		Through the Commune Database, generate and analyse local information on the number and situation of OVC and use it to inform discussion at the PRDC and advocate for support for OVC	MoI (NCDD, PSDD)	% of communes generating, analysing and using local information on the number and situation of OVC		At least 30% of communes in the 5 priority provinces	NSP II
		Establish mechanisms for involving children and young people as active participants in developing community responses to OVC and helping decision makers to identify and understand the most critical issues facing OVC	NOVCTF, NGOs	# of children participating in developing community responses		Child Participation system piloted and/or integrated in the 4 provinces with an OVC Coordination Mechanism	
		Establish and expand coverage of a national child protection network by harmonising existing programmes with a common framework and core components and scaling up	MoSVY, UNICEF, Commune Councils, NGO	# of provinces covered by the Child Protection Network: baseline 2007: 8 provinces	Child Protection Network Operations manual developed	10 provinces including the 5 priority provinces	
2.2	Enable community members to talk openly, accurately and without discrimination about HIV and AIDS	Provide training and support to enable monks, spiritual leaders, local leaders and key people in the community to talk about HIV and AIDS and address stigma and discrimination issues facing families affected by HIV and AIDS	UNICEF, MoCR, NAA, FBOs, NGOs	# of religious and key community leaders, trained	Baseline: UNICEF provides support (BLI) to 11 provinces, SCA=6 provinces, UNDP=7 provinces (but it should be noted that each province will not be covered 100%)	Trainings held in every province	

2.3	Mobilise community members to provide effective, timely and compassionate support to OVC and families affected by HIV and AIDS	Mobilise community leaders and members to establish local self-help groups that provide psychosocial support and mutual assistance to OVC and their caregivers	Commune Councils, NGOs working in the community, BLI	% of communes with at least 1 organisation providing care and support to households with OVC		50% of households 100% coverage in the 5 priority provinces	this is a UA target, BUT if possible change this to a coverage target, and then the Mapping report can be used as baseline and future coverage
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Strategy 3: Ensure access to essential services for orphans, children affected by HIV and other vulnerable children

	Specific Objectives	Programme Activities	Key Responsible Institution	Indicators and Baseline	other target	Target 2010	Indicator link
3.1	Increase food security among OVC and their caregivers	Target distribution of a minimum package of food support to the most vulnerable households, including those affected by HIV, through CHBC teams	WFP, NGOs	# of OVC households receiving minimum package of food support	2008: 30% of households with OVC	50% of households with OVC	Universal Access Report 2007
3.2	Reduce childhood morbidity and mortality by providing support to OVC and their caregivers to access health services	Provide OVC and their caregivers with support to access appropriate health services, for example through equity funds and referral services	MoH, MoI, UNICEF, WHO	# of communes with an NGO providing OVC and their caregivers with support to access health care		50% of communes	
		Increase access to integrated MCH, reproductive health care in particular family planning and programmes to prevent mother-to-child transmission	MoH (NMCHC)	# of OD with at least 1 site offering the minimum package of services to prevent mother-to-child transmission: baseline 2006: 18% of provinces with >0.5% ANC HIV		100% coverage of provinces with ANC HIV prevalence over 0.5%	

		Expand paediatric HIV treatment and care programmes	MoH (NCHADS), NAA	# of paediatric HIV treatment services: baseline: 2007 = 19	2008: plan for 3,000 people on HAART and 27 paediatric AIDS care sites	2010: 3,500 people on HAART and 30 paediatric AIDS care sites	
		Scale up access to national minimum social support package that includes food aid, transport, trusted accompaniment and adherence support for children receiving HIV and AIDS treatment	MoH (NCHADS), NGO, WFP	% of children receiving HIV and AIDS treatment that receive the minimum social support package		50% of children receiving treatment	
3.3	Support orphans and other vulnerable children, including those affected by HIV, to complete 9 years of free formal education	Increase coverage of communes where a minimum package of educational support is available to enable orphans and other vulnerable children, including those affected by HIV, to access 9 years of basic education.	MoEYS, Commune Councils, NGOs	# of OVC, communes, provinces where a minimum package of educational support is available: baseline 2007: 12 provinces		At least 50% of OVC receiving 9 years of education in 20 provinces	
		Ensure school enrolment and participation rates are the same for orphans and non-orphans, through advocacy, communication and financial support	MoEYS, Commune Councils, NGOs	% of orphans enrolled in school: baseline 2005: 76%		92%	
3.4	Provide children in need of alternative care with access to safe, appropriate alternative care options	Include OVC in community-based care in the existing alternative care database	MoSVY, UNICEF	Alternative care database expanded to include community-based care data	Regular alternative care report prepared and published from 2009 onwards		
		Improve the quality of alternative care for OVC by developing a national minimum standards and regulatory and monitoring systems	MoSVY, UNICEF, NAA	# of Minimum Standards of Alternative Care (residential and community-based care) books disseminated	Minimum Standards on alternative care completed by 2008	Regulatory framework established	

		Develop and implement communication strategies promoting the benefits of community-based care for children	MoSVY, MoWA, UNICEF, NGOs	# of communication activities implemented	Communication strategies developed by 2008	Communication strategies implemented by 2009	
		Support community-based alternative care programmes that provide child-centred permanency planning and reintegration for OVC	MoSVY, MoCR, UNICEF, NGOs	# of community-based alternative care programmes implemented		15 community-based alternative care programmes supported	
Strategy 4: Ensure vulnerable children are protected through policy and legislation							
	Specific Objectives	Programme Activities	Key Responsible Institution	Indicators and Baseline	other target	Target 2010	Indicator link
4.1	Ensure children are protected from abuse, exploitation, neglect and trafficking by a child-centred, comprehensive national Child Protection Law, Juvenile Justice Law and related programme	Review existing policies and regulations, in order to develop the National Child Protection Law	MoSVY, MoJ, UNICEF, CNCC	# of workshops held to develop the Child Protection Law		Child Protection Law drafted	
		Advocate for the adoption of the Juvenile Justice Law	MoSVY, MoJ	Juvenile Justice Law finalised and adopted		Juvenile Justice Law adopted by National Assembly	
4.2	Enhance MOSVY's capacity to protect, care for and support OVC	Undertake a Functional Task Analysis (FTA) to assess MOSVY's capacity, including recommendations to strengthen capacity	MoSVY, DFID and NAA	# of Functional Task Analysis Reports disseminated	FTA report issued by 2008	70% of recommendations from FTA implemented	
		Develop annual workplans to progress implementation of this Action Plan	MoSVY and NAA	Annual workplans produced		Annual workplan for Child Welfare Department produced from 2008 onwards	

		Develop position descriptions and establish performance-based salary incentive scheme	MoSVY, UNICEF	# of position descriptions developed # of staff on performance-based salary incentive scheme		Position descriptions developed by 2009 Incentive Scheme established by 2009	
		Develop and implement Child Safe Organisation policies for the Child Welfare department	MoSVY, UNICEF, NGOs	% of staff from child welfare department trained		Policy implemented 75% of staff trained	
		Provide competitive scholarships for 4 MoSVY staff per year, selected by the NOVCTF, to participate in the new RUPP Social Work degree course	NOVCTF	# of staff working with OVC who have a degree in Social Work from RUPP		8 staff enrolled at RUPP	
		Strengthen financial and administrative systems that promote transparency and accountability and ensure MoSVY can demonstrate the ability to effectively manage donor funds	MoSVY, UNICEF	# of external audits of MoSVY financial and administrative systems conducted	Audit report issued including recommendations for system strengthening by 2009	Annual external audits conducted	
Strategy 5: Create a supportive environment for a coordinated, effective response to orphans and vulnerable children							
	Specific Objectives	Programme Activities	Key Responsible Institution	Indicators and Baseline	Other target	Target 2010	Indicator link
5.1	Strengthen the capacity of the NOVCTF to provide leadership that benefits OVC	Strengthen NOVCTF Secretariat for effective implementation of National Plan of Action for OVC	MoSVY, UNICEF, NGOs	# of activities accomplished according to plan		Yearly targets to be defined in Annual workplans	

		Provide training for NOVCTF members working with OVC (leadership, advocacy, planning)	NOVCTF, UNDP, NGOs, NAA	# of Task Force members working with OVC trained	40 per year	120 Task Force members trained	
5.2	Strengthen coordination among stakeholders acting to reduce the impact of HIV on children	Establish provincial and local OVC coordination mechanisms (POVCTF) that link to the NOVCTF	MoSVY, UNICEF, NOVCTF, NAA, NGOs	baseline: 1 (Svay Rieng)	6 provinces (Kampong Cham, Kampong Thom, Siem Reap, Svay Rieng, Prey Veng and Kampong Speu)	6 POVCTF established and functioning	
		Establish links between the NOVCTF and the Food Security Network, the National Nutrition Programme, the Education for All Programme, the Human Trafficking Task Force and the Child Survival Steering Committee as well as other relevant bodies	NOVCTF	# of networking/consultation meetings	networks established by 2009	2 networking meeting per year	
		Develop a multi-sector directory of services for OVC	NOVCTF, UNICEF, NGOs	# of directories of OVC services published and distributed		First directory available 2008, updated directory 2010	
5.3	Enable children, leaders and communities to advocate on behalf of OVC	Collaborate with the NAA to implement the OVC component of the National HIV Advocacy Strategy	NOVCTF, NAA, UNICEF, NGOs	OVC component of national HIV Advocacy Strategy implemented		Yearly targets to be defined in annual workplans	
		Develop capacity of NOVCTF to advocate for OVC (guided observations, study tours, discussion forums)	NOVCTF UNICEF, NGOs	# of events		Yearly targets to be defined in annual workplans	
		Enable OVC to advocate on their own behalf to the NOVCTF	NOVCTF, NGOs	# of children trained in advocacy skills # of children invited to speak at official events	50 children trained in advocacy	Yearly targets to be defined in annual workplans	

		Enable key community members and leaders to advocate for OVC	NOVCTF, NGOs	# of key community members and leaders trained on advocacy skills # of key community members and leaders invited to speak at official events		Yearly targets to be defined in annual workplans	
5.4	Develop the NOVCTF capacity to identify, mobilise and effectively allocate the resources needed to implement this Plan	Establish a donor liaison and harmonisation mechanism, facilitated by the NOVCTF Secretariat	NOVCTF	# of meetings held by the donor liaison mechanism each year		4 meetings per year	
		Provide training for NOVCTF and POVCTF members (planning, proposal development, project management, fundraising, monitoring)	NOVCTF, NGOs	# of members trained		Yearly targets to be defined in annual workplans	
5.5	Provide decision makers, activists and advocates with information needed to provide effective HIV and AIDS impact mitigation for OVC	Strengthen data collection and management mechanisms to monitor and evaluate key OVC-related indicators	NOVCTF, NAA, UNAIDS, MoP	OVC-related data generated		Comprehensive OVC data available	Universal Access
		Conduct operational research and studies on the situation of OVC, including child-led research.	NOVCTF, MoSVY, NAA, MoH (NCHADS), UNICEF, NGOs	# of studies on OVC conducted # of studies conducted with active participation of children		Yearly targets to be defined in annual workplans	
		Conduct evaluations and document good practices and lessons learned that inform programme planning (e.g., income generation targeted at OVC/PLHIV households)	NOVCTF, UNICEF, NGOs	# of evaluation studies		Yearly targets to be defined in annual workplans	

N.B if there is no baseline identified that is because the baseline is zero.