

**Kingdom of Cambodia  
Nation Religion King**



**MINISTRY OF EDUCATION YOUTH AND SPORT  
INTERDEPARTMENTAL COMMITTEE FOR HIV&AIDS**

**STRATEGIC PLAN AND OPERATIONAL PLAN  
FOR HIV 2008 - 2012**

**“REDUCING HIV-RELATED VULNERABILITY, STIGMA AND RISK  
AMONG CAMBODIAN YOUTH THROUGH EDUCATION”**

**May 2008**

## PREFACE

As a key priority of the Royal Government of Cambodia, the Ministry of Education, Youth and Sport (MoEYS) plays a key role in the national response to HIV.

In pursuit of this priority, the Ministry has established, in 1999, the Interdepartmental Committee on HIV & AIDS (ICHA) which is responsible for developing and coordinating the MoEYS HIV programme.

The Ministry's HIV programme is guided by the National Law on HIV/AIDS (Article 3 states the responsibilities of the MoEYS), the National Strategic Plan for a Comprehensive & Multisectoral Response to HIV/AIDS (NSP II) as well as by the National Plan for Education For All (2003-2015), the Education Strategic Plan (ESP) and by the Policy for Curriculum Development 2005-2009.

Following its first HIV Strategic Plan (2001-2005), the Ministry of Education, Youth and Sport has now developed a second Strategic Plan covering the period from 2008 to 2012. This new Strategic Plan was developed following a Situation Response Analysis and an Impact assessment of the Ministry's HIV programme since 2004. The Strategic Plan for HIV 2008-2012 is therefore built on experiences and lessons learnt and aims at strengthening the MoEYS capacity to efficiently respond to the change of the epidemic (concentrated epidemic). From 2008 to 2012 the Ministry's HIV response will be articulated around the following 4 strategies:

1. Provide HIV education to Cambodian students. Special attention will be given to upper-primary students. A twin track approach will be used to teach HIV as part of the regular curriculum and integrate life skills education in co-curriculum activities. HIV education will include reproductive health, substance abuse and gender base violence.
2. Provide HIV education to Out-of-School youth and to most at risk adolescents. MoEYS will continue integrating HIV in Non-formal education (Community Learning Centers and Literacy Classes) and will expand its interventions with street children and other vulnerable children. Partnerships with line Ministries, civil society and NGOs will be sought to better "reach the unreached".
3. Strengthen the MoEYS capacity to respond to HIV. The Ministry recognizes the importance to continue improving its policies, systems and capacities to respond to the epidemic. Strengthening Monitoring and Evaluation as well as addressing Decentralization at provincial, district and school levels will be essential priorities.
4. Impact mitigation: The Ministry recognizes the importance to mitigate the impact of HIV and is committed to addressing the problems faced by people affected or infected by HIV. The Ministry, through the implementing its HIV Work Place Policy, will pay special attention to Orphans and Vulnerable Children (OVC) as well as to MoEYS staff and to their families.

With this 2008 – 2012 HIV Strategic Plan, the Ministry of Education, Youth and Sport is committed to continue to play a key role in the national response to HIV and to cooperate with national stakeholders and development partners. *hsh*

Phnom Penh, *25*...May 2008



**Lim Sethy**  
Secretary of State  
For the Minister

<b>Contents</b>	<b>Page</b>
<b>Acronyms</b>	
<b>Executive Summary</b>	1
<b>1. Background</b>	3
1.1 <i>Purpose</i>	3
1.2 <i>Development of the Strategic Plan</i>	3
<b>2. Situation and Response Analysis</b>	3
2.1 <i>The Current HIV Epidemic</i>	3
2.2 <i>Young People and HIV Risk</i>	3
2.3 <i>Young People, Social Vulnerability and HIV</i>	4
2.4 <i>The Readiness of the Education Sector to Respond to HIV</i>	6
2.5 <i>The Ministry of Education, Youth and Sport Response to HIV</i>	7
2.6 <i>Recommended Strategic Priority for MoEYS 2008-2012</i>	11
<b>3. Guiding Principles for the MoEYS Response to HIV</b>	12
3.1 <i>HIV is Education Issue</i>	12
3.2 <i>Human Rights</i>	12
3.3 <i>Gender Equality</i>	12
3.4 <i>Mainstreaming</i>	12
3.5 <i>Equitable Access</i>	12
3.6 <i>Basing Strategies on Evidence of Effectiveness</i>	13
3.7 <i>Empowerment</i>	13
3.8 <i>Community Involvement</i>	13
3.9 <i>Involvement of People Living with HIV (PLHIV)</i>	13
3.10 <i>Multisectoral Responses and Partnerships</i>	13
<b>4. Goals and Objectives</b>	14
4.1 <i>Overall Goals</i>	14
4.2 <i>Strategic Objectives</i>	14
4.3 <i>Specific Objectives and Major Activities</i>	14
<b>5. Implementation Arrangements</b>	19
<b>6. Monitoring and Evaluation</b>	20
<b>7. Monitoring and Evaluation Indicators</b>	20
<b>8. Operational Plan From January 2008 to December 2012</b>	21
<b>Strategy 1</b> <b>Strategy 1.a : For Primary School</b>	21
<b>Strategy 1.b : For Secondary School</b>	23
<b>Strategy 2</b>	25
<b>Strategy 3</b>	27
<b>Strategy 4</b>	30
References	32

## Acronyms

AIDS	Acquired Immune Deficiency Syndrome
CLC	Community Learning Centres
DEO	District Education Office
DFID	Department for International Development (UK)
DP	Department of Planning, MoEYS
DPs	Department of Personnel, MoEYS
ECD	Early Childhood Development
EFA	Education for All
EMIS	Education Information Management System
ESP	Education Strategic Plan
ESSP	Education Sector Support Programme
FTI	Fast Track Initiative
GBV	Gender-Based Violence
HIV	Human Immunodeficiency Virus
ICHA	Inter-departmental Committee on HIV and AIDS
IDU	Injecting Drug User
IEC	Information, Education and Communication
LLSP	Local Life Skills Programme
LSHE	Life Skills for HIV Education
MARA	Most at Risk Adolescents
M&E	Monitoring and Evaluation
MoEYS	Ministry of Education, Youth and Sports
MSM	Males who have Sex with Males
NB	National Budget
NCHADS	National Centre for HIV/AIDS, Dermatology and STIs
NFE	Non Formal Education
NGO	Non Governmental Organisation
NIE	National Institute for Education
NIS	National Institute of Statistics
NSDP	National Strategic Development Plan
NSP	National Strategic Plan for a comprehensive & multisectoral response to HIV/AIDS 2006-2010
OSY	Out of School Youth
OVC	Orphaned and Vulnerable Children
PEO	Province Education Office
PLHIV	Person Living with HIV
PRD	Department of Pedagogy and Research
PTTC	Primary Teacher Training College
PTA	Parent Teaching Association
RTTC	Regional Teacher Training College
SHD	Department of School Health
SRA	Situation and Response Analysis.
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SWAP	Sector-Wide Approach
tbc	To be confirmed
TfD	Theatre for Development
WAD	World AIDS Day

## *Executive Summary*

This strategy provides the overall planning framework for the MoEYS response to HIV during the period 2008-2012. It is an input for the National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010 (NSPII) as well as the Education For All (EFA), Education Strategic Plan (ESP) and Education Sector Support Programme (ESSP).

The strategy aims to build on the achievements of a range of interventions that have already created capacity to mainstream HIV in the core business of the Ministry. The goal will be to reduce HIV-related vulnerability, stigmatisation and risk behaviours. There will be a strong emphasis on improving the quality and effectiveness of the core components of the education sector response to HIV, such as policy dissemination, curriculum integration, pre- and in service teacher training and co-curricular programmes such as Life Skills for HIV Education (LSHE) at upper primary level.

LSHE will be included within the local life skills programme (LLSP) in all grade 5 of primary schools, starting with the Provinces where implementation has already reached 50% of districts and achieving 100% coverage of schools in these before commencing with introducing the programme in new Provinces. It is judged timely to make the transition to direct MoEYS implementation from NGO delivery. This is required to ensure local ownership, sustainability and cost effectiveness.

There will be interventions to broaden the emphasis of HIV-related education to strengthen education on gender issues, drugs, sexual and reproductive health and access to HIV-related services.

The education system, formal and non formal will be harnessed to educate children and youths in particular about HIV and its impacts. It is recognised that those in education institutions comprise a target population at lower risk of HIV infection. In this way MoEYS contributes to building a Cambodian society that is competent to respond to HIV. At the same time those who are in school may through drop out and peer pressure become more vulnerable and at risk to HIV. There will therefore be a concerted effort at the upper level of primary education to provide HIV education through both the curriculum and co-curriculum (LSHE) to provide knowledge and skills before risk behaviours are commenced.

Recognising the importance of intensifying efforts to provide HIV education to the most at risk children and youth, MoEYS will increase its support for street children in urban areas in and outside of Phnom Penh and identify for development programmes that will reach most at risk adolescents (MARA). HIV programmes in community-based NFE (eg. literacy classes and CLCs) will also be strengthened.

A cross cutting strategy to strengthen institutional capacity will be required to ensure that the above-mentioned programmes are appropriately planned, implemented and monitored. At the central level, the role of ICHA has proved to be indispensable. The emphasis needs to be to ensure that ICHA is most appropriately structured and resourced to meet the challenges of the plan period. Increased attention will be paid to building HIV capacity at decentralised levels of MoEYS, at Province, District and school level.

Finally, MoEYS will strengthen its response to the impact of HIV on the education system, and in particular on orphans and vulnerable children (OVC). It will support an assessment of the impact of HIV on education as a vehicle for awareness raising in the Ministry and as a means of planning additional interventions. MoEYS is furthermore committed to implement its HIV Workplace Policy.



Four main strategies are proposed. These are

- Strategy 1:** Increased coverage of evidence based HIV-related education for children and youth in school, prioritising upper primary level. These comprise a large target group at lower risk who need to be equipped to remain at low risk of HIV infection;
- Strategy 2:** Increased coverage of evidence-based HIV-related education for especially vulnerable and most at risk children and adolescents;
- Strategy 3:** Strengthened institutional capacity to mainstream HIV across MoEYS departments and activities; and
- Strategy 4:** Increased coverage of evidence based interventions to mitigate vulnerability and the impact of HIV.

This strategy will provide the basis for developing the MoEYS annual work plan on HIV, for coordinating development partner activities in the sector and for resource mobilisation. Annual implementation reports will be prepared by ICHA Secretariat for the Secretary of State/ICHA Chairperson and the NAA. The strategy will be a living document and will be revised and updated on a regular basis. The strategy will be comprehensively reviewed by all partners at mid-term in 2010.

## 1. Background

### 1.1. Purpose of the Strategy

The MoEYS Strategic Plan for HIV, 2008-2012, aims to guide the Ministry's response to HIV as a key component of the national multi-sectoral response. It is therefore complementary to the National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS 2006-2010 (NSP II) prepared by the National AIDS Authority (NAA). It follows the first HIV strategic plan prepared by MoEYS for the period 2001-2005.

The MoEYS Strategic Plan for HIV also aims to guide the Education Strategic Plan (ESP) and the Education Sector Support Programme (ESSP) in mainstreaming HIV in education policies and programmes. It is intended that this will enable the HIV response to be more comprehensively integrated in the mainstream sector development plan.

This strategy also falls under the National EFA Plan (2003-2015), Third National Strategic Development Plan (NSDP) for 2006-2010 and the Rectangular Strategy for the Development of Cambodia.

### 1.2. Development of the Strategic Plan

The preparation of this strategy was coordinated by ICHA. The development approach involved the preparation of a detailed situation and response analysis (SRA). The SRA reviewed secondary data and involved key informant interviews on both education and HIV issues. The MoEYS HIV strategic plan for 2001-2005 was also rapidly reviewed. This process identified key issues for the MoEYS response HIV to be addressed and achievements that would need to be consolidated and sustained.

A series of participatory workshops were held involving selected representation from ICHA and decentralised offices in the education sector. Findings from the Impact Assessment of MoEYS HIV & AIDS Education Programme were taken into consideration in the process.

## 2. Situation and Response Analysis

### 2.1. The current HIV epidemic

Cambodia's national response to HIV has been successful in reducing the spread of HIV and 'turning the tide of the epidemic'. The current estimate of HIV prevalence is 0.9%, which places the epidemic within the category of 'concentrated epidemic.' HIV is concentrated among males who have sex with males (MSM), injecting drug users (IDUs) and sex workers. Success in reducing the spread of HIV appears to have been achieved through programmes aimed at sex workers and their clients which have resulted in fewer men exposed to sex work, a steep rise on condom use in paid sex and the control of STIs.

### 2.2. Young people and HIV risk

The future of the HIV epidemic will be strongly influenced by the risk behaviours and social vulnerability of Cambodian youth. The population is young. Of the total population of 14.33 million, fifty percent are under age 20<sup>ii</sup>

A high level of awareness of HIV and STIs among young people is almost universal<sup>iii</sup>. Most youth are aware of HIV, at least some of the modes of transmission and means of prevention. There are, however, still gaps in understanding<sup>iv</sup>. Various myths and

misconceptions are reported and knowledge about STIs is limited. Health services are not reaching all of the target population. Although services may be available, access is limited by cost barriers, judgemental attitudes towards young people among service providers and fears about lack of confidentiality<sup>v</sup>. Age appropriate information may be lacking.

Changing behaviours in Cambodia are leading to changing risks<sup>vi</sup>. There has been a rapid rise in indirect sex work in bars, massage establishments. Men are reportedly increasingly turning from brothel based sex workers to indirect sex workers, non-regular partners and girlfriends for sex. It is in sexual relationships involving considerations of love and romance that condom use is lowest due to implications of trust.

Drug use among young people is increasing and becoming widespread with glue and amphetamine use prevalent and significant usage of *yama*, heroin, cannabis and ecstasy.<sup>vii</sup> Factors of age, gender and wealth have been found to influence the choice of drug, with different locations having different drug profiles. Peers, drug dealers and employers are points of entry into drug use. Drugs are used in a range of contexts, including commercial sex work by the workers themselves and some of their clients. There is a need for drug education aimed at the general population and targeted interventions, including harm reduction for those using drugs.

Males who have sex with males (MSM) is a group which is extremely vulnerable to HIV due to both their large number of sexual partners and the high biological receptivity of the rectal mucosa to HIV. In Cambodia, they constitute a heterogeneous group, which includes individuals with different behaviour and different sexual identities. All age groups are represented in MSM. A survey of MSM in Phnom Penh<sup>viii</sup> found that young men (aged 20 to 39) were in the majority and youth (aged 15 to 19) made up 17% of the MSM population. More information, education, and communication (IEC) resources are needed that specifically address the HIV and sexual health information needs of MSM as well as the inclusion of MSM-specific messages in HIV prevention and health promotion activities targeting the general population. The experiences of stigma and discrimination as reported by MSM point to the need to promote greater respect for the human rights of the MSM population.

### 2.3. Young People, Social Vulnerability and HIV

Vulnerability results from a range of factors that reduce the ability of individuals and communities to avoid HIV infection<sup>ix</sup>. The devastation arising from decades of war and the genocide has resulted in a loss of human and social capital which have led to a intensifying of social vulnerability.

A range of factors serve to increase individual and collective vulnerability. Poverty is a major factor in determining ill health<sup>x</sup> and social vulnerability. Some 35% of Cambodians live below the national poverty line<sup>xi</sup>. Poverty reduction is taking place relatively rapidly in a context of annual economic growth of about 7% per annum. The extreme poor, however, who comprise the bottom 20%, have experienced significantly slower growth in real consumption. Poverty rates are highest in remote areas with limited access to roads, markets and basic services. There is a widening difference between urban and rural areas, with the former the engine of economic growth through garment manufacturing, tourism and construction<sup>xii</sup>. The poor face a number of inter-locking problems including low levels of education, lack of secure land tenure, remoteness from markets and services, lack of productive assets and high dependency ratios<sup>xiii</sup>.



Gender is a powerful determinant of vulnerability. There is a need to explicitly address change in social and cultural norms on gender. Strong gender stereotypes about sexuality and sexual behaviour underpin the HIV epidemic. There are significant double standards of behaviour for male and female adolescents<sup>xiv</sup>. Virginity among girls is considered essential before marriage. Those who are not are considered to be 'fallen' and are stigmatised. Girls' femininity is constructed around norms of submissiveness, demureness and a lack of knowledge about sex<sup>xv</sup>. In contrast, norms of masculinity encourage 'dominance, power and promiscuity<sup>xvi</sup>. Men may regard visiting sex workers and sex outside of marriage as acceptable attributes of masculinity while away from home and constitute part of male bonding processes. Married women are increasingly at risk of HIV infection. Many girls in rural areas marry under age or are forced to marry at an early age by their parents. This potentially puts them at a higher risk of HIV infection<sup>xvii</sup>. Gender inequality is also encountered in managing the social impact of HIV with women shouldering the burden of care and support for PLHIV.

Violence against women is one of the most serious manifestations of unequal power relations between men and women and concepts of masculinity and femininity. Gender based violence (GBV) is prevalent and ranges from sexual harassment to rape to domestic violence or intimate partner violence to trafficking<sup>xviii</sup>. It is a major fear for young women. A problem of growing concern is sexual violence against women and children, which occurs both in domestic and community contexts. Another form of violence is trafficking of women and girls which is especially widespread in poor districts. Rape and sexual abuse are perpetrated against vulnerable women, including gang rape against sex workers in Phnom Penh<sup>xix</sup> and sexual harassment and abuse is encountered by beer promotion women at entertainment venues<sup>xx</sup>. Adequate attention to GBV is lacking in the national HIV response including in peer education programmes.

Education is widely acknowledged to reduce the chances of poor sexual and reproductive health and drug use<sup>xxi</sup>. It is a protective factor in young people's lives and at the same time provides a forum to deliver information and life skills. In Cambodia, assessments of risk in the lives of young people show that higher risks are associated with being out of school<sup>xxii</sup>. The most sexually active youths are out of school and also have a lower age of sexual debut (as low as 11) than those in school (age 15 at lowest debut). Sex and alcohol consumption are strongly correlated with low rates of condom use. Instances of coercive sex were mentioned mainly among young people out of school. Violence is a problem especially prevalent among out of school youth who may also bully in-school youth.

Street children constitute a category of especially vulnerable children and adolescents that have been increasing in number<sup>xxiii</sup>. They are not a homogeneous group and are not equally vulnerable or at risk to HIV. Children find themselves on the street due a range of factors which include poverty, family break up, domestic violence, orphaning, drug use, sexual abuse and child trafficking<sup>xxiv</sup>. Reasons associated with family breakdown are significant factors leading children to come to Phnom Penh<sup>xxv</sup>. Once on the streets, they find themselves facing physical, emotional and sexual abuse with the risk of exposure to HIV and drug use. From an educational perspective a key challenge is to provide this hard to reach group with at least a basic education, including HIV education.

Child involvement in economic activity is widespread in Cambodia<sup>xxvi</sup>. Involvement in economic activity starts very early and rises sharply with age, resulting in late school entry and early school dropout. An large proportion of children are engaged in non-economic productive activities and specifically housework. Children's involvement in child labour, work that is injurious, negative or undesirable to children, is also high. This includes involvement in sex work in brothels. Most economically active children are found on farms and work for their

families. Work is typically very time intensive for children and a high proportion of economically active children face work related hazards and dangers leaving them vulnerable to injury and illness.

Children and young people migrate to Phnom Penh looking for economic opportunity<sup>xxvii</sup>. The migration of girls and young single women tends to be organised and many find employment in the garment sector. Push factors include insufficient rice harvests, drought, floods, landlessness, lack of capital, indebtedness and limited opportunity for wage employment in the village<sup>xxviii</sup>. Girls are reportedly vulnerable to abuse from their employers, many receive no salary, only board and lodgings and become involved in prostitution to earn a living<sup>xxix</sup>. Mobility appears to be a strong determinant of casual sex<sup>xxx</sup>.

The impact of HIV on families and communities exacerbates vulnerability. Children affected by HIV are exposed to increased factors of vulnerability through high levels of psychosocial stress and stigma<sup>xxxi</sup>. The impacts of having a parent with HIV-related illness on children are multiple and serious. Families can slide into poverty quickly with children becoming carers and income generators and as a result some have to leave home. Around 9% of children aged 0-17 are orphans with either one or both parents dead<sup>xxxii</sup>. The highest proportion of orphans is to be found among adolescents with 12% and 16% of children orphaned in the age groups 10-14 and 15-17, respectively. Paternal orphans predominate. Significant populations of orphans and vulnerable children are reported in several Provinces, for example in Banteay Meanchey, Battambang, Kampong Cham, Phnom Penh and Siem Reap<sup>xxxiii</sup>. In 2005, there was a significant gap between orphans and non-orphans in terms of school attendance<sup>xxxiv</sup>.

#### 2.4. The Readiness of the Education Sector to Respond To HIV

Cambodia's education has a 6+3+3 structure with six years of primary education, three of lower secondary education and three of upper secondary schooling. The gross primary school completion rate (PCR) is low at 79.5% for boys and 77.1% for girls<sup>xxxv</sup>. The net PCR is much lower. The estimated net survival rate was estimated to be 55% to grade 5 in 2005-6. The trend, however, is positive with more children attending schools and staying in school longer as a result of the Government's Universal Education Policy<sup>xxxvi</sup>, but repetition and drop out rates pose a significant threat to further improvements at this level.

Statistical data for the 2004-05 school year shows the total number of primary schools was 6,180 with 2,682,129 students<sup>xxxvii</sup>. Of these 1,266,420 were girls, which was 47% of the total, indicating that at this level the enrolment of boys and girls is similar with a slight gender gap. The number of primary school staff was 60,841 (22,934 female) of which the teaching staff was 50,140 (20,678 female or 41.24%)<sup>xxxviii</sup>. The total number of primary schools had risen to 6,365 primary schools in 2006-7<sup>xxxix</sup>. Of these 1,069 were core schools in the cluster and 5,296 were considered to be cluster satellite schools.

Participation in education falls dramatically at lower secondary school level to 28%<sup>xl</sup>. After the age of 14, boys attending school are at a significantly higher proportion than girls. At upper secondary level, girls comprise 15% of those enrolled. Drop out rates at lower secondary level remain fairly constant.

In 2004-05 there were 578 lower secondary schools. The total number of students enrolled at this level was 528,940, including 230,048 girls. Although in the recent years, school facilities have expanded for grades 7-9, it is not enough to respond to the demand and there were only 749 communes from a total of 1,621, with lower secondary schools. In 2006-7 the number had risen to 1,112.

In 2004-05 there were 232 upper secondary schools compared to 212 in 2003-04. The total number of students was 177,129, including 66,324 girls. 45 out of 185 districts had no upper secondary school. In 2006-7 the total had risen to 283 schools.

In 2006-07 there were 38,373 university students enrolled in the 24 Tertiary public institutions and another 53,967 students enrolled in the private higher education system.

The NFE system through its Literacy classes has trained (2006-07) 54,694 literacy students with the support of its 2,293 literacy teachers. There are 62 Community Learning Centres (CLC) delivering services to over 4,707 trainees.

MoEYS priorities are set out in the Education Strategic Plan (ESP). They include increasing student enrolment and strengthening the quality and efficiency of the education sector. MoEYS is revising the curriculum in grades 1-9 to respond to the educational situation in the country, region and worldwide. This includes improving student learning achievement standards, teacher and staff performance, teaching time, core textbooks, the pupil-teacher ratio and the pupil-class ratio. Curriculum standards have been set for grades 3, 6 and 9 in Khmer, Mathematics, Science and Social Science. There is also a policy to improve student flow rates and increase promotion rates with consequent reduced repetition and dropout rates with an improved transition rate from one level of education to another level. This involves maintaining students in the system through more effective teaching and non-teaching staff deployment and through re-deployment of teachers.

MoEYS has expanded its own capacity building on management and monitoring through:

- Training for school principals, trainers and coordinators at cluster schools;
- Improving administration and examination management;
- Introducing child-friendly school and inclusive education;
- Strengthening the relationship among donors and NGOs through the establishment of Joint Technical Working Group for Education sector with regular meetings.

MoEYS is implementing 4 main strategies for institutional development and capacity building programmes for decentralization, these are:

- Strengthening the planning and monitoring system at central, provincial, district, cluster and school levels;
- Enhancing management system at districts and schools;
- Improving the good governance and legislation framework; and
- Improving Higher Education Institutions (HEI) capacity building.

## 2.5. The Ministry of Education, Youth and Sport Response to HIV

The MoEYS response to HIV spans more than 12 years of intervention experience. Initial programmes focused on secondary education and curriculum integration of HIV. This has expanded to include primary education and the introduction of Life Skills HIV Education (LSHE) as a co-curricular programme at this level, and also in secondary education and in NFE. Key milestones are provided in table 1 below.

**Table 1: Key Milestones in the Education Sector Response to HIV**

National AIDS Programme established	1991
First MoEYS HIV interventions supported by UNESCO, UNFPA and UNICEF	1995
<ul style="list-style-type: none"> <li>▪ National AIDS Authority (NAA) established</li> <li>▪ National Policy and Priority Strategies for HIV/AIDS Prevention and Control developed by NAA</li> <li>▪ Interdepartmental Committee on HIV/AIDS (ICHA) established in Ministry of Education, Youth and Sports (MoEYS)</li> <li>▪ HIV Prevention Education introduced in Secondary Schools in Grade 12</li> </ul>	1999
<ul style="list-style-type: none"> <li>▪ MoEYS Teacher Training Department provides pre-service HIV training for primary and lower secondary teachers</li> <li>▪ Education Strategic Plan (ESP) 2001-2005. HIV as a cross cutting issue</li> <li>▪ HIV/AIDS Education for Children introduced in primary schools in partnership with World Education</li> </ul>	2001
Law on the Prevention and Control of HIV/AIDS	2002
Adoption of National EFA Plan (2003-2015) including HIV education	2003
DFID funded TA installed in MoEYS (ICHA)	2004
Youth Risk Behaviour Survey. MoEYS and UNICEF	2005
<ul style="list-style-type: none"> <li>▪ MoEYS response conceptualised in terms of 4 pillars.</li> <li>▪ Review of ICHA organisational arrangements and revised structure published (MoEYS. ICHA. Institutional Arrangements). Capacity building needs identified.</li> <li>▪ Development of a MoEYS/ICHA set of teaching and learning materials for primary, secondary and non-formal education.</li> <li>▪ National HIV/AIDS Strategic Plan 2006-2010 includes key MoEYS activities</li> <li>▪ MoEYS Life Skills for HIV/AIDS Education Programme introduced on pilot basis implemented with World Education (WE) and Cooperation for a Sustainable Cambodian Society (CSCS) in 2 Provinces (Siem Reap and Kompong Speu)</li> <li>▪ MoEYS ICHA Output-based Incentive System (OBI) introduced</li> <li>▪ Programme for Vulnerable/Street Children commenced with Mith Samlanh and WE</li> <li>▪ Cambodia selected as one of 4 pilot countries for the global EDUCAIDS initiative. High level delegation visits from Paris.</li> </ul>	2005
<ul style="list-style-type: none"> <li>▪ Education Strategic Plan (ESP) 2006-2010 includes HIV as a cross cutting issue</li> <li>▪ MoEYS Policy for Life Skills Education released by Pedagogical Research Department</li> <li>▪ ESWG endorses ESP for FTI</li> </ul>	2006
<ul style="list-style-type: none"> <li>▪ MoEYS developed Workplace Policy on HIV and AIDS</li> <li>▪ Cambodia FTI Catalytic Fund grant of \$57m approved in principle</li> </ul>	2007

### MoEYS HIV Strategic Plan for 2001-2005

Strategic planning for the national HIV response has been noticeably strengthened during the past decade. The National HIV Strategic Plan for the period 2001-2005<sup>xii</sup> contained little reference to education apart from the objective of *promoting life skills (including sexual) education in school and extra-curricular activity ensuring that education is gender sensitive and related to gender norms and attitudes in society*. However, MoEYS through ICHA developed a strategic plan for the period 2001-2005<sup>xiii</sup> with support from UNICEF and UNESCO. The goal for the plan was to reduce the rate of new infection among Cambodian children, youth and young adults. Four main objectives were given:

- Ensure that all initiatives address HIV & AIDS education;

- Increase the awareness of the range of HIV & AIDS education strategies to education personnel at all levels;
- Increase the awareness of the need to develop and be committed to HIV & AIDS education in all departments of MoEYS;
- Improve links through expanding collaborative activities, cooperation and coordination between international agencies working in HIV & AIDS in all education sectors.

Subsequently, a further set of 'priority objectives and activities were given. These are:

1. Develop policies to promote health education within the educational institutions;
2. Strengthen the structure of the ICHA from ministry to field level by creating an interdepartmental inter-agency and multi-sectoral education working group to guide, advise, manage, coordinate, research, implement and evaluate HIV/AIDS education;
3. Expand and strengthen the knowledge of reproductive health, including updated key information on STD, HIV/AIDS and support appropriate behaviour norms to reduce risk of HIV infection of high risk children, youth and young adults;
4. Educate national teacher educators, facilitators and teachers/lecturers at all levels of the education system.

The MoEYS Strategic HIV plan for 2001-2005 appears to have had a limited function in setting priorities and organising activities. A tabulation of the status of the objectives for the strategic plan reveals partial fulfilment.

**Table 2: Status of 2001-2005 MoEYS HIV Strategy objectives.**

Policy Objective	Status
Develop policies to promote health education within the educational institutions;	Policy approved but not disseminated
Strengthen the structure of the ICHA from ministry to field level by creating an interdepartmental inter-agency and multi-sectoral education working group to guide, advise, manage, coordinate, research, implement and evaluate HIV/AIDS education;	ICHA strengthened at central level.
Expand and strengthen the knowledge of reproductive health, including updated key information on STD, HIV/AIDS and support appropriate behaviour norms to reduce risk of HIV infection of high risk children, youth and young adults;	Risk reduction education provided through LSHE. Limited attention to behaviour norms. Little focus on 'high risk' children, youth and adults.
Educate national teacher educators, facilitators and teachers/lecturers at all levels of the education system.	Pre-service HIV teacher education in place.

The MoEYS response has evolved towards putting in place a comprehensive set of policies and interventions which address social vulnerability through increasing education, participation in safe schools, risk reduction through HIV education integrated in the national curriculum and through the LSHE programme. HIV education is also integrated in non-formal education. Stigma reduction is being addressed through LSHE. Work has begun on developing a response to the impact of HIV on the sector. An overview is provided in Table 3 below.



**Table 3: MoEYS Response Overview**

Function	Response
Vulnerability Reduction	Universal Education Policy EFA ESP/ESSP Child Friendly Schools Workplace Policy on HIV/AIDS
Risk Reduction	HIV Curriculum Integration in primary and lower secondary schools HIV curriculum integration in pre-service education LSHE in primary schools (co-curriculum) LSHE peer education in lower and upper secondary schools LSHE peer education for out of schools youth (OSY) HIV curriculum integration in NFE Vulnerable Street Children HIV Education HIV mainstreamed in sport education
Stigma Reduction	Included in LSHE Workplace Policy for HIV & AIDS
Impact Mitigation	School Health Policy Child friendly Schools ECD No specific interventions

The SRA findings are summarised below in terms of accomplishments, concerns and gaps, lessons learned, challenges, opportunities and recommended strategic priorities.

### **2.5.1. Main achievements**

The following main accomplishments have been identified.

**Policy and strategy.** MoEYS has shown strong leadership on HIV in the national response and also regionally. Elements of the necessary enabling environment for HIV education are in place, but need to be strengthened. Key MoEYS activities are included in the National Strategic Plan for a comprehensive & multisectoral response to HIV/AIDS 2006-2010 MoEYS has developed a comprehensive Workplace Policy for HIV.

**Institutionalising the response.** Institutional development to mainstream HIV in MoEYS has been innovative and substantial, especially at the central level, though sustainability remains a concern. Institutional capacity to mainstream HIV in MoEYS activities has been developed through the establishment and subsequent strengthening of the Interdepartmental Committee on HIV and AIDS (ICHA). Decentralisation provides the context for HIV institutional capacity strengthening at Provincial, District, Cluster and School levels. Capacity to train all pre-service teachers on HIV has been established in Provincial Teacher Training Colleges (PTTCs) and at secondary level through RTTCs and NIE.

**HIV preventive education.** HIV has been integrated in the national curriculum in key subjects at primary and secondary levels. HIV curriculum integration has taken place in Khmer, Science and Social Studies as well as in textbooks for classes 5-6 for Physical Education and Health at primary level and in Biology and Social Science at secondary level. Through LSHE, a complex set of interventions is currently being implemented at primary, lower secondary and upper secondary education as well as through non-formal education and peer education to reach out of school youth. A programme is also targeted at especially vulnerable street children in Phnom Penh. New curriculum specifications have recently been approved and will be used to develop new textbooks and teacher's guides, including HIV integration

Through LSHE, HIV education has been introduced in 50% of districts in 15 selected Provinces (62 Districts) and municipalities in primary (classes 5-6), lower secondary (class 9) and secondary (class 12) education. A rapid scaling up of activity took place in LSHE from 2005-2007 from 63 to 1,130 primary schools implementing the programme out of a total of 6,365 primary schools. The national coverage rate is modest and estimated at 23% of complete primary schools. 241 secondary schools were 'covered' in 2007 (out of a total of 1,112 lower secondary and 232 upper secondary schools). The intervention at this level focused on a peer education programme. Two models of school based LSHE have been implemented (one direct implementation by MoEYS and one by NGOs).

**Mitigating HIV impact.** The MoEYS response to the impact of HIV on education is at an early stage. Interventions include education to address HIV-related stigma is included in LSHE; early Childhood Development (ECD) programmes and OVC are included in the provisions of the School Health Policy and the HIV Workplace Policy.

### *2.5.2. Main concerns and identified gaps*

**Policy and strategy.** There is a need for greater clarity in defining and aligning MoEYS policies on HIV. Dissemination is a key issue. The HIV workplace policy needs to be disseminated and implemented. There is a need for strategies to be developed to scale up coverage of effective HIV education in school and to contribute to meeting the HIV prevention needs of most at risk adolescents. The policy status of the LSHE programme is unclear in the Policy for Life Skills Education and needs to be clarified in relation to the local life skills programme (LLSP). HIV needs to be better integrated in the ESP and ESSP.

**Institutionalising the response.** Institutional capacity to implement HIV education through ICHA is relatively newly developed and fragile. Investment in capacity building has focused on the functions of MoEYS at a central level. Monitoring and evaluation capacity in ICHA is weak, partly as a result of outsourcing M&E to NGOs. Investment is required in building technical capacity in areas such as life skills education, gender analysis and monitoring and evaluation.

**HIV preventive education.** A strong concern lies with the lack of adequacy of monitoring arrangements regarding coverage and effectiveness of interventions. At the same time, the current complex set of multiple interventions do not represent the most coherent or cost effective approach to HIV prevention education. A significant investment in a loosely structured peer education programme for both secondary school and out of school youth is a particular concern. The main focus for in-school HIV prevention education needs to be upper primary education. Attention needs to be paid to the effectiveness of curriculum integration of HIV, in formal and non formal education. There needs to be a higher prioritisation of out of school adolescents for HIV education. Reproductive health, substance abuses and gender based violence education will part of HIV prevention education.

**Impact mitigation.** The MoEYS response to HIV impact is at an early stage. There is a lack of policy on and strategic response to HIV impact including orphans and vulnerable children (OVC) and a need for a comprehensive assessment of the impact of HIV on the education sector.

## *2.6. Recommended strategic priorities for MoEYS 2008-2012*

The current portfolio of MoEYS responses to HIV needs to be given clearer strategic direction. The four main strategies should be:

1. Increased coverage of evidence based HIV-related education for children and youth in school, prioritising upper primary level. These comprise a large target group at lower risk who need to be equipped to remain at low risk of HIV infection;
2. Increased coverage of evidence-based HIV-related education for especially vulnerable and most at risk children and adolescents;
3. Strengthened institutional capacity to mainstream HIV across MoEYS departments and activities; and
4. Increased coverage of evidence based interventions to mitigate vulnerability and the impact of HIV.

### **3. Guiding Principles for the MoEYS Response to HIV**

The MoEYS HIV strategic plan follows the relevant guiding principles set out in Education For All (EFA), the Education Strategic Plan (ESP) and the National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS (NSP II) both of which cover the period 2006-2010.

#### **Guiding Principles**

##### **3.1. HIV is an education issue**

Responding to HIV is a key responsibility for the Ministry of Education, Youth and Sport. Expanding access to and continuation of education will help reduce the vulnerability of children and young adults to factors that put them at risk of HIV infection. Life skills education, which includes HIV prevention, can raise awareness, reduce HIV-related stigmatisation and risk behaviours. It is a dimension of improving the quality of education.

##### **3.2. Human Rights**

The MoEYS response to HIV will promote human rights including respect for the rights of people living with and affected by HIV.

##### **3.3. Gender Equality**

Gender norms and practices are important factors in the dynamics of the HIV epidemic. Women and girls are more vulnerable to HIV infection because of their lower status in society. MoEYS will address gender inequalities through education, youth and sports policies and programmes as well as through education on HIV. Gender mainstreaming will be linked to HIV mainstreaming.

##### **3.4. Mainstreaming**

MoEYS recognises HIV as a core issue for its work. Responding to HIV is an important responsibility for all departments at central and decentralised levels. ICHA institutional arrangements will be consolidated to mainstream HIV and to link this with gender mainstreaming. This is a component of institutional strengthening and capacity building.

##### **3.5. Equitable Access**

MoEYS will seek to provide the broadest coverage of HIV education through its integration into its mainstream programmes in both formal and non-formal education.

### 3.6. Basing strategies on evidence of effectiveness

The MoEYS response will be guided by evidence of policy and programme effectiveness through its monitoring and evaluation system. This is consistent with policy on improving educational quality and efficiency.

### 3.7. Empowerment

Through life skills education, MoEYS will work to support the empowerment of young people to increase and strengthen their control over their behavioural choices and how these affect others. Efforts will be made to increase the participation of children and youth, male and female, in programme development and implementation.

### 3.8. Community involvement

MoEYS will seek to maximise community involvement in its HIV response to help foster a sense of ownership and responsibility for the success of the initiatives. Community involvement will help also in expanding the reach of the education interventions beyond the immediate target groups.

### 3.9. Involvement of People Living with HIV (PLHIV)

MoEYS will seek to involve people living with HIV in programme development and implementation, including monitoring and evaluation.

### 3.10. Multisectoral responses and partnerships

MoEYS will work with other sectors and civil society partners to contribute to an enhanced national response aiming to ensure that the various HIV-related needs of Cambodian children and adults are appropriately met.

## 4. GOALS AND OBJECTIVES

This section describes the goals, strategic objectives and major activities of the strategy.

### 4.1. Overall Goals

The strategy is aligned to the goals of the ESP and the NSP II. It will therefore contribute to reducing new infections of HIV, to providing support to children and adults living with and affected by HIV, to reducing the impact of HIV on the individual, family, community and society and to contributing to developing a knowledge-based society in Cambodia.

The overall goal of this strategy is:

***To reduce HIV-related vulnerability, stigma and risk behaviours through expanded coverage of effective education interventions.***

### 4.2. Strategic Objectives

Four main strategic objectives will be followed. They build on the achievements of the MoEYS response to HIV to date. They are:

1. Increased coverage and quality of HIV education in schools;
2. Increased coverage and quality of HIV education for children and youth who are especially vulnerable and at higher risk;
3. Strengthened Institutional capacity to mainstream HIV across MoEYS departments and activities;
4. Increased coverage of evidence-based interventions to mitigate vulnerability and the impact of HIV on the education system.

### 4.3. Specific Objectives and Major Activities

*i). Increased coverage and quality of HIV education in schools (See Annex 2).*

This strategy aims to provide age-appropriate education about HIV and related issues to children and youth who are in school, in respect of Cambodia's social and cultural norms. This constitutes a large target group who are generally at lower risk of HIV infection. It is important to reach them before they leave the school system and begin to take risks in their lives associated with adolescence. Since primary education has the largest participation rates and includes a significant number of over-age students either as late enrollers or repeaters, it will be the level of the formal education system at which the greatest investments in the HIV response will be made. Interventions will also be strengthened at secondary school level. While current rates of participation are low, it is anticipated that enrolments will increase as primary education completion rates are strengthened.

This strategy therefore includes two sub-strategies. These are

*1a) Increased coverage and quality of HIV education in primary schools; and*

*1b) Increased coverage and quality of HIV education in secondary schools*



With strategy (1a) at primary level, a twin track approach will be taken involving i) strengthening the integration of HIV education into the national curriculum and ii) including the LSHE package in the LLSP co-curriculum. The two programmes will be developed as a complementary set of interventions.

**HIV curriculum integration.** HIV is already integrated into the primary curriculum in Khmer, Science and Social Science. The revised national curriculum will involve the development of new gender-sensitive teaching and learning materials at all levels. This provides an opportunity to strengthen the HIV content in the textbooks and teachers guides for grade 3-6, including in relation to broader issues such as gender, drugs, reproductive and sexual health and migration.

- **Life Skills for HIV Education (LSHE) approach integrated into Local Life Skills Programme.** The LSHE programme will be integrated within the LLSP, where it will be a compulsory component. Provincial and District plans to achieve 100% coverage will be developed. The scaling up process will be initiated in the 14 provinces where the programme has already been introduced. Implementation will be undertaken directly by MoEYS. The LSHE package will be reviewed and revised to strengthen education about gender, drugs and other social issues.
- **Pre-service teacher education.** Teacher training (pre-service) package will be printed and distributed to all Provincial Teacher Training Colleges (PTTCs) where it will be used in the initial training of all teachers. The effectiveness of the training package will be assessed. Trainers in the already trained 10 PTTCs will be given refresher training and those in the remaining 8 PTTCs will be given initial trainer training. Annual refresher training for PTTC trainers on HIV will be institutionalised. PTTC resources on HIV will be enhanced.
- **In-service teacher education.** HIV will be integrated into mainstream cluster-based in-service training. The LSHE training package will be used initially for training sessions.
- **Strengthen support at the school and community level.** School Directors will be oriented on community participation. PTAs and school support committees will be encouraged to become involved in school HIV activities. Schools will be encouraged to observe World AIDS Day (WAD).
- **Strengthen monitoring and evaluation.** An ICHA working Group on monitoring and evaluation will be formed. Monitoring form to be developed to measure coverage. Reviews will be undertaken periodically to assess programme quality and effectiveness.

At secondary school level (Strategy 1b) the emphasis will be on strengthening gender-sensitive HIV curriculum integration.

- **HIV Curriculum Integration.** Revised HIV content will be integrated in the national curriculum in Biology and Social Science in lower secondary school grade 7 and 9. New teaching and learning materials integrating HIV and related issues will be developed for Biology and Social Science (Teachers' guides, textbooks, IEC, teaching aids and supplementary readers). Means of assessment of learning outcomes will be developed for grade 9. The curriculum for upper secondary grades 10-12 will also be developed integrating HIV and related issues into Biology and Social Science.

- **Pre-service teacher education.** 100% of all secondary school pre-service trainees will be trained in HIV and related issues. Trainers in the 6 regional Teacher Training Colleges (RTTCs) will receive annual refresher training. There will be a review of the effectiveness of pre-service training, on the basis of which there will be a revised pre-service teacher training package developed. RTTC resources on HIV and related issues will be enhanced (IEC, booklets etc).
- **In-service teacher education.** Biology and Social Science teachers will increasingly receive in-service training that includes HIV. Provincial training plans will be developed. Province/District training teams will be developed and strengthened.
- **Strengthen support at the school and community level.** An Operational handbook on HIV will be developed for schools. School Directors will be oriented accordingly. PTAs and school support committees will be encouraged to become involved in school HIV activities. Schools will be encouraged to observe World AIDS Day (WAD).
- **Strengthen monitoring and evaluation.** Arrangements will be put in place to monitor programme coverage and effectiveness. Reviews will be undertaken periodically to assess the quality and effectiveness of HIV curriculum integration in schools and in RTTCs.

*ii). Increased coverage and quality of HIV education for children and youth who are especially vulnerable and at higher risk (See Annex 3).*

MoEYS will strengthen its HIV response for those at higher risk including out of school children and youth. It will continue to mainstream HIV in community-based non formal education (NFE). It will also scale up gender-sensitive programmes targeted at especially vulnerable street children to urban centres beyond Phnom Penh. In order to reach the most at risk youth, MoEYS will work with partners to develop mass media programmes on HIV and related issues. ICHA will work on strengthening the mapping of and coordination of NGO HIV programmes targeted at youth at higher risk.

- **Effective HIV integration in the NFE curriculum and activities.** Gender-sensitive HIV education will be delivered in 100% of CLC programmes and literacy classes. The HIV manual and package of learning materials will be reviewed and revised for CLCs. Resources for CLCs will be developed (IEC) and distributed. HIV manuals for literacy classes will be reviewed and revised. Reading materials for neo literates on HIV and related issues will be prepared and distributed. Media programmes will be developed for CLCs.
- **Trainer training.** Provincial training plans will be developed so that 100% of CLC teachers and 100% of literacy trainers will be trained.
- **Targeted education interventions among most at risk adolescents and especially vulnerable children as part of a multi-sectoral response.** MoEYS will encourage and coordinate increased coverage of HIV prevention education for most at risk children and adolescent youth. The street children programme in Phnom Penh will be reviewed. This will be followed up by a scaling up of education programmes to reach most vulnerable street children in other urban settings. Mass media programmes (television and radio programmes) targeted at risk adolescents will be developed with partners.

- **Strengthen participation and support at the community level.** An Operational Handbook on HIV is to be developed for CLCs. CLC Directors are to be oriented. CLC management committees will be involved in HIV activities. The Mobile Van will visit different provinces to deliver targeted programmes.
- **Strengthen monitoring and evaluation. Mechanisms will be in put place to monitor programme coverage and effectiveness.** A monitoring form will be developed to measure coverage. NFE curriculum on HIV will be reviewed and revised. Programme reviews will be undertaken periodically to assess coverage, quality and effectiveness.

*iii). Strengthened Institutional capacity to mainstream HIV across MoEYS departments and activities (See Annex 4)*

This cross-cutting strategy will build upon the achievements in the fields of HIV policy development and mainstreaming in MoEYS departments through ICHA. It is critical to the effectiveness of other strategies and a contribution to broader sector objectives. Dissemination of the new HIV Workplace Policy and related training will constitute a significant area of activity that is expected to intensify the ministry's response to HIV at all levels of the education system. ICHA will be reviewed and restructured with its capacity strengthened in key areas of the MoEYS response. Further training will be provided to enhance leadership on HIV at decentralised levels.

- **Enabling environment for the HIV response strengthened.** A clear and comprehensive policy framework will be put in place at school/institution level for the MoEYS HIV response. The HIV Strategic Plan will provide the overall framework for MOEYS policy and programme development and the development of costed annual operational plans.
- **MoEYS leadership for the HIV response strengthened.** MoEYS leadership at departmental and decentralised levels will be encouraged to give consistent prominence to the response to HIV. Leadership training will be given on HIV for Departmental Directors and decentralised managers.
- **ICHA functioning strengthened.** ICHA will be restructured to focus on priority policy, strategy, monitoring and coordination tasks. HIV will continue to be mainstreamed in ICHA department activities such as higher education, pedagogical research, school health, sport and physical education, teacher training and personnel department etc.
- **Decentralised capacity for HIV response strengthened.** HIV focal points will be appointed and trained in all education offices and schools.
- **Apex Teacher Training Institution capacity strengthened.** Professional capacity to plan HIV education interventions and develop life skills education will be established in NIE.
- **Resource mobilisation and allocation mechanisms strengthened.** HIV interventions to be included in mainstream education sector funding arrangements (e.g. ESSP). ICHA capacity to mobilise resources will be strengthened.

*iv. Increased coverage of evidence-based interventions to mitigate vulnerability and the impact of HIV on education (See Annex 6)*

MoEYS will work with other government departments and civil society to mitigate the impact of HIV on the education sector and in particular on vulnerable children. It will strengthen the evidence-base and institutional capacity to respond to HIV impact on children and communities. A key intervention will be an assessment of the impact of HIV on the education sector, which will help raise awareness of issues in MoEYS at all levels and to inform the development of appropriate interventions to mitigate negative impacts on education demand, supply and quality.

- **Enabling environment for the HIV mitigation response strengthened.** A clear MoEYS policy framework will be put in place on orphans and vulnerable children.
- **MoEYS leadership on HIV impact mitigation response strengthened.** MoEYS leadership at all levels will give consistent prominence to its response to HIV impact on children and communities. An ICHA working group on impact mitigation will be formed.
- **Interventions developed and piloted to respond to impact of HIV on children.** An assessment of the impact of HIV on education will be undertaken to inform the development of interventions. School participation by children and infected and affected by HIV will be increased to level of the unaffected general population. Interventions such as the implementation of the workplace policy will aim to decrease stigma and discrimination encountered by children infected and affected by HIV. School Health Policy will be disseminated and implemented.
- **Decentralised capacity for HIV response strengthened.** Non-enrolment and school drop out resulting from HIV impact will be monitored.

## 5. Implementation Arrangements

### Governance

MoEYS is represented on the National AIDS Authority (NAA) Policy Board and the NAA Technical Advisory Board for the National HIV response.

For the MoEYS HIV response, the platforms for overall strategic direction are:

1. ICHA representing MoEYS relevant department
2. The ESSP Working Group;
3. ICHA Development partners (including the Joint UN Working Group on HIV and Education);

### Coordination

Coordination of activities of this strategy and the contributions of development partners will be undertaken by ICHA for MoEYS at a central level. Coordination at a decentralised level will be undertaken by Provincial Education Offices with guidance from ICHA.

### Decentralisation

In line with government policy, decentralisation is a core element of this strategy. Where possible, responsibility for programme coordination and implementation will be delegated to decentralised levels of the MoEYS.

### Financial Management

Funds for the HIV response will be managed by the Department of Finance/ICHA Secretariat, MoEYS. ICHA will monitor programme budgeting and funding issues.

### Technical Assistance

ICHA will identify specific technical assistance requirements as needs emerge. Where possible, it will establish technical working groups to provide specific technical inputs. ICHA will also mobilise and coordinate donor funded technical assistance on HIV to MoEYS.

### Resource Mobilisation

ICHA will be responsible for the mobilisation of resources for this strategy. Technical assistance will be sought where necessary to support ICHA in this task and to build institutional capacity for resource mobilisation.



## 6. Monitoring and Evaluation (M&E)

### HIV and M&E Systems

The MoEYS will follow best practice in terms of the selection of indicators and data sources. These will be aligned with the national M&E framework for HIV. **(Recommended key indicators are set out in the following title number 7)**

Monitoring and evaluation arrangements will use existing sectoral monitoring systems. HIV programme monitoring will be included in the EMIS and within the framework for monitoring the ESP/ESSP. ICHA will be responsible for coordinating the monitoring of the implementation and outcomes of this strategy.

### Progress Reporting

ICHA will produce an annual progress report on the MoEYS response to HIV based on the key indicators and targets. This will be submitted to the NAA Policy Board and shared with development partners. The annual report will be published after the annual joint review.

### Joint Review

Each year ICHA will organise a joint stakeholder review of the MoEYS response to HIV to:

- Review progress, lessons and gaps;
- Develop a joint work plan for the succeeding year.

### Research

Research is needed to build the knowledge base that guides the national and the MoEYS response. ICHA will develop a research agenda for MoEYS in consultation with national stakeholders and development partners. It will also coordinate the dissemination and sharing of research findings relevant to the MoEYS response to HIV to help establish a community of practice within Cambodia and share experiences at the regional and global levels.

## 7. Monitoring and Evaluation Indicators

Indicators	Data Source	Reporting Frequency	Baseline
<b>Impact</b>			
HIV Prevalence in the Adult Population (15-49)	NCHADS	2 years	0.9%
Primary Education Completion Rate	MoEYS	Annual	
Secondary Education Completion Rate	MoEYS	Annual	
<b>Coverage</b>			
Percentage of schools that provided life-skills based HIV education in the last academic year	EMIS ICHA	Annual	No data
<b>Outcome</b>			
Young people report knowledge of HIV transmission and prevention a) heard of HIV; b) condoms prevent HIV transmission; c) Healthy looking person can have HIV; d) HIV can be transmitted during pregnancy.	NCHADS	2 years	94% 70% 63% 66% (2005)
% of adults willing to look after family member with HIV	NIS	2 years	54%
% OVC 6-14 attending school (disaggregated by gender)	MoEYS (Survey)	2 years	No data
Current school attendance among orphans and among non-orphans aged 10 to 14	CDHS		

## 8. Operational Plan From January 2008 to December 2012

**Strategy 1.** *Increased coverage of evidence based HIV-related education for children and youth in school, prioritising upper primary level. These comprise a large target group at lower risk who need to be equipped to remain at low risk of HIV infection;*

Strategy 1.a : For Primary Schools

Specific Objective	5 Year Target	Major Activities	Lead Department	2008	2009	2010	2011	2012	Budget Source
Integrate HIV into the national curriculum	HIV / RH and other relevant contents are integrated into the national curriculum (Khmer, Science and Social Study from grade 3 to 6)	<p>Review and integrate HIV and other relevant contents into national curriculum</p> <p>Revise the scope and sequence of HIV integration in Khmer, Science and Social Study curricula, particularly in relation to RH, gender, drugs and migration issues.</p> <p>Develop new teaching and learning materials for Khmer, Science and Social Study (Teachers guides, textbooks, teaching aids and supplementary readers).</p>	PRD ICHA	x	x	x	x		NB JICA ADB (tbc)
Integrate LSHE into the Local Life Skills Programme (LLS)	100% of schools with grade 5	<p>Develop LLS the operational guidelines for schools on HIV</p> <p>Develop provincial and district plans to achieve 100% coverage</p> <p>Review and revise existing LSHE package</p> <p>Develop IEC materials</p>	ICHA DPE SHD	x	x	x	x	x	UNICEF (tbc) NB UNICEF (tbc) UNICEF UNFPA (tbc)

Strengthen Pre-service teachers	100% of all primary pre-service trainees trained on HIV	<p>Print pre-service teacher training package 3,000 per annum.</p> <p>Review the effectiveness of training package</p> <p>Refresh Training of Trainers in 10 PTTCs</p> <p>Training initial training of trainer in 8 PTTCs</p> <p>Annual refresher training for PTTC trainers on HIV</p>	<p>ICHA</p> <p>TTD</p> <p>SHD</p>	x	x	x	x	x	UNICEF UNFPA (tbc)
Strengthen In-service teachers	100% of cluster –based training includes HIV	<p>Integrate HIV into cluster-based in-service training (the LSHE training package will be used initially for training sessions)</p> <p>Develop and strengthen the district training teams.</p>	<p>ICHA</p> <p>DPE</p>	x	x	x	x	x	UNICEF UNFPA (tbc)
Strengthen support at the school and community level	100% of School directors are oriented and 3% of schools are involved for WAD	<p>Develop the operational handbook for schools.</p> <p>Orient School Directors</p> <p>Conduct WAD (enhance PTAs and school support committees to involve)</p> <p>School Operational plans to include HIV-related activities</p>	<p>ICHA</p> <p>PRD</p> <p>DPE</p>	x	x	x	x	x	UNFPA UNESCO GFATM (tbc)
Strengthen monitoring and evaluation	Arrangements in place to monitor programme coverage and effectiveness.	Develop monitoring form to measure coverage and review periodically to assess effectiveness.	<p>DPE</p> <p>ICHA</p>	x	x	x	x	x	GFATM (tbc)

Strategy 1.b: For Secondary Schools

Specific Objective	5 Year Target	Major Activities	Lead Department	2008	2009	2010	2011	2012	Budget Source
Integrate HIV into the national curriculum	HIV / RH and other relevant contents are integrated into the national curriculum (Khmer, Biology, Science and Social Study in grade 7 to 12)	<p>Review and integrate the current HIV content into the national curriculum</p> <p>Revise the scope and sequence of HIV integration in Biology, Science and Social Study curricula particularly in relation to RH, gender, drugs and migration issues.</p> <p>Develop new teaching and learning materials for Biology, Science and Social Study (Teachers guides, textbooks, IEC, teaching aids and supplementary readers).</p> <p>Revise teacher guide</p>	ICHA PRD	x	x	x	x		NB JICA ADB (tbc)
Strengthen Pre-service teacher	100% of all secondary pre-service trainees trained in HIV, RH and other relevant contents.	<p>Refresh 6 RTTCs training of trainers</p> <p>Revise Teachers' Guide</p> <p>Conduct a 5-days training for 1500 lower secondary pre-service teachers at 6 RTTCs every year.</p> <p>Conduct a 5-days training for 500 upper secondary pre-service teachers at NIE every year</p> <p>Review, revise and print NIE teacher training textbook</p> <p>Review effectiveness of pre-service training</p>	ICHA TTD NIE	x	x	x	x	x	UNODC UNFPA GFATM (tbc)

Strengthen In-service teacher	100% of subject teachers receive in-service training includes HIV, RH and other relevant contents.	Develop provincial training plans Conduct a 3-days training for teachers of Biology, Social Study and Science Develop and strengthen Province/District training teams	ICHA DSE		x	x	x	x	UNODC UNFPA GFATM (tbc)
Strengthen support at the school and community level	100% of School directors are oriented, 5% of schools are involved for WAD, and 75% of schools are established School Clubs.	Develop operational handbook on HIV for secondary schools. Orient lower and upper secondary School directors Conduct WAD (enhance PTAs and school support committees to involve) Establish School clubs with involvement of peer educators.	ICHA PRD DSE		x	x	x	x	UNFPA GFATM UNESCO
Strengthen monitoring and evaluation	Arrangements in place to monitor programme coverage and effectiveness.	Develop Monitoring form to measure coverage ( Review periodically to assess effectiveness) Conduct field visits 2 times a month	ICHA DSE	x	x	x	x	x	UNICEF UNESCO



**Strategy 2. Increased coverage of evidence-based HIV-related education for especially vulnerable and most at risk children and adolescents;**

Specific Objective	5 Year Target	Major Activities	Lead Department	2008	2009	2010	2011	2012	Budget Source
Strengthen the Effective of HIV integration into the NFE curriculum and activities	All CLC programmes and literacy classes are integrated HIV Education	<p>Integrate of HIV in the NFE programmes of all CLCs (88 CLCs)</p> <p>Review and revise HIV manual and package of learning materials for CLCs.</p> <p>Review and revise HIV manual for Literacy classes</p> <p>Prepare and distribute Reading materials for neo-literates on HIV and related issues</p> <p>Develop Media programmes for CLCs (radio and television)</p>	ICHA NFE	x			x		UNESCO GFATM (tbc)
Strengthen the Training of Trainers at CLCs	100% of all CLC trainers trained	<p>Training CLCs Training of Trainer</p> <p>Train 310 CLC teachers</p>	NFE	x	x	x	x	x	UNESCO (tbc)
Strengthen the Training of Trainers for Non Formal Education Teachers	100% of literacy teachers receive in-service training which includes HIV	<p>Refresh training for trainers annually</p> <p>Develop provincial training plans</p> <p>Develop and Strengthen Province/District training teams</p> <p>20 days training (2 day HIV) for all literacy teachers (1000+)</p>	NFE	x	x	x	x	x	

<p>Conduct the intervention education among most at risk adolescents and especially vulnerable children as part of a multi-sectoral response.</p>	<p>Coverage of most at risk children and adolescent populations in selected communes</p>	<p>Review Street children programme in Phnom Penh</p> <p>Scaling up of education programmes to reach most vulnerable street children</p> <p>Pilot projects to provide life skills HIV education to selected most vulnerable and at risk rural and urban populations</p> <p>Conduct mass media programmes (television and radio programmes) targeted at risk adolescents</p>	<p>SHD NFE NGOs</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>UNICEF GFATM (tbc)</p>
<p>Strengthen participation and support at the community level</p>	<p>100% of CLC directors are oriented in using operational Hand book on HIV</p>	<p>Develop operational handbook on HIV education to be developed for CLCs.</p> <p>Orient CLC Directors on HIV/AIDS</p> <p>Conduct Community workshops on HIV</p> <p>Mobile van to visit different provinces</p>	<p>ICHA PRD NFE</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>UNESCO UNFPA (tbc)</p>
<p>Strengthen monitoring and evaluation</p>	<p>Arrangements in place to monitor programme coverage and effectiveness.</p>	<p>Develop monitoring form to measure coverage (CLC/literacy classes)</p> <p>Monitoring field visits</p> <p>Review periodically programme to assess effectiveness.</p> <p>Conduct annual national workshop to share experience and lessons learned</p>	<p>ICHA PRD NFE</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>UNESCO UNFPA (tbc)</p>

**Strategy 3. Strengthened institutional capacity to mainstream HIV across MoEYS departments and activities;**

Specific Objective	5 Year Target	Major Activities	Lead Department	2008	2009	2010	2011	2012	Budget Source
Strengthen Enabling environment for the HIV response and mechanisms for resource mobilisation and allocation	Clear and comprehensive policy framework in place for MoEYS HIV response  Strategic Plan provides framework for MOEYS policy and programme development  HIV interventions included in mainstream sector funding arrangements (e.g. ESSP)  External funding sources identified and engaged	Review the current policy framework (Policy gaps identified and addressed)	ICHA DP SHD DPs PRD	x		x			UNICEF UNESCO UNFPA GFATM (tbc)
		Align MoEYS policies on HIV with other sector		x		x			
		Revise and Maintain mainstreaming of HIV into ESP and ESSP		x	x	x	x	x	
		Align HIV / RH and Other topic plans into Annual Operational Plan (AOP) of MoEYS		x	x	x	x	x	
		Develop and approve Workplace Policy on HIV and AIDS		x					
		Develop guideline of implementation of Workplace Policy on HIV and AIDS and School Health Policy			x	x			
		Disseminate Workplace Policy on HIV and AIDS and School Health Policy for school directors and education stakeholders		x	x	x	x	x	
		Develop and distribute IEC to support Workplace Policy on HIV and AIDS and School Health Policy		x	x	x			
		Develop and print Teacher Guide on HIV and AIDS Education (tool kit)		x	x				
		Develop Annual Operational Plans for HIV within macro planning frameworks		x	x	x	x	x	
Review at mid-term HIV Strategic Plan involving all key development partners and donor					x				

Strengthen MoEYS leadership for the HIV response	MoEYS leadership at all levels give consistent prominence to education response to HIV	<p>Leadership training on HIV for :</p> <ul style="list-style-type: none"> <li>- Departmental Directors</li> <li>- POE Directors</li> <li>- DOE Directors</li> <li>- School Directors</li> <li>- CLC Directors</li> </ul>	ICHA SHD		x	x	x	x	UNDP UNAIDS (tbc)
Strengthen ICHA functioning	<p>ICHA restructured to focus on priority policy, strategy, monitoring and coordination tasks</p> <p>Lesson learn and good practice shared regionally and internationally</p>	<p>Review and revise ICHA structure</p> <p>Review and revise reporting arrangements</p> <p>Rewrite Job descriptions of ICHA</p> <p>Recruit ICHA Technical Adviser (2 years)</p> <p>Develop plans for technical capacity building of ICHA departments (programme of short/long training workshops developed and implemented)</p> <p>Mainstream HIV / RH education into existing programme of all technical departments/ institution (higher education, pedagogical research, school health, physical education, teacher training and personnel department activities etc.)</p> <p>Annual ICHA/School Health Seminar</p> <p>Joint Regional/International Conference/ Workshop on HIV and AIDS</p> <p>Establish and function National Technical Working Group on HIV and Education</p>	ICHA SHD	x	x	x	x	x	NB UNESCO UNFPA UNICEF (tbc)

<p>Strengthen capacity of apex Teacher Training Institution</p>	<p>Professional capacity to train teachers effectively on HIV education established and sustained in NIE</p>	<p>NIE resources for library</p> <p>Support for HIV curriculum integration</p> <p>Build Capacity NIE for HIV planning</p> <p>Prospects for HIV in e-learning</p> <p>Link with regional institution (Mekong Institute, Khon Khen)</p>	<p>ICHA NIE ASEAN Dept.</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>UNESCO SEAMEO (tbc)</p>
<p>Strengthen capacity of decentralisation for HIV response</p>	<p>HIV focal points appointed and trained in all education offices and schools.</p>	<p>Develop HIV planning at Province, District and School Levels</p> <p>Appoint and orient all HIV focal points in PEOs, DEOs, Schools and CLCs.</p> <p>Strengthen capacity in monitoring at Province, District and School levels.</p>	<p>ICHA NFE DP</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>x</p>	<p>NB UNESCO UNFPA (tbc)</p>

**Strategy 4. Increased coverage of evidence based interventions to mitigate vulnerability and the impact of HIV.**

Specific Objective	5 Year Target	Major Activities	Lead Department	2008	2009	2010	2011	2012	Budget Source
Strengthen Enabling environment for the HIV mitigation response	Clear MoEYS policy framework in place on orphans and vulnerable children	Review the current policy framework on impact mitigation (Policy gaps identified and addressed) Align MoEYS policy on HIV impact mitigation with other sectoral policies Revise ESP and ESSP to include HIV mitigation	ICHA DP	x	x	x	x	x	NB UNFPA (tbc)
Strengthen MoEYS leadership on HIV impact mitigation response	MoEYS leadership at all levels gives consistent prominence to education response to HIV impact	Establish ICHA Impact Working Group ( Central & Provincial) Orientation on HIV impact for selected Departmental Directors, Provincial Education Officer Directors, District Education Directors and School Directors.	ICHA DPs	x	x	x	x	x	NB GFATM (tbc)
Develop and pilot intervention to response to impact of HIV on children	School participation by children and infected and affected by HIV will be increased to level of unaffected general population Decrease in stigma and discrimination encountered by children infected and affected by HIV	Disseminate and Implement MoEYS workplace policy on HIV and AIDS. Disseminated and implement School Health policy ( School counselling services piloted) Support to targeted families and guardians of OVCs to enable children to continue education Include HIV impact education into curriculum and Local Life Skills Programme Include HIV impact mitigation in pre-service teacher training and Child Friendly School programme	ICHA DPs	x	x	x	x	x	WFP UNICEF UNFPA UNESCO GFATM (tbc)

Strengthen decentralised capacity for HIV response	Non-enrolment and school drop out resulting from HIV impact monitored.	Develop HIV impact monitoring at Province, District and School Levels.	ICHA PRD DPs		x	x	x	x	UNICEF GFATM (tbc)
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