

MINISTRY OF HEALTH

STRATEGIC PLAN

for

HIV/AIDS and STI

PREVENTION and CARE

in CAMBODIA

2001-2005

October, 2000

**MINISTRY OF HEALTH
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List of Abbreviations

AIDS	Acquired immune deficiency Syndrome
AusAID	Australian AID
BSS	Behavioural Surveillance Survey
CARE	
CAT	Central Advisory Team
CDC	Communicable Disease Control
CMAC	Cambodia Mines Advisory Committee
CMS	Central Medical Stores
COTF	Central Outreach Task Force
CPA	Complementary Package of Activities
CSES	Commercial sex and entertainment services
CU	Condom Use
CUMEC	Condom Use Monitoring and Evaluation Committee
CUWG	Condom Use Working Group
DFID	Department for International Development
FAC	French Cooperation
FHI	Family Health International
HBC	Home-based care
HC	Health Centre
HIS	Health Information System
HIV	Human Immuno-deficiency Disease
HSS	HIV Sero-Surveillance
IEC	Information, Education and Communication
INGO	International Non-Governmental Organization
ITF	Interim Trust Fund
Khana	Khmer HIV/AIDS NGO Alliance
MCH	Maternal and Child Health
MoH	Ministry of Health
MPA	Minimum Package of Activities
MSF	Medecins sans Frontieres
NAA	National AIDS Authority
NBP	National Blood Policy
NBTC	National Blood Transfusion Centre
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NCHP	National Centre for Health Promotion
NGO	Non-Governmental Organization
NIPH	National Institute of Public Health
OD	Operational District
PAO	Provincial AIDS Office
PHD	Provincial Health Department
PLWHA	Person/People living with HIV or AIDS
PMTCT	Preventing mother-to-child transmission
POT	Provincial Outreach Team
PSF	Pharmaciens sans Frontieres
PSI	Population Services International
PTC	Provincial Transfusion Centre
QSA	Quaker Services Abroad

RH	Referral Hospital
SCF	Save the Children Fund
SSS	STI Surveillance Survey
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
TB	Tuberculosis
TBA	Traditional Birth Attendant
TOT	Training of Trainers
TWG	Technical Working Group
UNAIDS	Joint United Nations Programme on HIV/AIDS
UNDP	United Nations Development Programme
UNESCO	United Nations Educational, Scientific and Cultural Organization
UNFPA	United Nations Fund for Population Activities
UNICEF	United Nations Children's Fund
UP	Universal Precautions
US\$	United States' dollars
USAID	United States Agency for International Development
VTC	Voluntary Testing Centre
WG	Working Group
WHO	World Health Organization

Abbreviations for Provinces in Cambodia

BMC	Bantey Meanchey
BTB	Battambang
KCM	Kampong Cham
KCN	Kampong Chhnang
KDL	Kandal
KEP	Kep
KHK	Koh Kong
KPT	Kampot
KRT	Kratie
KSP	Kampong Speu
KTM	Kampong Thom
MDK	Mondulhiri
OMC	Oddar Meanchey
PLN	Pailin
PNP	Phnom Penh
PST	Pursat
PVG	Preh Veng
PVH	Preah Vihear
RNK	Rattanakiri
SHV	Sihanoukville
SRP	Siem Reap
STG	Stung Treng
SVG	Svey Rieng
TKV	Takeo

Preface

This Strategic Plan has been prepared by the National Centre for HIV/AIDS, Dermatology and STD Control. It was prepared after two workshops involving NCHADS and Ministry of Health staff and staff from Provincial Head Departments, including a number of Provincial Health Directors, and a number of internal meetings and reviews. A final draft was circulated to all the NCHADS' partners for comments, which have been incorporated.

The purpose of this Strategic Plan is to be a framework for:

- identifying medium-term, coherent and cohesive, cost-effective plans for shaping the response to HIV/AIDS and STIs
- the preparation of annual operational plans for implementation
- identification of resource needs, and gaps in available resources, both human and financial
- formulating requests for assistance, that match donors' priorities and mandates, but also fit with the needs and priorities of the Government of Cambodia
- coordination of activities, plans, strategies and resources of all kinds from all sources.

This Strategic Plan is also intended to, on the one hand clearly spell out the role of the Ministry of Health within the overall National Strategy for the HIV/AIDS Epidemic being coordinated by the national AIDS Authority, and on the other hand, clearly identify how responding to HIV/AIDS and STIs fits into the Ministry of Health's overall Strategy for Health Care for Cambodia.

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MINISTRY OF HEALTH
STRATEGIC PLAN for HIV/AIDS and STI PREVENTION and CARE
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1. INTRODUCTION

1.1 Background

Cambodia is a small country in the centre of the Indo-china peninsula. The population of 11.4 million (1998) lives in 2.2 million households, in 13,406 villages in 24 provinces. The capital, Phnom Penh, has a population of 570,000; there are only 3 other towns over 100,000 population: Battambang, Sihanoukville and Siem Reap.

While the population is predominantly rural (84%), population density rates vary widely, from under 12 people per square kilometre in six provinces (Oddar Mean Chey, Stung Treng, Rattanakiri, Preah Vihear, Mondolkiri and Koh Kong) to over 100 per square kilometre in seven (Kampong Cham, Kampot, Kandal, Prey Veng, Sihanouk Ville, Svay Rieng and Takeo); and 3448 in Phnom Penh itself.

The population mobile: in 14 out of the 24 Provinces more than 30% of the population has migrated from another province; in 4 of the provinces more than 66% are migrants. Transportation routes from Thailand to Vietnam cross the country; and are about to be dramatically improved with major road construction and renovation programmes.

Health status indicators, from the National Health Survey (1998) are low:

- Life expectancy at birth : 51 years
- Total fertility rate : 4.1
- Maternal mortality rate : 473 per 100,000 live births
- Infant mortality rate : 89 per 1000 live births
- Under-five mortality rate : 115 per 1000 live births
- Population growth rate : 2.5%

Poverty indicators are similarly poor:

- Female adult literacy rate : 57%
- Net enrollment in primary school : 67%
- Average household monthly expenditure : US\$104
- Average household monthly expenditure on health : 22% of total household monthly expenditure

Cambodia has a very small manufacturing base at present; exports are mainly raw materials: wood, rice, fish and rubber. The garment manufacturing industry, employing mainly young women, however, is growing rapidly. It has been predicted by the Garment Manufacturers Association that this workforce will grow from approximately 70,000 in 1998 to some 200,000 by the year 2000.

1.2 HIV/AIDS in Cambodia

1.2.1 The Epidemic in Cambodia

A programme of sero-surveillance surveys has been conducted in the country since 1995; and behavioural surveys since 1997. From these surveys a picture of the epidemic is emerging.

In Cambodia, in eight out of twenty provinces, more than 40% of brothel-based commercial sex workers are now HIV positive; only two of the provinces have lower than 20% HIV prevalence among these women. There are estimated to be some 7,000-10,000 brothel-based sex workers in the country, and possibly a further 50-100,000 indirect sex workers - among whom prevalence rates vary from 6-48%. These numbers represent a large pool of infection; and given the high levels of brothel use among men (over 33% of soldiers, policemen and moto-drivers reporting use of commercial sex in the past month - down from 58% in 1997), the explosive spread of HIV has been dramatic. Just how far the infections have spread, however, is more difficult to assess.

In general, in 1999, about 5% of men who might be classified as high risk (policemen, soldiers, etc) are estimated to be HIV positive: again, in six out of the 20 provinces for which we have data, more than 6% of these men are said to be positive. Only in 5 provinces are fewer than 2% positive. The 1999 household survey findings suggest that it is quite possible that rates among these men are in fact representative of rates among men in general.

Among ante-natal women the figures are equally varied: 7 of the 20 provinces have prevalence rates among ante-natal women over 3% (with three over 4%); another seven over 1.5%. A household survey of the general adult population in 5 provinces found prevalence rates as high as 2.3% in women, and 3.3% in men in some provinces. 11% of hospital in-patients and 8% of TB patients were found to be positive.

These data suggest that over 165,000 people in Cambodia were infected with HIV in 1999; this is over 3% of the adult population aged 15-49 years. By 2000, projections suggest that a quarter of a million people will be infected. It is estimated that over 17,000 young people have already died as a result of HIV infection; and currently over 4000 are living with AIDS. These projections estimate that 7000 orphans under the age of 10 have already been created by the epidemic. By the year 2003 an estimated 74,000 adults will have died as a result of infection with HIV; with nearly 19,000 dying in that year alone. By that year an estimated 16,700 children will have died from AIDS, and 48,000 orphans under 10 will have been created.

It is clear from the data that very considerably increased numbers of people are going to become ill and die early, as a result of HIV; and infections are going to continue to spread ever more widely into the population in the coming years.

1.2.2 Current Resources and Support

The Government established its National AIDS Programme in 1993. In 1998 this was upgraded to be the National Centre for HIV/AIDS, Dermatology and STDs. In 1999 the National AIDS Authority was established, to provide coordination and policy support, and resource mobilisation, at the highest level. A variety of other players are involved. International NGOs have been active in the field for many years, with increasing numbers of local NGOs getting involved. Some of these INGOs (eg IMPACT/FHI, MSF, PSF, CARE, SCF, PSI, QSA, Maryknoll and World Vision) operate on a large scale, and are significant partners with government. The UN System, through both UNAIDS, and also directly through WHO, UNDP, UNESCO, UNFPA and UNICEF, have been supporting the government programme for many

years. The World Bank project, through a \$6.5 million ITF Credit, provides the bulk of government's input. Bi-lateral donor support comes from French Cooperation, the European Union, AusAID, DFID and USAID.

The blood supply, care and support for those affected, and long-term mitigation or impact absorption programmes (eg for orphans, dysfunctional households, urban and rural poverty, and psycho-social trauma) are the main areas which will need serious expansion both immediately and in the long term. The most hopeful-looking long-term scenario would be the incorporation and integration of these issues within other sectoral development (including the health sector) programming.

Current expenditures in support of the Strategic Plan are currently approximately US\$6.5 million a year, almost exclusively channelled through the health sector, and largely coordinated by the National Centre for HIV/AIDS, Dermatology and STD Control (NCHADS), under the Ministry of Health.

2. POLICY AND STRATEGIES FOR HIV/AIDS and STI PREVENTION and CARE in the HEALTH SECTOR

2.1 The National Policy

The **National Policy and Priority Strategies for HIV/AIDS Prevention and Control in the Kingdom of Cambodia from 1999 to 2004**, developed by the National AIDS Authority in 1999, identifies five areas in which the Ministry of Health has an important role to play. These are:

- promoting knowledge and understanding on HIV/AIDS both for the general population and for vulnerable populations;
- the establishment of the 100% condom use programme focusing on situations of high risk of transmission of HIV;
- ensuring that the population has access to efficient and effective prevention services such as blood safety, and prevention of mother-to-child transmission;
- ensuring that persons living with HIV/AIDS have access to a range of care services in an atmosphere of tolerance and respect for human rights;
- strengthening health information systems and conducting research.

In line with these Policy and Strategies, a **National Strategic Plan for STD/HIV/AIDS Prevention and Care 1998-2000** had been developed by the Ministry of Health, which identified 12 strategic areas in which activities were to be undertaken. These were:

- Communication Strategies and IEC Materials development and dissemination;
- Condom promotion;
- STD case management;
- Special Interventions for people with high-risk behaviours;
- Community Participation in HIV/AIDS/STD Prevention, Care and Support;
- Integration of Vertical Programmes (HIV/AIDS/STD/MCH/TB/NCHP);
- Care and support for people living with HIV/AIDS;

- Formal and Non-formal Education;
- Blood safety;
- Universal Precautions;
- Testing and Counseling; and
- Research.

Under this Strategic Plan, the **National Centre for HIV/AIDS, Dermatology and STDs** (NCHADS) developed a series of specific *Policies* (eg for Testing, for STDs, for Blood Safety, etc), *Strategies* (eg for Surveillance, for AIDS Care, for Outreach, etc), *Guidelines for the Introduction and Implementation* of various programmes and interventions (eg 100% Condom Use, Home-based Care), and *Training packages* (eg Syndromic Management of STDs, Strengthening Provincial HIV/AIDS Programmes, etc). These have all been used to establish activities and programmes both at Central and Provincial level.

2.2. Review of the Strategic Plan

Early in 2000, however, and as a result of the clarification of sectoral roles for various Ministries by the **National AIDS Authority** (NAA), and analysis of the epidemiological and behavioural data from the HIV Sero-surveillance (HSS) and Behavioural Surveillance Surveys (BSS), NCHADS undertook a review of the National Strategic Plan. In this review, NCHADS reduced the number of strategic areas to 8, reviewed the objectives within each in the light of what has been achieved so far, and the experience of the last five years, and sharpened the activities, or Strategic Goals necessary to achieve the objectives. This has become the present health sector **Strategic Plan for 2001-2005**.

It is planned, however, that NCHADS will review progress towards the targets towards the end of 2001.

2.3 The Health Strategy for HIV/AIDS and STI Prevention and CARE (2001-2005)

The Health Strategy for HIV/AIDS and STI Prevention and Care (2001-2005) is based upon three concepts:

- That a series of high risk situations for HIV transmission exist in the country: these situations arise from the behaviour of large numbers of both married and single men, who continue to buy large amounts of commercial sex. This behaviour is confirmed by the recent round of the BSS, where over 50% of men in all main groups (except students) have visited a commercial sex worker in the last one year; in 20% to 30% of these encounters condom were specifically not used. At the same time, large concentrations of commercial sex services exist at a number of places in the country, in which HIV prevalence rates among sex workers are high - often over 40% as confirmed by the HSS. These concentrations of sex services, the behaviour of men, and the high HIV prevalence levels, create situations of high risk of transmission of HIV, and thus significant pools of infection.
- That the HIV prevalence rates among men throughout the country are already sufficiently high that the spread, via their wives and girls friends, into the general population, and eventually into children, is already taking place.
- That sufficient numbers of HIV infections already exist in the country that a significant burden of increased morbidity and mortality is inevitable.

The strategy responds to these three concepts directly by focusing on three elements:

- The need to reduce transmission in high risk situations through targeted STI care and increased condom use
- The need to provide awareness-raising, counseling, and testing services to the general population
- The need to equip the health system to cope with the increased demand.

These three elements are expressed in eight (8) areas of primary focus:

1. HIV/AIDS and STI Awareness and Education; which includes both IEC and Outreach activities for high risk situations
2. 100% Condom Use
3. STI Services
4. Blood Safety
5. Preventing Mother-to-Child-Transmission (PMTCT)
6. AIDS Care; which includes Institutional and Home-based Care, Hospices and Self-help Groups, Counseling, Testing, and Universal Precautions
7. HIV/AIDS and STI Surveillance and Research
8. Strengthening the Planning and Coordination of Programme Management; which includes both horizontal technical support for other sectors and institutions, and vertical support for decentralization to Provinces, and integration within the health sector

Within each area of focus a number of critical Objectives and Strategic Goals have been identified, and Targets established for the first three years of the five year period.

2.4. Implementation

Experience has suggested that the key to effective implementation lies in a shared responsibility between the central level (primarily the MoH) and the Provincial level: primarily the Provincial Health Department (PHD). In practice this is generally between NCHADS and the Provincial AIDS Office (PAO).

- NCHADS is primarily responsible for the development of overall strategy and Guidelines for implementation of programme components (see Annex 1)
- the PAOs and PHDs develop operational plans, based on these guidelines.

There are a number of other players and partners, however, who have a role in this Strategic Plan.

- Other Departments and Centres of the Ministry of Health: the National MCH Centre is the primary player in the development of PMTCT; CENAT is a key partner with NCHADS in developing shared responses to the interconnections between HIV and TB; the HIS, with whom NCHADS works on the passive surveillance system; the NBTC, who have the primary responsibility for Safe Blood; CMS, for drug supplies; Hospital Services for UP; the Medical Faculty and other Training Institutions for integrating much of the training envisaged under this Plan; the NHPC for shared work on IEC; NIPH for shared work on research.

- Other Government Institutions: primarily the National AIDS Authority (NAA), and its Policy and Technical Boards, of which the Ministry of Health is a member; the Departments who are members, with the PHD, of the Provincial AIDS Committees (PACs) and Provincial AIDS Secretariats (PAS); the members of the POTS - Provincial Outreach Teams; the Governors and Administration Officials, who form the CUMECs (Condom Use Monitoring and Evaluation Committees).
- NGOs and other organizations who have their own HIV/AIDS activities and programmes, or with whom the Ministry of Health works jointly. These may be small, local NGOs and Community-based Organizations (CBOs), such as those supported by Khana with funding from the Ministry and other donor sources, and those working with NCHADS and PHDs on home-based care teams. Also there are International NGOs, such as MSF, PSF, World Vision, CARE, FHI, OXFAM, the International AIDS Alliance, and Hope. A number of both local and international institutions have important roles to play, such as ITM through its technical assistance to NCHADS, and CAS and other local research organizations. Finally there are the donors: multi-lateral, bi-lateral and private.

This Strategic Plan does not attempt to spell out the specific role that each of these have to play; rather it hopes to provide the framework, within which each can find their most appropriate role.

2.5 Monitoring and Assessment of Achievement

The primary tool for monitoring the achievements of this Plan is the epidemiological and behavioural surveillance system established by NCHADS. Through both active surveillance (which is primarily the regular HIV, Behavioural and STI surveys conducted by NCHADS), and the passive surveillance systems for AIDS and STIs being established under this Plan, NCHADS can assess how far it is succeeding in halting the spread of the epidemic, and caring for those affected by it. This surveillance system generates data annually, enabling NCHADS to make this assessment regularly. For the period of this Plan, the HSS (HIV Sero-surveillance Survey) and BSS (Behavioural Surveillance Survey) Results for 1999, and the SSS (STI Surveillance Survey) Results for 2000 can be taken as the Baseline.

At the same time, a number of process indicators have been identified under this Plan, in each of the Strategic Areas, through which NCHADS and the Ministry of Health can monitor its implementation. Many of the Strategic Goals relate to specific programme accomplishments that will be monitored: for example, the development of guidelines, development of curricula, training of various kinds of health care workers (eg Have all health workers been trained in the use of AIDS Care Guidelines? Have National Guidelines on Universal Precautions been developed? Has a curriculum for HIV Counseling been developed?). In addition, in all the Strategic Areas, development of monitoring and evaluation systems is specifically identified. These will be important assessment tools.

Finally, an External Mid Term Programme Evaluation is planned for 2003.

3. OBJECTIVES, STRATEGIC GOALS AND TARGETS FOR THE STRATEGIC PLAN

In this section, Objectives, Strategic Goals and targets in each of the 8 strategic areas

are outlined.

3.1 HIV/AIDS AND STI AWARENESS AND EDUCATION CAMPAIGNS

3.1.1 IEC

Objectives:

1. To maintain updated key information to be used for advocacy
2. To improve the appropriate knowledge and skills to respond to HIV/AIDS and STI among the general population and groups with high risk behaviour
3. To ensure that programme activities are supported with appropriate, culturally and socially acceptable IEC messages and materials
4. To collaborate with media, both public and private, to ensure the right messages reach the right people at the right time in the right ways
5. To achieve a wide range of awareness about the epidemic by using a variety of communication channels to spread messages

Strategic Goal 1: Work with programme components to identify IEC support needs

Target 2001:

Priority areas: 100% Condom Use; STI services; AIDS Care;
Blood Safety

Target 2002:

Priority areas: PMTCT; STI; AIDS Care; Surveillance / Research

Target 2003:

Priority areas: STI; AIDS Care

Strategic Goal 2: Design, produce and disseminate IEC packages and materials for specific target populations, and for specific programme components.

Target 2001:

Audiences: Youth; General population; Sex Workers;
Mobile populations

Target 2002:

Audiences: Military/Police/CMAC; Factory workers; Housewives

Target 2003:

Audiences: Government staff; Fishermen

Strategic Goal 3: Develop and implement special communication campaigns

Target 2001:

Participate with partners in all appropriate National and International
Holidays/Events; specifically Khmer New Year,
Water Festival, World AIDS Day, Candlelight Memorial

Target 2002:

Participate with partners in all appropriate National and International
Holidays/Events; specifically Khmer New Year,
Water Festival, World AIDS Day, Candlelight Memorial

Target 2003:

Participate with partners in all appropriate National and International
Holidays/Events; specifically Khmer New Year,
Water Festival, World AIDS Day, Candlelight Memorial

Strategic Goal 4: Utilize innovative channels to reach larger audiences, especially rural populations (e.g. radio, television, talk shows, radio soap opera, and entertainment programmes, mobile education teams)

Target 2001:

Expand use of Electronic/Printed media; commission Mobile Teams; commission Puppets; strengthen provincial activities

Target 2002:

Expand provincial activities, especially community-based folk media; commission innovative urban campaigns

Target 2003:

As 2001/2

Strategic Goal 5: Build capacity in IEC activities development for all levels of programme implementation

Target 2001:

Training on IEC development for provincial staff; Work with IEC specialist institutions; international training on IEC development skill

Target 2002:

Strengthen provincial capabilities; work with IEC specialist institutions

Target 2003:

Support provincial capabilities

Strategic Goal 6: Develop and disseminate National Guidelines for IEC for HIV/AIDS and STI

Target 2001:

Develop National Guidelines for IEC; Disseminate and implement National Guidelines on IEC

Target 2002:

Review

Target 2003:

Evaluate

Strategic Goal 7: Monitor and evaluate the effectiveness of all IEC support materials and activities

Target 2001:

Monitor IEC broadcasts; evaluate the effectiveness of IEC support materials in 3 provinces

Target 2002:

Monitoring and evaluation of IEC in 11 World Bank provinces

Target 2003:

Establish monitoring and evaluation system nationwide

3.1.2 OUTREACH

Objectives:

1. To improve the delivery of appropriate and effective messages on HIV/AIDS, STI, Reproductive Health and life management skills to populations in high risk situations
2. To improve access to health services, especially STI services, for populations in high risk situations

3. To encourage the use of condoms in high risk situations
4. To empower marginalized populations to protect themselves from HIV and STI

Strategic Goal 1: Establish the COTF (Central Outreach Task Force) and POT (Provincial Outreach Teams) nationwide as the management mechanism for outreach

Target 2001:

Strengthen the POT in all provinces, based in introduction of new Outreach Programme in 2000

Target 2002:

COTF to monitor. Expand participation in POT if necessary. Review POT TOR

Target 2003:

Monitoring. Expand if necessary. Review

Strategic Goal 2: Ensure that all COTF and POT members are trained in HIV/AIDS and STI, management, outreach and IEC skills

Target 2001:

Review Curriculum used in 2000. In-service training to COTF/POT. Study tours

Target 2002:

Expand provincial activities, especially community-based folk media; commission innovative urban campaigns

Target 2003:

As 2001/2

Strategic Goal 3: Build capacity in IEC activities development for all levels of programme implementation

Target 2001:

Training on IEC development for provincial staff; Work with IEC specialist institutions; international training on IEC development skill

Target 2002:

Strengthen provincial capabilities; work with IEC specialist institutions

Target 2003:

Monitoring; expand if necessary. Review

Strategic Goal 4: Identify, map, sensitize and work with local authorities, middle-men, venues, etc affecting the populations at high risk

Target 2001:

Review and up-date mapping

Target 2002:

As 2001

Target 2003:

As 2001

Strategic Goal 5: Support interventions with authorities, middle-men, etc

Target 2001:

Regular meetings with owners, etc

Target 2002:

As 2001/2

Target 2003:

As 2001/2

Strategic Goal 6: Support outreach education, awareness and motivation and peer education activities to the populations in high risk situations

Target 2001:

Design prototype interventions for Peer Education (PE).
Produce/distribute the IEC materials. Monthly visits to CSES sites

Target 2002:

Review and apply

Target 2003:

Apply and assess

Strategic Goal 7: Establish monitoring and supervision systems for these activities

Target 2001:

Monitoring and regularly supervision activities; develop checklist

Target 2002:

Review programme monitoring set up in 2000

Target 2003:

Monitoring. Expand if necessary. Review

Strategic Goal 8: Regularly evaluate the effectiveness and efficiency of these activities

Target 2001:

Internal evaluation

Target 2002:

Monitor; supervision

Target 2003:

External evaluation

Strategic Goal 9: Ensure the availability, accessibility and acceptability of high quality condoms

Target 2001:

Collaborate with PSI and other suppliers to make sure that quality condoms are available, accessible and acceptable.

Target 2002:

As 2001

Target 2003:

As 2001/2

Strategic Goal 10: Ensure that these activities support and are integrated with the 100% CU programme

Target 2001:

Integrate outreach into 100% CU. Monitor the 100% CU. Regular meeting with 100% CUMEC/WG

Target 2002:

Monitoring

Target 2003:

Review

3.2 100 % CONDOM USE PROGRAMME

Objectives:

1. To ensure access and promote the 100% use of condoms at all places of entertainment where sex services are provided.
2. To ensure access to knowledge about condom use for HIV/AIDS and STI prevention among young people and the general population.

Strategic Goal 1: Reinforce the application of the National Policy for 100% Condom Use throughout the country through sensitization and advocacy with provincial health department staff and their colleagues

Target 2001:

Expansion to 7 provinces such as KHK, PNP, BMC, KPT, KCM, SRP and PLN. Monitoring and evaluation

Target 2002:

Strengthen programme; monitoring. Expansion to 6 other provinces: UMC, KCN, KND, KEP, TKV and KSP

Target 2003:

Strengthening. Monitoring , evaluation and revise. Expand to other provinces

Strategic Goal 2: Develop Guidelines for the health sector's role in the introduction and implementation of 100% CU

Target 2001:

Apply the guidelines for implementation

Target 2002:

Evaluation and supervision. Revise the guidelines

Target 2003:

Implementation of the revised guidelines

Strategic Goal 3: Ensure that adequate training is given to implementers at various levels on the introduction and implementation of 100% CU

Target 2001:

Apply the existing curriculum. Training. Needs assessment. Monitor and evaluate

Target 2002:

Revise the curriculum. Refresher training

Target 2003:

Training. Monitoring and evaluation of implementation of 100% CU

Strategic Goal 4: Promote 100% condom use at all entertainment places through the establishment of CUMEC (Condom Use Monitoring & Evaluation Committees) and POT (Provincial Outreach Teams) in every Province

Target 2001:

Support CUMEC for 9 provinces. Support POT for all provinces

Target 2002:

Strengthen CUMEC

Target 2003:

As 2001/2

Strategic Goal 5: Ensure IEC support to 100% CU activities

Target 2001:

Provide IEC materials to all provinces where policy is in place;
support local IEC activities

Target 2002:

As 2001

Target 2003:

Monitoring; expand if necessary. Review

Strategic Goal 6: Ensure the provision of appropriately targeted STI services in support of 100% CU activities.

Target 2001:

Strengthen STI services where policy is in place

Target 2002:

As 2001

Target 2003:

As 2001/2

Strategic Goal 7: Ensure the integration of 100% CU, targeted STI services, and outreach activities

Target 2001:

Refresher training for PAO/PHD about integration of 100% CU,
Outreach and STI services

Target 2002:

Monitoring and evaluation

Target 2003:

As 2001/2

Strategic Goal 8: Ensure adequate condom supply and access to condoms through the social marketing programme, in coordination with the various stakeholders.

Target 2001:

Regular collaborating meetings with PSI, CMS, MCH, UNFPA, etc

Target 2002:

Assess needs

Target 2003:

Monitoring; review

Strategic Goal 9: Provide expertise and knowledge about condom use to other integrated programmes, institutions, curricula etc, in both the public and private sector.

Target 2001:

Integrate program with public and private sectors in 7 provinces

Target 2002:

Integrate program with public and private sectors in provinces where
policy is in place

Target 2003:

As 2002

3.3 STI SERVICES

Objectives:

1. To provide targeted STI services in situations of high risk of HIV transmission as a priority HIV prevention activity.
2. To improve access to, quality, and use of STI services through government, NGO and private sectors.

Strategic Goal 1: Establish two complementary systems of STI services in Cambodia, ‘Targeted STI Services’ for high-risk populations, and ‘Integrated STI Services’ for the general population, in line with the STI Policy of the MoH

Target 2001:

Clarify the two systems; start establishing both systems in parallel

Target 2002

Continue with the build-up of both systems

Target 2003

Continue

Strategic Goal 2: Establish a coordination system between all partners to ensure cooperation and collaboration and quality control in technical matters related to STI services

Target 2001:

MoH approval of the Technical Working group on STIs
Regular meetings

Target 2002:

Continue

Target 2003

Continue

Strategic Goal 3: Develop appropriate curricula and training materials, including STI lab case management, for both targeted STI services and integrated STI services.

Target 2001:

Develop curricula and materials; training

Target 2002

Review; training

Target 2003

As 2002

Strategic Goal 4: Strengthen and extend STI services for individuals in high risk situations.

Target 2001:

Maintain PNP, SHV STI Clinics. Extend to BMC, KHK, KPT, PLN

Target 2002:

Continue and monitor. Extend to 8 more provinces

Target 2003:

Evaluation and review. Extend to 8 more provinces

Strategic Goal 5: Extend and/or renovate STI and dermatology clinics and provide equipment and materials when necessary.

Target 2001:

New construction at MDK, KEP. Renovation (existing services -

- 10 clinics). Equipment and materials
Target 2002:
12 clinics: continue renovation and equipment support
Target 2003:
Continue support to all clinics

Strategic Goal 6: Support the provision of integrated STI services for the general population

- Target 2001:*
Include in MPA (STI syndromic case management).
Establish syphilis screening in selected provinces.
Include in CPA
TBA trained in prevention of ophthalmia neonatorum in selected sites
Target 2002:
Evaluation. Strengthen integrated STI services in selected facilities
Add syphilis screening to other provinces. Continue activities of training TBAs
Target 2003:
Continue. Strengthen STI services at health centres and referral hospitals

Strategic Goal 7: Identify public sector needs for STI drugs and consumables for the coming 3 years and ensure their availability to both targeted STI services and integrated services

- Target 2001:*
Devise a system for periodic assessment of needs, procurement and monitoring of use. Apply the system
Target 2002:
Apply the system; review
Target 2003:
Continue as 2002

Strategic Goal 8: Develop a monitoring and supervision system (including passive STI surveillance) for both targeted STI services, and health centres providing integrated STI care

- Target 2001:*
Develop monitoring & supervision guidelines; start implementation in selected STI services
Target 2002:
Continue and extend to more services
Target 2003:
Continue

Strategic Goal 9: Strengthen laboratories for STI services

- Target 2001:*
Strengthen laboratories in 8 provinces
Target 2002:
Continue in 8 additional provinces
Target 2003:
Continue in 8 last provinces

Strategic Goal 10: Disseminate guidelines and protocols for integrated STI care at all levels, including local and International NGOs; and provide support to private sector (both NGO and private-for-profit) when requested.

Target 2001:

Develop and disseminate guidelines and protocols

Target 2002:

Provide support for use of guidelines

Target 2003:

Continue dissemination and support

Strategic Goal 11: Provide in-service training in integrated STI care to health workers

Target 2001:

In-service training of staff from selected health centres

Target 2002:

Continue training

Target 2003:

Same

Strategic Goal 12: Review nursing and medical school curricula and training materials for STI syndromic case management.

Target 2001:

Develop curricula

Target 2002:

Integrate STI management to the nursing school and Faculty of Medicine

Target 2003:

Monitoring. Evaluation and review

Strategic Goal 13: Collaborate with all Health Education services to provide information on STIs and the availability of STI services, to improve health seeking behaviour, especially among high-risk populations.

Target 2001:

Outreach program; multi-sectoral approach

Target 2002:

Continue.

Target 2003:

As 2001/2

Strategic Goal 14: Build the capacity of staff at central and provincial level through technical and professional training for personnel involved in STI and dermatology prevention and control activities.

Target 2001:

International and local training

Target 2002:

As 2001

Target 2003:

As 2001/2

3.4. BLOOD SAFETY

Objective:

1. To ensure and increase access to a safe blood supply by:
 - promotion of voluntary non-paid blood donation
 - strengthening the institutional capability of the National Blood Transfusion Services
 - maintaining the existing and improving the technical quality of blood transfusion services.

Strategic Goal 1: Improve collaboration between the National Blood Transfusion Service and the health sector on raising awareness of blood safety issues

Target 2001:

Training 13 PTCs + 3: staff. Health Promotion in the health sector

Target 2002:

Establish 5 new PTCs

Target 2003:

Evaluation

Strategic Goal 2: Supply and increase technical equipment and materials to existing blood banks

Target 2001:

Modernize and improve quality in BTB, PTC and NBTC/PP.
Supervision in service training

Target 2002:

Supply equipment and materials to 5 PTCs: UMC, RTK, MDK, PVH.
Technical Training for new staff. Supervision

Target 2003:

Supply equipment and materials. Supervision and training

Strategic Goal 3: Integrate NBTC and PTCs with the MoH health coverage plan and define National Blood Policy (NBP)

Target 2001:

Define and approve National Blood Policy

Target 2002:

Implementation of NBP

Target 2003:

As 2002

Strategic Goal 4: Develop a voluntary blood donor recruitment programme in partnership with the Cambodian Red Cross and the International Federation of Red Cross and Red Crescent Societies

Target 2001:

Sociological survey on blood perception of blood donation in Cambodia.
Implementation of mobile blood collection teams in PP and PTC teams.
Meeting of the association voluntary blood donors

Target 2002:

As 2001

Target 2003:

As 2001/2

Strategic Goal 5: Manage and monitor permanently quality control (public and private) and develop quality assurance systems

Target 2001:

Meeting of NBTC quality assessment committee.
International Technical Assistance for development of national guidelines for laboratory quality assurance

Target 2002:

Implementation

Target 2003:

As 2002

Strategic Goal 6: Implement guidelines on rational blood use in public and private health services

Target 2001:

International Technical assistance for national guidelines on rational use of blood.
Meeting of rational use of blood committee at NBTC (1/month)

Target 2002:

Workshop on dissemination/ referral provincials hospitals

Target 2003:

Implementation

3.5 PREVENTING MOTHER-TO-CHILD-TRANSMISSION (PMTCT)

Objectives:

1. To enable women to avoid infection with HIV through counseling especially pregnant women.
2. To enable HIV sero-positive women to avoid unwanted pregnancies.
3. To protect HIV-infected women and children from stigmatization and discrimination
4. To prevent vertical transmission in HIV-infected pregnant women through prophylactic means.

Strategic Goal 1: Train health staff to include counseling on HIV/AIDS in mothers and children

Target 2001:

Develop training curriculum for Health care setting and medical schools integration.
Training staff in 1-5 pilot sites. Develop monitoring and evaluation tools

Target 2002:

Integration training curriculum into medical schools.
In service training. Evaluation

Target 2003:

Expansion

Strategic Goal 2: Build voluntary and confidential counseling and testing for HIV into antenatal services where other care and support services are available.

Target 2001:

Promote networking with existing VTCs. Quality control of existing services for pilot sites. Expansion

Target 2002:

Implementation of recommendation of need assessment.
Analyse referral system. Implementation in pilot sites

Target 2003:

Expansion

Strategic Goal 3: Introduce family counseling and shared confidentiality

Target 2001:

Study. Curriculum development. Integration with HBC in pilot sites

Target 2002:

Evaluation

Target 2003:

Expansion

Strategic Goal 4: Advise mothers about the benefits of breastfeeding.

Target 2001:

Integration in safe motherhood programme. Strengthen/enforce existing policies. IEC support

Target 2002:

Field assessment. Study on acceptance. Policy review

Target 2003:

Implementation according to the recommendation of the policy review

Strategic Goal 5: Provide on-going counseling and care for children born to HIV-infected mothers, where other care and support services are available

Target 2001:

Finalize needs assessment for orphans. Integration with paediatric services in the pilot sites. Networking with all stakeholders

Target 2002:

Evaluation of networking. Develop policy and guidelines for integration. Implementation

Target 2003:

Expansion. Evaluation

Strategic Goal 6: Introduce prophylactic means for prevention of vertical transmission in referral services where other care and support services are available

Target 2001:

1-6 pilot sites

Target 2002:

Follow up

Target 2003:

Follow up

3.6 AIDS CARE

Objectives:

1. To improve and maintain the quality and accessibility of care for people living with HIV/AIDS through extension of HIV/AIDS Care services nationwide.
2. To provide a continuum of care for PLWHA

3.6.1 INSTITUTIONAL CARE***Strategic Goal 1: Ensure that drugs for opportunistic infections are included in the essential drugs list, and are available for HIV/AIDS care services.****Target 2001:*

Assess the need of drugs for national hospitals and 12 provincial referral hospitals. Request to MoH

Target 2002:

For national hospitals and 20 referral hospitals

Target 2003:

For national hospitals and 20 referral hospitals

Strategic Goal 2: Disseminate National Guidelines and Protocols on HIV/AIDS case management throughout the country*Target 2001:*

Distribution to all national/ provincial referral hospitals

Target 2002:

Follow up

Target 2003:

As 2001/2

Strategic Goal 3: Ensure that all health workers likely to be dealing with HIV and AIDS in the public (and where possible also private) sector are trained in the use of the National Guidelines*Target 2001:*

Develop curriculum. Train health workers 12 referral hospitals (4 peoples from each)

Target 2002:

Train health workers in 8 referral hospitals + private sector

Target 2003:

Review curriculum. Train 4 referral hospitals. TOT for health care workers from 8 referral hospitals.
Integration into medical schools

Strategic Goal 4: Develop and establish at all levels, a National AIDS Care Policy, Strategy & Guidelines*Target 2001:*

Prepare Policy, Strategy and Guidelines; printing and distribution.
Feedback

Target 2002:

Support adaptation for development of Provincial AIDS Care Strategies in 12 provinces

Target 2003:

Support adaptation for development of Provincial AIDS Care

Strategies in remaining 12 provinces and supervision

Strategic Goal 5: Support networks and associations of PLWHA to improve utilisation of AIDS care services

Target 2001:

Encourage PLWAs to involve more in care in hospitals
Strengthen existing PLWHA networks
Ensure "patient friendly" services

Target 2002:

As 2001

Target 2003:

As 2001/2

Strategic Goal 6: Develop guidelines for avoiding discrimination, stigmatisation and isolation of PLWHA in the health sector

Target 2001:

Establish WG. Develop guideline; printing and distribution

Target 2002:

As 2001

Target 2003:

As 2002

3.6.2 HOME-BASED CARE

Strategic Goal 1: Support the extension and expansion of the Home-based Care Programme nationwide

Target 2001:

Identify provinces for expansion. Develop Guidelines for implementation of HBC program

Target 2002:

Evaluation of on-going HBC program

Target 2003:

Strengthen on-going HBC program; expansion

Strategic Goal 2: Ensure that Home-based Care Guidelines are disseminated to all home-based care team members.

Target 2001:

Distribute Guidelines to all team members and health centres

Target 2002:

As 2001

Target 2003:

As 2001/2

Strategic Goal 3: Develop a training curriculum and materials for home-based care team members

Target 2001:

Collaborate with NGOs, nursing school and other units of NCHADS in development of the curriculum and training materials. Finalize the curriculum; and printing

Target 2002:
Apply
Target 2003:
Apply

Strategic Goal 4: Ensure home-based care members are properly trained

Target 2001:
Support training of all home care team members
Target 2002:
As 2001
Target 2003:
As 2001. Integration into nursing school.

Strategic Goal 5: Ensure the supply of drug kits and other supplies for the Home-based Care Programme

Target 2001:
Needs assessment. Request to MoH. Monitor distribution.
Target 2002:
Needs assessment. Request to MoH. Monitor distribution
Target 2003:
Needs assessment. Request to MoH. Monitor distribution

Strategic Goal 6: Establish coordination mechanisms for implementation of the National Home-based Care Programme, based upon the multi-sectoral approach.

Target 2001:
Establish WG on HBC at national and provincial levels
Target 2002:
As 2001
Target 2003:
As 2002

Strategic Goal 6: Support the establishment of monitoring and supervision systems for the Home-based Care Programme at municipal and provincial levels

Target 2001:
Develop check list for supervision. Coordinate supervision
Target 2002:
As 2001
Target 2003:
As 2002

3.6.3 HIV COUNSELING AND HIV TESTING

Objective:

1. To strengthen and expand HIV counseling and testing services in both government and private sectors.

Strategic Goal 1: Develop a Policy, Strategy and Guidelines for HIV Counseling and for HIV Testing

Target 2001:

Review existing policies and guidelines for testing. Develop comprehensive policy, etc and finalize; and distribute

Target 2002:

Implement

Target 2003:

Revision and dissemination

Strategic Goal 2: Develop and disseminate a curriculum and training materials for HIV/AIDS Counseling

Target 2001:

Develop and finalization; and distribution

Target 2002:

Review

Target 2003:

Revision and dissemination

Strategic Goal 3: Provide sufficient resources for the operation of counseling and testing services

Target 2001:

Needs assessment; develop resource mobilization plan

Target 2002:

Develop national and provincial plans

Target 2003:

Implement

Strategic Goal 4: Expand Primary Testing and Counseling services

Target 2001:

Identify provinces for expansion of services; establish 2 new VTCs

Target 2002:

As 2001

Target 2003:

As 2001/2

Strategic Goal 5: Establish Secondary Testing and Counseling Services linked with primary testing and counseling services

Target 2001:

Identify provinces for expansion of services; establish 2 new secondary services

Target 2002:

As 2001

Target 2003:

As 2001

Strategic Goal 6: Build up the capacity of personnel working in counseling and testing services.

Target 2001:

Review and revise curriculum; refresher training

Target 2002:
Integration of training with counseling training
Target 2003:
As 2001/2

Strategic Goal 7: Enforce the National Guidelines and Protocols for Testing and Counseling in public health services

Target 2001:
Set up monitoring system; supervision; hot line
Target 2002:
As 2001
Target 2003:
As 2002

Strategic Goal 8: Support the establishment of monitoring and supervision systems for counseling and testing services

Target 2001:
Establish quality control guidelines and standards; develop checklist; supervision
Target 2002:
Review; supervision
Target 2003:
As 2002

3.6.4 UNIVERSAL PRECAUTIONS

Objective

1. To ensure that Universal Precautions apply in all health care settings.

Strategic Goal 1: Develop and disseminate National Guidelines on Universal precautions for all health care settings

Target 2001:
Review models and finalize. Printing and distribution
Target 2002:
Training health workers on UP
Target 2003:
Review and Reprinting. Integration into Nursing School & Medical Faculty

Strategic Goal 2: Develop a practical manual for universal precautions.

Target 2001:
Develop first draft. Pre-test. Finalization printing & distribution
Target 2002:
Distribute
Target 2003:
Disseminate

Strategic Goal 3: Ensure health care providers receive appropriate training in universal precautions, especially in HIV/AIDS care settings

Target 2001:

Develop a curriculum for training. Develop training plan. Support training of health workers

Target 2002:

Support training

Target 2003:

As 2002

Strategic Goal 4: Monitor the application of Universal Precautions in all health care settings

Target 2001:

Establish monitoring system; support supervision

Target 2002:

As 2001

Target 2003:

As 2001/2

3.7 SURVEILLANCE AND RESEARCH

3.7.1 SURVEILLANCE

Objectives:

1. To monitor epidemiological changes with regard to HIV/AIDS in Cambodia
2. To monitor trends in STI prevalence and antibiotic sensitivity
3. To monitor the prevalence of skin diseases related to HIV/AIDS
4. To monitor behaviour changes with regard to HIV/AIDS and STIs among identified target groups
5. To advocate for resource mobilization among policy makers and donor agencies
6. To strengthen the passive surveillance system

Strategic Goal 1: Establish a national HIV/AIDS and STI Surveillance system

Target 2001:

In collaboration with CDC/HIS/MoH develop a national HIV/AIDS/STI Surveillance system.

Disseminate to all stakeholders nationally and in the provinces

Target 2002:

Apply

Target 2003:

Apply

Strategic Goal 2: Conduct Epidemiological (HSS) and Behavioural (BSS) sentinel surveillance annually, and STI (SSS) surveillance tri-annually

Target 2001:

Conduct HSS, BSS, SSS. Analyze and apply to programming.
Strengthen quality control

Target 2002:

Continue HSS & BSS. Strengthen quality control

Target 2003:

As 2002

Strategic Goal 3: Compile and disseminate the epidemiology, behavioral and STI sentinel surveillance findings

Target 2001:

Dissemination of the finding of HSS, BSS and SSS.

Publish and distribute at appropriate events

Target 2002:

As 2001

Target 2003:

As 2001/2

Strategic Goal 4: Establish a passive surveillance system for HIV, AIDS and STI.

Target 2001:

Meet with CDC, HIS/MoH to establish a passive surveillance system for HIV/AIDS, STIs

Develop a case definition for HIV disease, AIDS, and selected STIs for notification

Disseminate to all stakeholders nationally and in the provinces.

Target 2002:

Apply

Target 2003:

Apply

Strategic Goal 5: Ensure the accurate and timely collection of appropriate data from provincial level

Target 2001:

Pilot in five provinces in accordance with HIV prevalence

Target 2002:

Review and expand nationwide

Target 2003:

Continue

Strategic Goal 6: Disseminate results from the passive surveillance system

Target 2001:

Compile and disseminate the result every quarter

Target 2002:

As 2001

Target 2003:

As 2001/2

Strategic Goal 7: Capacity Building for Research and Surveillance

Target 2001:

Provide resources for both internal and external seminars and Workshops. Provide resources for higher academic study on epidemiology

Target 2002:

As 2001

Target 2003:

As 2001/2

3.7.2 RESEARCH

Objectives:

1. To ensure that all HIV/AIDS and STI related research is conducted according to national ethical principles
2. To identify the scale and scope of the socio-economic impact of HIV/AIDS and STIs on the country
3. To identify the dimensions of the health care burden associated with HIV/AIDS and STIs
4. To conduct small-scale operational research on HIV/AIDS, STIs and Dermatology
5. To identify mechanisms for the involvement of the private sector in the national response to the HIV/AIDS and STI epidemics

Strategic Goal 1: Develop ethical guidelines for research in the health sector on HIV/AIDS and STI

Target 2001:

Develop ethical guidelines for HIV/AIDS/STI research.
Disseminate to all institution involved in HIV/AIDS/STI research

Target 2002:

Apply

Target 2003:

Apply and review

Strategic Goal 2: Develop research proposals, conduct research, and disseminate the results

Target 2001:

Based on Research Agenda developed in 2000

Target 2002:

Review Research Agenda; apply

Target 2003:

As 2001/2

Strategic Goal 3: Conduct Program Evaluation

Target 2001:

Internal

Target 2002:

Internal

Target 2003:

External

3.8 STRENGTHENING THE PLANNING AND COORDINATION OF PROGRAMME MANAGEMENT

Objectives

1. To develop and put in place effective strategies and plans for responding to HIV/AIDS and STIs in the health sector.
2. To provide administrative, policy and institutional leadership to the NCHADS
3. To ensure that effective and efficient management structures are established and function within the NCHADS.
4. To coordinate the timely submission of workplans, budgets and reports on the activities of the NCHADS.
5. To provide technical guidance, support and supervision to the Provinces with regard to HIV/AIDS activities in the health sector.
6. To work and collaborate with other institutions and organizations to ensure a comprehensive, multi-sectoral response to the HIV/AIDS and STI epidemics
7. To strengthen the integration of HIV/AIDS and STI into other National Health Sector Programmes and Institutions

Strategic Goal 1: Develop overall Strategic Goals and Plans for NCHADS

Target 2001:

Prepare NCHADS Annual and Quarterly Work Plans.
 Coordinate the development and implementation of annual and monthly operational plans of units and provinces.
 Coordinate all external training and prepare annual and quarterly Training Plans.
 Guide and supervise each unit in the development of its strategic goals and the plans to achieve these goals.
 Guide and supervise all units to develop and get national consensus on appropriate Policies in the various areas related to the HIV/AIDS epidemic and STIs.

Target 2002:

As 2001

Target 2003:

As 2001/2

Strategic Goal 2: Ensure that adequate resources are allocated for implementation of work plans.

Target 2001:

Assess programme costs; resource mobilization; strengthen accounting system

Target 2002:

Establish Annual Resource Mobilization Meeting

Target 2003:

As 2002

Strategic Goal 3: Develop a monitoring system for the work of the NCHADS and partners

Target 2001:

Set up monitoring systems for NCHADS and provincial activities
 Prepare the NCHADS monthly/quarterly/annual Reports

Target 2002:

As 2001

Target 2003:

As 2001/2

Strategic Goal 4: Improve the integration between HIV/AIDS and TB, MCH, NCHP, and other MoH programmes.

Target 2001:

- Strengthen Working Groups.
- Integrate HIV/AIDS into other programs.
- Ensure integration of HIV/AIDS and STI in basic training curriculum by establishing a TWG of NCHADS and University of Medical Sciences
- Cooperate with others sectors

Target 2002:

- Strengthen and expand

Target 2003:

- Strengthen and expand

Strategic Goal 5: Provide technical support to other Ministries and Institutions working on HIV/AIDS and STI.

Target 2001:

- Participate in NAA Policy and Technical Boards, Central Advisory Team expansion and Technical Working Groups for 12 ministries
- Contribute to guidelines on multi-sectoral approach

Target 2002:

- Participate in multisectoral committees for 15 more ministries

Target 2003:

- Participate in multisectoral committees for all ministries

Strategic Goal 6: Provide technical support to Provincial Health Departments in the development of provincial strategies.

Target 2001:

- Within PAC framework, guide and supervise provinces in the development of strategic goals and the plans to achieve these goals.
- Coordinate the development and implementation of annual and monthly operational plans of provinces.

Target 2002:

- As 2001

Target 2003:

- As 2001/2

Strategic Goal 7: Liaise with other agencies, NGOs, the business sectors, donors, UN, etc for the coordination of HIV-related activities

Target 2001:

- Regular coordination meetings; joint planning

Target 2002:

- As 2001

Target 2003:

- As 2001/2

Strategic Goal 8: Provide technical inputs on HIV/AIDS and STI in cross-border activities of the Ministry of Health.

Target 2001:

- Participate in national and international meetings on cross border activities.

Create cross border committee on HIV/STI

Target 2002:

Strengthen and expand the activities in two cross border areas (KHK and BMC).

Add two more cross borders activities (Svay Rieng and Kampot)

Target 2003:

Expand other cross border activities

Add all others cross border activities.

4. TIMELINE (2001-2003)

	2001				2002				2003			
	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4	Q1	Q2	Q3	Q4
Strategic Goals												
IEC												
1. Identify IEC support needs												
2. Develop IEC packages and materials												
3. Special communication campaigns												
4. Develop National Guidelines for IEC												
5. IEC Technical Working Group												
6. Monitor and evaluate effectiveness of IEC												
Outreach												
1. Establish the COTF (Central Outreach Task Force) and POT (Provincial Outreach Teams)												
2. Train COTF and POT members												
3. Identify, map, sensitize and work with local authorities, middle-men, venues, etc												
4. Support interventions												
5. Support outreach in high risk situations												
6. Establish monitoring and supervision systems												
7. Evaluate effectiveness and efficiency												
8. Availability, accessibility and acceptability of high quality condoms												
9. Support and integrated with the 100% CU programme												

100 % Condom use in high risk situations													
1. Advocacy for the National Policy for 100% Condom Use throughout the country													
2. Develop Guidelines for the health sector													
3. Training is given to implementers													
4. Establishment of CUMEC and POT in every Province													
5. IEC support to 100% CU activities.													
6. Provision of STI services in support of 100% CU.													
7. Integration of 100% CU, targeted STI services, and outreach activities													
8. Condom supply through the social marketing													
9. Provide expertise and knowledge about condom use to other programmes, institutions, etc.													

STI management													
1. Establish 2 complementary systems													
2. Establish a coordination system													
3. Develop curricula and training materials.													
4. Strengthen and extend STI services													
5. Extend/renovate STI and dermatology clinics													
6. Provision of STI services to the general population													
7. Identify needs for STI drugs, etc. & ensure availability.													
8. Develop monitoring and evaluation system													
9. Strengthen STI lab services													

10. Disseminate Guidelines and Protocols													
11. Provide in-service training to health workers													
12. Review nursing & medical school curricula													
13. Collaborate with all Health Education services													
14. Build the capacity of staff of NCHADS													

Blood safety													
1. Improve collaboration													
2. Supply equipment and materials to blood banks													
3. Integrate NBTC & define National Blood Policy													
4. Develop a voluntary blood donor recruitment programme													
5. Manage and monitor quality control													
6. Guidelines on rational blood use													

Preventing mother-to-child-transmission (PMTCT)													
1. Train health staff													
2. Voluntary and confidential counseling													
3. Introduce family counseling													
4. Advise mothers about breastfeeding.													
5. Provide counseling and care for children													
6. Introduce prophylactic for prevention of vertical transmission													

Institutional and Home-based Care													
1. OI drugs available for HIV/AIDS care services													
2. National Guidelines on HIV/AIDS case management													

3. Train health workers in National Guidelines													
4. Develop and establish National AIDS Care Strategy & Guidelines													
5. Support networks and associations of PLWHA													
6. Develop guidelines for avoiding discrimination, stigmatisation and isolation													
Home-based Care													
7. Extension and expansion of the Home-based Care Programme nationwide.													
8. Home-based Care Guidelines are disseminated													
9. Develop training curriculum and materials													
10. Ensure home-based care members are trained													
11. Supply of drug kits and other supplies													
12. Establish coordination mechanisms													
13. Establish monitoring and supervision													

HIV counseling													
1. Develop a National Strategic Plan and guidelines for HIV Counseling													
2. Develop curriculum and training materials													
3. Expand Primary Testing and Counseling services													
4. Establish Secondary Testing and Counseling Services													
5. Build up the capacity of personnel													
6. Review the National Guidelines and Protocols													
7. Enforce the National Guidelines and Protocols													
8. Quality control of services.													
9. Establish monitoring and supervision systems													

Universal Precautions													
1. Develop National Guidelines													
2. Develop a practical manual													
3. Train health care providers													
4. Monitor UP in all health care settings													

Surveillance													
1. Establish a national HIV/AIDS and STI Surveillance system													
2. Conduct HSS and BSS													
3. Compile and disseminate findings													
4. Develop a case definition for AIDS													
5. Establish a passive surveillance system for HIV, AIDS and STI.													
6. Collection of appropriate data													
7. Disseminate results													
8. Capacity building for research and surveillance													

Research													
1. Develop ethical guidelines for research													
2. Develop research proposals, conduct research, and disseminate the results.													
3. Program Evaluation													

Strengthening the Planning and Coordination of Programme Activities													
1. Develop overall Strategic Goals and Plans													
2. Ensure that adequate resources are allocated for implementation													

Develop a monitoring system													
4. Improve the integration between HIV/AIDS and TB, MCH, NCHP, etc													
5. Provide technical support to other Ministries													
6. Provide technical support to Provinces													
7. Liaise with other agencies, NGOs, private sector, etc													
8. Provide technical inputs on HIV/AIDS and STI in cross-border activities of the Ministry of Health.													