DanChurchAid/ChristianAid (DCA/CA)

DCA/CA Joint HIV/AIDS Programme 2008-2012

Evaluation Report

Third Draft-Edited Version

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The DCA/CA HIV Joint programme Evaluation was carried by Kem Ley, a team leader, and Nhim Dalen, Consultant Assistant, whom both are Local Consultants.
# ACRONYMS AND ABBREVIATIONS

<table>
<thead>
<tr>
<th>Acronym</th>
<th>Description</th>
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<tbody>
<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
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<tr>
<td>ART</td>
<td>Anti-Retroviral Therapy</td>
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<td>ASRH</td>
<td>Adolescent Sexual and Reproductive Health</td>
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<td>BCC</td>
<td>Behavior Change Communication</td>
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<td>BMC</td>
<td>Banteay Mean Cheay Province</td>
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<td>BSS</td>
<td>Behavior Sentinel Surveillance</td>
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<td>CBNs</td>
<td>Community Based Networks</td>
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<td>CC</td>
<td>Commune Counselor</td>
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<td>CCW</td>
<td>Cambodian Community of Women living with HIV/AIDS</td>
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<td>CCWC</td>
<td>Commune Committee for Women and Children</td>
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<td>CDHS</td>
<td>Cambodia Demographic and Health Survey</td>
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<td>CDP</td>
<td>Commune Development Plan</td>
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<td>CDRI</td>
<td>Cambodia Development and Resource Institute</td>
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<td>CGs</td>
<td>Core Groups</td>
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<td>CHBCT</td>
<td>Community/Home Based Care Team</td>
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<td>CHEMS</td>
<td>Cambodia Health Education and Media Services</td>
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<td>CIP</td>
<td>Commune Investment Plan</td>
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<td>CoPCT</td>
<td>Continuum of Prevention to Care and Treatment</td>
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<td>CSSD</td>
<td>Cooperation for Social Service and Development</td>
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<td>DCA/CA</td>
<td>DanChurchAid/ChristianAid</td>
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<tr>
<td>DU</td>
<td>Drug Users</td>
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<td>EW</td>
<td>Entertainment Workers</td>
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<td>Focus Group Discussion</td>
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<td>Gender And Development/Cambodia</td>
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<td>GPP</td>
<td>Governance &amp; Professional Practice</td>
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<td>HACC</td>
<td>HIV/AIDS Coordinating Committee</td>
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<td>HCMC</td>
<td>Health Center Management Committee</td>
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<td>HIV</td>
<td>Human Immunodeficiency Virus</td>
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<td>HLM</td>
<td>High Level Meeting</td>
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<td>Human Rights Watch</td>
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<td>HU</td>
<td>Health Unlimited</td>
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<td>ID-Poor</td>
<td>Poor Identification</td>
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<td>IDU</td>
<td>Injecting Drug Users</td>
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<td>IEC</td>
<td>Information, Education, Communication</td>
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<td>IGA</td>
<td>Income Generation Activity</td>
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<td>K&amp;S</td>
<td>Karol and Setha</td>
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<td>KHANA</td>
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EXECUTIVE SUMMARY

Background: The DCA/CA HIV and AIDS programme “Sexual Health and Life Skills for young people in Cambodia (2008-2012)” aims to prevent HIV transmission and impact mitigation. The promotion of sexual and reproductive rights, on the other hand, were hard to reach the vulnerable youth and young couple. The overall programme goal is to support the environment which created for vulnerable; moreover, it was hard to get young people to understand how to protect themselves as well as others from HIV infection. In fact, it mitigates the social and economic impact of AIDS with four specific objectives. The programme has been implementing together with Cambodian NGO partners: KYA, GAD/C, LWD, MS, MC-LF), K&S, CCW), CSSD, CHEMS, HU, HACC including SCC as associated partners. And the contributing from associate partners is Salvation Centre Cambodia (SCC). Geographically, the programme has covered Battambang, Banteay Meanchey, Kampong Chhnang, Kampong Cham, Prey Veng, Kandal, Kampong Speu, and Phnom Penh.

Objectives and Methods of Evaluation: The purpose of the final evaluation is to measure the achievements of the programme which against its objectives, then make recommendations for mainstreaming HIV and AIDS into other programmes. The objectives of the final evaluation are (first) To assess the progress against the programme objectives and indicators, (Second) To evaluate the relevance, effectiveness, impact, sustainability of the HIV and AIDS Programme, (Third) To identify and analyse the strength and the weakness of the programme and (Fourth) To make recommendations for HIV and AIDS mainstreaming into other DCA/CA programmes if they are relevant and for enhancing the sustainability of the programme achievements. The evaluation was started from May 2 to May 16, 2012 whose scope of the evaluation was focused on the relevance, effectiveness, efficiency, impact and sustainability of the programme, and the projects, that are included in the programme, contribute to the programme objectives and indicators; they are also included the entire-crossed cutting activities such as: the capacity building, the partner platforms, and the joint advocacy efforts.

Three methods of data collection, triangulation and verification, were employed during the evaluation. These are the data collection:

- Review of most updated Cambodian HIV/AIDS situation, Cambodia Youth and Vulnerable Youth DCA/CA’s implementing partners NGOs, and other relevant documentation;
- Key informant interviewing with a wide range of DCA/CA, implementing partners NGO staff members, and other stakeholders;
- Focus on group discussions with project beneficiaries, one day evaluation workshop with DCA/CA country staff, and implementing partners.

The evaluation was conducted through review and analysis of programme as well as relevant Cambodia HIV/AIDS sector documentation.

Limitation & Constraints: The study took only three kinds of target beneficiaries such as entertainment workers, MSM/TG, Street adolescents, and community youth involvement focuses on group discussions. However, positive women and other youths were hard to reach since they did not give any involvements’ opportunities; it may probably miss some parts of ended results. Nonetheless, desk study and findings of final evaluation in each project could be on compensation, in-depth analysis of results. Attempts were made to ensure the best
possible representation of the different target groups, but selection was done in a purposive manner. Consequently, the results of the study should not be extrapolated beyond the immediate group of people who were involved. Absence of baseline values and evaluation approach took qualitative approach leading some bias in analysis of ended results, especially assumption in efficiency and impact of programme.

**Findings:** The estimation of HIV prevalence among general adult population age 15-49 had steadily declined from its peak 2.1 percent in 1998\(^1\) to an estimated 0.6% in 2012. However, HIV prevalence among female entertainment workers with more than 7 clients per week was estimated at 14.0% in 2010\(^2\), 8.7% for men who having sex with men, 17% for transgender people in Phnom Penh (2005), 24.4% among people who inject drugs, and 1.1% among non injecting drug users (2007)\(^3\). Using 2007 projections, the estimated number of people living with HIV in Cambodia, 2010, was 56,000 of which 29,500 are women\(^4\). The key findings are:

- Increased discussion and openness on HIV/AIDS, reproductive health, and other HIV related issues within families, communities, and in the general public. There was also a high degree of consensus that HIV/AIDS and reproductive health is nowadays seen as a collective responsibility, more diversified, stronger, better network if they compare to the past five years. However, some of youth in target areas acquired life skills such as ability and capacity to determine risks. In addition, they still feel unconfident to handle possible risk situation to double the triple risks of HIV and related issues.

- Great involvement of targeted youth as peer, outreach workers and service providers in the fight against HIV/AIDS

- Growing availability of treatment (ART/OI Services), voluntary testing services (VCCT), Sexually Transmitted Disease Infection Services (STI), and the testing for pregnant women (PMTCT) 2012, psycho social support, and other nutritional and economic supports. Furthermore, the availability of HIV and related services were contributed by DCA Joint HIV Programe, Development partners, Governments, and Civil Societies. All most all advanced HIV infected people and children received ART and OI.

- Most of right youth and target youth in the communities are well informed about suitable service providers, reproductive health services, and legal services. To confirm with Key Informants, that referral components are advanced as majority of participants who were capable to name health services that they would consult by related to HIV, STI, VCCT, and reproductive health.

- Almost of all those orphans, who are infected and affected children living on the street and other vulnerable children with positive youth, were under their support and attended primary school, lower secondary school, and high school; some of them continue to higher education levels and vocational trainings at their residential care.

- Peer educators, men networks, women networks, outreach workers, base-home-care team, and positive groups were success in reaching large numbers of target youth and community youth in expected-and-unexpected areas.

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1 NCHADS 2010 Estimation of the HIV prevalence among General Population in Cambodia
2 NCAHDS Estimation of HIV prevalence among general population in Cambodia 2010
3 NSPIII 2011-2015, based on HSSS, SSS 2005 and DU 2007 surveys
- The programme played important roles in equipping with appropriate HIV & AIDS, SHR, and empowered young population to make informed healthy choices about their risky behaviors, risk perceptions, risk determinants, appropriate social, and health services.

- Transfer knowledge from staff and trainers to peers, beneficiaries. Outreach workers had better approach to reach out majority of MSM, EWs, Community Youth, and others were hard to reach as well as migrated youth since the past four years’ time, but currently almost of all key informants mentioned that current approach needs to be reviewed and created to enhance the environment through building strategic partnership with commune committee for community safety policy.

- More than half of entertainment workers and MSM reported being tested for HIV and received post counseling sessions and results while few of community youth and youth clubs got HIV testing with posting the test results.

- Almost of all targeted orphans and adolescents who are infected and affected as street children and other vulnerable children, were under their support and attended primary, lower secondary, and high school. Furthermore, some of them continued in higher education levels and vocational trainings at their Residential Care Centre.

- Cambodia has around 269 residential care/institutional care including residential care of DCA/CA Partners with more than 10,000 orphans and vulnerable children included adolescent. DCA/CA Joint HIV Programme played strong roles in taking care of OVC, street children, positive youth with National Standard of Alternative Care, and Minimum Standard of Alternative Care in the centre. Through in depth comparison analysis, DCA/CA HIV Joint Programme has a substantial contribution to mitigate the impact of HIV and AIDS among families of orphans, vulnerable children, and youth in Cambodia.

- The reduction of discrimination and discrimination has taken place in the domain of the general public (families and communities) and also within the health services. Many PLHIV in communities are now working and doing business as usual; they seem to forget HIV positive according to what the Group of Positive People said and added by key informants. Many PLHIV in community now are working and doing business as usual. They looks forgotten that they are positive according to what the groups of Positive People have said. It clearly shows in Stigma Index Study of National AIDS Authority in 2011 that only 41.4% of PLHIV respondents who experienced S/D to OVC households.

- Programme built reliability and right positive women network at national, sub-national, and community levels. Positive women groups have a strong-and-recognized voice in the influencing and demanding high quality of effective care and treatment, especially ART and OI treatment. It proved that Cambodia Positive Pregnant Women has sharply increased uptake of PMTCT and ART.

- The reintegrations were recognizably and strategically focused on promoting a sense of self-reliance and youth resilience to support the mission of “Making a Significant and Lasting Difference”. Most of the street youth and positive youth, who attended residential care, gained professional skills and sustainable reintegration into their hometown and usual market. More than hundred of youth orphans and vulnerable
children, who lived and worked at MS residential care, were well and successfully reintegrated into their community and family placement.

- DCA/CA HIV Joint Programme has contributed to development and enforcement of several policy, guidelines, strategic plans, and system/mechanisms through meaningful involvement, presentation of rights holders, targeted youth representatives and staffs/partners. Some respondents noted that there needs to be continual and well planned programs to help government to understand the roles and values of civil society over the long term.

- Partners worked together to advocate with the government to approve on National Youth Policy (NYP). As a result of their joint advocacy works, the NYP was finalized and approved on 24 June 2011 but Royal Government of Cambodia always has no political wills in enforcement of those laws and policies. In short, Cambodia produced many laws and policies, but enforcement of those laws and policies are contrasted on what the laws have been ratified.

- Evident information on public health’s consequences and human’s rights violation against most at risk population as well as collapses of national condom use program including condom market were told and heard through several advocacy forums and the meeting including recent advocacy campaign held by associated partners and and DCA/CAs ‘partners in Cambodia.

- The findings of assessment of contradicting laws and policy such as anti-human trafficking, sexual exploitation law, anti-drug control law, and community safety policy were held by HACC and DCA/CA’s partners and well reflected in findings of National Technical Support Needs Assessment and approved Technical Support Plan 2012-2015, NAA. Those laws and policies have produced public health consequences and human rights violation. The evidence of social marketing of condom and condom distribution were decreased sharply and condom 100% programme was deadlocked.

- HIV/AIDS and gender were well mainstreamed in Commune Development Plan and Commune Investment Plan in their target areas, but some said that HIV and gender mainstreamed in very few communes. However, some respondents made more concrete ideas that Royal Government of Cambodia including Sub-National Government has no willing to mobilize resources for implementation of these CDP and CIP.

- MSM and EW representatives and children were meaningful involvement and were able to represent its supposed constituencies (NAA TWGs, MoWA Forum), MoEYS Forums and other TWGs) and has full capacity to represent DCA/CA HIV Joint Programme. Many expressed the need to broaden the constituency and to be more consultative of NYP and NSPIII 2011-2015 for better implementation and enforcement. DCA/CA staff and it implementing partners were placed enough emphasis on the needs and issues which emerged from the ground reality or needs and challenges of target youth.

- The DCA/CA and implementing partners have played a substantial and important role in both nationwide and community level which influences the policy, strategy
and ensures civil society and target youth to get a voice and a place in the HIV/AIDS policy environment.

- DCA/CA and Partners Platform has owned by DCA/CA and has self-governed and consultative platform that supports partners’ actions on HIV/AIDS and learning/exchange processes. This enable them to manage and implement effectively while approaching to prevention, care, and support for the infected, affected, and vulnerable youth. The processes were always worked and highly satisfied platform.

- Implementing partners are perceived as stronger, more diversified, and better network than they were five years ago. The DCA/CA and its implementing partners have been seen to have contributed directly to these improvements by partners’ platform towards creating stronger institutions by providing training, learning, exchanging and lobbying for issues in nationwide and community levels.

- Implementing partners were consistently adopted safer behavior approach and identified the communities’ perceptions of the need to further strengthen the coverage and quality of decentralized service delivery. The need for more innovative communication approach which addresses the awareness-behavior change gaps and the need for expanding the prevention effort beyond target youth and uneasily reachable youth and both inside and outside migrants.

- Valum of grants provided, range of intervention types, coverage of target youth, or implementing partners has supported an impressive scaling up of “action on the ground”. Implementing partners has also had considerable success in leveraging money from DCA/CA sources. Some implementing partners expressed high expectation for sustainability in terms of professional business and income Generation Activities-IGA through competent youth and recognized products produced by target youth.

- Almost all implementing partners expressed the added values of platform and merged DCA/CA that DCA/CA and strong partners have in general provided timely and good quality support to its other implementing partners. Flexibility and capacity for quick response have been central to the generally successful provision of technical assistance and coordination. The flexibility and strong learning process by using partner’s platform that characterizes between DCA/CA and partners technical support that have been critical to ensure that assistance is available whenever and wherever needed. The currently multi-support works well. Regional cooperation and merged DCA,CA, which are relatively new development at the HIV joint programme, are emerging as a useful complement to the technical support provided by the DCA/CA. However, the effects and synergy of merged DCA/CA needs more time to see. Another evident found that both local resolution mechanism and in a distance are more supportive in locally and regionally technical support sound.

- Almost all Implementing partners have its own reporting formats, data spreadsheets, but M&E System such as Data Verification Mechanisms, Instruction Guide, Indicated Reference Sheets, and its definitions, database system tracking outcomes which achieved against objectives was no more available.

Relevance
The programme is highly relevant to the Cambodian HIV epidemic with an increasing focus on youth, uneasily reachable youth, especially the Entertainment Workers, Men Who Have Sex With Men, Transgender, Drug Users, Injection Drug Users, and Vulnerable adolescences.

The DCA/CA HIV/AIDS program has placed increasingly emphasis on alignment with National Strategic Plan. The programme objectives were good in line with the strategy 1 (Increasing coverage, quality, and effectiveness of prevention interventions) and strategy 6 (ensuring availability and use of strategic information for decision-making through monitoring, evaluation and research).

HIV/AIDS programme and all partners’ Programme Design were based on organization experience and problem identified from previous projects. The recommendations of mid-term evaluations were incorporated in the programme design.

The HIV/AIDS programme is therefore highly relevant and specifically directed towards the intended problems and policy priorities of the Cambodia. Overall, the relevance of the programme should be rated very high.

**Effectiveness**

Based on the general changes and significant changes against four objectives of DCA/CA HIV Joint Programme, especially outcomes of the logical-frame- worked programme have been met.

Merged DCA/CA and added valued of DCA/CA partnership platform contributed to the achievement of DCA/CA Joint Programme. DCA/CA and partners indicated that the vulnerable groups in particular youth are empowered to claim and access rights from duty bearers to knowledge, prevent, care, support and treat for reducing vulnerability to HIV/AIDS and SRH and some different committees.

DCA/CA Partnership Platform supported to implementing partners has a particular emphasis on capacity building of partners, learning exchange, progress monitoring mechanism, and sufficient effort was being made to track and analyze its effectiveness.

The DCA/CA has developed a niche in working with tough-reached youth, especially those who are HIV most at risk. While this strategic choice remains valid, the DCA/CA emphasized more account of capacity of rights holders and their engagement in acknowledging and engaging in the epidemic to support hard to reach youth in the community. The development of implementing partners’ strategies engaged with wider youth more directly in activities focused on primarily of most at risk youth that could strengthen effectively and sustainably.

Overall, the effectiveness of the programme should be rated high.

**Efficiency**

Generally, The DAC/CA could account for expenditure by cost category, but it does not have a robust measure that clearly separates out what is being spent on service that delivers to community members as distinct from the overall package of funding and technical support that provided to implementing partners. After merging, DCA/CA staff was reduced with reduction in total partner’s budget.
DCA/CA HIV Joint Programme has supported an impressive increasing overall funding of some partners--increasing the proportion spent in service delivery and reducing the proportion spent on non-programme costs. The Partnership Platform has, therefore, demonstrated its effectiveness in channeling an increasing volume and proportion of funds to support community action against HIV and AIDS such as residential care, outreach, and peer education, integrated community HIV, and AIDS activities.

**Impact**

Target youth (EWs, MSM/TGs, HIV Positive Youth, Migrated youth and other vulnerable youth) of a major and important change has been the establishment of DCA/CA HIV Joint Programme; they are regarded as considerable success stories.

For those who contracted HIV essentially received a death sentence and those who were contracted single, double, triple risks of HIV and drug are marginalized, but today they have expected to suspend their lives with reasonably healthy lives.

There were considerable differences between different target youth. For people living with HIV/AIDS, and particularly for women, important positive changes in addition to those already mentioned above include increased availability of nutritional supports and of other additional supports. They spoke openly with comfortable feeling in sharing their status. Those confirmed that more than 96.5% of advanced HIV infection on ART in Cambodia (NCHADS Annual Report 2011), eased access to free of charge of OI and ARV.

Many youths in residential care centers, therefore, expressed their expectation to become more independent either through support with income generating activities or vocational training and by assistance in (re)-entering the labor market and re-integration into their hometown and community.

The EWs, MSM, IDU, street children, and children who are living in residential care centers who participated in the final programme evaluation also emphasized the importance of social capital that had been gained through their affiliation in DCA/CA HIV Joint Programme and increased visibility of the diseases and vulnerabilities.

The community youth has clearly been a significant change in knowledge about HIV/AIDS since 2010. Today, no one never heard about this disease and “We know how to protect ourselves.”. They also added that pre-marital testing have been applied in all couples through pre-conditions of wedding ceremony and marital certificate, “HIV Testing policy of MoH indicated HIV testing volunteerism”

For duty bearers improved collaboration and rights holders’ improved supportive dialogue between community groups and health services were seen as a major success stories.

Within the last five years of DCA/CA HIV Joint Programme, many implementing partners shown their expectation in stronger and effective management in scaling up of their projects and some of them expressed their hopes in accountability and sustainability through enhancing their vocational training and professional business with acceptance of high quality of services and products.

More or less, it’s clearly emphasized that DCA/CA HIV Joint Programme has contributed to the reduction of HIV and AIDS prevalence and new infection (2.1% in 1998 and 0.6% in 2012) as categorizing Cambodia is low prevalence country.
Sustainability

It was due to strong and added value partnership platform with high relevance, effectiveness, and efficiency of programme as well as youth’s need based responses, or DCA/CA HIV joint Programme has been contributed to maintain and sustain implementing partners’ projects and institutions. Implementing partners’ competent in absorbing more resources for rolling out their projects in longer period to avoid the second wave of HIV epidemic. DCA/CA HIV Joint Programme largely informed policy development and were significantly enhanced and sustained through the extensive debate and discussions that accompanied policy development.

DCA/CA HIV Joint Programme has invested significant efforts and resources in the Partners’ institutional arrangements, including mainstreaming approach, management and coordination structure of the programme; this has yielded several important results:

In short, DCA/CA Programme resulted in sustaining its core elements such as technical, environmental, managerial sustainability as role model of vocation training, policy ‘inputs, mainstreamed HIV and reproductive health and rights as well as gender in commune development plan and national youth policy.

Weakness of DCA/CA HIV Joint Programme

However, some weakness of DCA/CA Programme found such as gaps in institutional development of some partners, lack of addressing HIV response environment, absences of baseline valaes and M&E Systems of Partners, gaps in linkage of programme with national social protection strategy and technical gaps in gender and human rights based approach to programming.

In conclusion,

There has been substantial change in the HIV/AIDS and Youth environment in DCA/CA HIV Joint Programme since 2008. A major change from the perspective of communities has been improved by increasing uptake of services and support for those youths, in need, including the ART/OI, PMTCT, STI, care and support, impact mitigation, institutional care, the availability of economical, educational, social and health services.

Implementing partners are, today, stronger, more diversified, and more beneficial network than the past five years; and this has had an impact on HIV/AIDS work. However, the constraints still remain from an institutional perspective.

There was also an appeal from the stakeholders in this study to strengthen prevention work, moving beyond key populations and women into the migrant workers and youth in close setting. They also suggested DCA/CA to continue advocacy for enabling environment for HIV, prevention intervention. Moreover, the work of strategic partners with RGC to enhance ownership with more efficient and more resources allocation in HIV and GBV from government.

Some proposed recommendations

Recommendations to DCA/CA

- Mainstreaming HIV and AIDS in to DCA/CA Asia Safe Migration Programme in pre-departure
a. Close collaboration with Department of Occupational and Health Safety for HIV/AIDS mainstreaming;

b. Sign strategic partnership with recruitment and sending companies to mainstream HIV and AIDS into their vocational training before departure at their training centre through developing simple HIV and reproductive health curriculum;

c. Develop communication and services directory including HIV and AIDS service directory for free of charge distribution to Cambodia migrant.

- HIV/AIDS and Sexual intercourse & Reproductive Health and Rights Mainstreaming in DCA/CA Gender Based Violence Programme

  o DCA/CA partners should work closely with village gender activists to mainstream HIV/AIDS, sexual intercourse reproductive health services in gender component of CDP/CIP;

  o DCA/CA partners and Village Gender Activists or Men and Women Network should identify core indicators of HIV/AIDS and sexual and reproductive health and rights into 12 core indicators of Commune Committee for Women and Children-CCWC for their monthly follow up;

  o DCA/CA Partners should put Gender Based Violence within HIV and AIDS families in a central of GBV responses.

- HIV/AIDS and Sexual and Reproductive Health and Rights mainstreaming into DCA/CA Food Security Programme

  o Identify Group of HIV Positive Women

  o Provide small business skills building and marketing skills

  o Offer small grants for their IGA or small business

  o Support them to link with market and joint farmer association for their selling and buying chains

- Short Term support to DCA/CA partners in strengthening institution of some partners

- Support MS and Maryknol in reintegration of OVC into their home and community

Recommendations to new formulated projects/Programme

- New Project with Exit Strategy

- New Project with Hard to Reach Youth Intervention

- M&E System Strengthening
I. INTRODUCTION

1) Objectives and Scope of Evaluation

The purpose of the final evaluation is to measure the achievements of the programme against its objectives, then make recommendations for mainstreaming HIV and AIDS into other programmes. The objectives of the final evaluation are in the following:

- To assess the progress against the programme objectives and indicators;
- To evaluate the relevance, effectiveness, impact, sustainability of the HIV and AIDS Programme;
- To identify and analyse the strength and the weakness of the programme; and
- To make recommendations for HIV and AIDS mainstreaming into other DCA/CA programmes if they are relevant and for enhancing the sustainability of the programme achievements.

The evaluation was started from May 2 to May 16, 2012 whose scope of the evaluation was focused on the relevance, effectiveness, efficiency, impact and sustainability of the programme, and the projects, that are included in the programme, contribute to the programme objectives and indicators; they are also included the entire-crossed cutting activities such as: the capacity building, the partner platforms, and the joint advocacy efforts. Basically, the added value of DCA in the partnerships was not the idea for more detail with the projects, but looked at how the results created by the projects have contributed to the achievement of the programme objectives and indicators. Especially, the data related to results at the level of the rights-holder came from project level and focused mainly on showing the project’s contribution to the programme’s objectives and indicators which are not detail with the outcomes of the project level. This means that the programme evaluation relies heavily on information from programme and project monitoring including midterm review, partners’ project reviews, evaluations, and monitoring reports. Evaluation Team visited project sites and interviewed rights-holders, implementing partners, DCA/CA headquarters, Regional Representative, Country Staffs as well as relevant stakeholders.

2) Evaluation Methodologies

Three methods of data collection, triangulation and verification, were employed during the evaluation. These are the data collection:

- Review of most updated Cambodian HIV/AIDS situation, Cambodia Youth and Vulnerable Youth DCA/CA’s implementing partners NGOs, and other relevant documentation;
- Key informant interviewing with a wide range of DCA/CA, implementing partners NGO staff members, and other stakeholders;
- Focus on group discussions with project beneficiaries, one day evaluation workshop with DCA/CA country staff, and implementing partners.

The evaluation was conducted through review and analysis of programme as well as relevant Cambodia HIV/AIDS sector documentation. These included:
DCA/CA HIV/AIDS programme and NGOs’ partners documents: log frame, programme budget, midterm review report, monitoring reports, annual programme reports, organization profiles, proposals and matrix, annual reports, project, organizational review, and evaluation reports. National level HIV/AIDS documents—including National Strategic Plan for Comprehensive and Multi-sectoral Response to HIV/AIDS III (2011-2015), the NSP III costing document, key sub-strategies (NCHADS, Ministry of Interior, Ministry of Women Affairs, Ministry of Education, Youth and Sports, MSM, Illicit Drug Use & HIV/AIDS, PMTCT). The key standard operating procedures and operating plans: including the Linked Response, Female Entertainment Workers; MSM, Positive Prevention; report of Cost Effectiveness Analysis 2011, NCHADS surveillance in all rounds (HSS, BSS, SSS MoH, National Health Statistic-All relevant years, MoH-DPHI, evaluation reports and policies); Cambodia Health Demographic 2010 (DHS 2010 raw data), making triangulation and comparison analysis; Commune Database System, in 2008, 2009, 2010, 2011 disaggregated by catchment areas of DCA and DCA’s partners. The performance indicator data collected by DCA/CA and partner NGOs was reviewed to identify key outcomes and supplemented by review of HIV and including behavioral sentinel surveillance data for key population groups.

The team also conducted program visits, interviews, and beneficiary group discussions with the intention of achieving broad and representative involvement of as many DCA/CA stakeholders as possible including programme team of DCA/CA in Cambodia, regional office, London office, representatives of NGOs’ partners in Phnom Penh and provinces, national stakeholders UNAIDS, NAA, and MOWA. Interviews were conducted in a way that promoted the opportunity for all key informants to a meaningful participation of the evaluation.

The evaluators developed specific tools including key informant interview scheduled for the various stakeholders and group discussion guided to ensure a consistency in approaching the interviews. These tools are included in Annex.

The evaluation team conducted an ongoing analysis of data through individual analysis of data collecting with a schedule of regular team’s meetings to analyze the evaluation workshop and informal discussions among team members. Moreover, after the field data was collected, the team worked together to discuss and analyze the findings in relation to each
of the evaluation questions. A summary of this analysis was presented to DCA/CA management and team by the way of a PowerPoint presentation. The purpose of this was to receive feedback, validation and further input. The analysis, which was incorporating feedback from DCA/CA, formed the basis for writing the preliminary findings and drafted report. The first draft report was submitted and given comments through online. The feedbacks were received from wider stakeholders. The final report incorporating comments and feedback was submitted to DCA/CA programme management in both hard copy and soft copy.

3) Constraints and Limitations

A total of 22 days of DCA/CA Final HIV Joint Programme Evaluation, including field work was allocated for this study. Ideally, the study took only three kinds of target beneficiaries such as entertainment workers, MSM/TG, Street adolescents, and community youth involvement focuses on group discussions. However, positive women and other youths were hard to reach.
since they did not give any involvements’ opportunities; it may probably miss some parts of ended results. Nonetheless, desk study and findings of final evaluation in each project could be on compensation, in-depth analysis of results. Attempts were made to ensure the best possible representation of the different target groups, but selection was done in a purposive manner. Consequently, the results of the study should not be extrapolated beyond the immediate group of people who were involved.

Absence of baseline values and evaluation approach took qualitative approach leading some bias in analysis of ended results, especially assumption in efficiency and impact of programme.

II. BACKGROUND

1) Country HIV Context

The estimation of HIV prevalence among general adult population age 15-49 had steadily declined from its peak 2.1 percent in 1998 to an estimated 0.6% in 2012.

![HIV Prevalence Chart](chart.png)

To maintain the declining prevalence and incident of HIV, Cambodia was supposed to address an epidemic which is concentrating primarily among populations at higher risk of HIV infection: including entertainment workers (EW), men who have sex with men (MSM), transgender people (TG), and people who inject drugs (IDU). HIV prevalence among female entertainment workers with more than 7 clients per week was estimated at 14.0% in 2010; 8.7% for men who having sex with men, 17% for transgender people in Phnom Penh (2005), 24.4% among people who inject drugs, and 1.1% among non injecting drug users (2007). Using 2007 projections, the estimated number of people living with HIV in Cambodia, 2010, was 56,000 of which 29,500 are women. NSPIII, 2011-2015, has three goals: (1) to reduce number of new HIV infections through scaled and targeted prevention, (2) to increase care and support to people living with HIV and AIDS, (3) to alleviate the socio economic and

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5 NCHADS 2010 Estimation of the HIV prevalence among General Population in Cambodia  
6 NCAHDS Estimation of HIV prevalence among general population in Cambodia 2010  
7 NSPIII 2011-2015, based on HSSS, SSS 2005 and DU 2007 surveys  
human impact of AIDS on the individual, family, community, and society. The seven strategies of NSPIII, 2011-2015, as below summary:

<table>
<thead>
<tr>
<th>Cross cutting Strategies</th>
<th>Implementing Strategies</th>
<th>TSP 2012-2015</th>
</tr>
</thead>
<tbody>
<tr>
<td>S4. Effective Leadership and Management</td>
<td>S1. Prevention Interventions</td>
<td>Comprehensive Booested CoPCT for MARPs</td>
</tr>
<tr>
<td>S5. Supportive legal and policy environment</td>
<td>S2. Integrated Treatment, Care and Support Services</td>
<td>National Social Protection for PLHIV &amp; OVC</td>
</tr>
<tr>
<td>S6. Use of strategic information</td>
<td>S3. Impact Mitigation</td>
<td></td>
</tr>
<tr>
<td>S7. Cost-effective resource allocation</td>
<td></td>
<td></td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Political Declaration and Universal Access Indicators in 2013-2015</th>
<th>Baseline</th>
<th>Target</th>
<th>Target</th>
</tr>
</thead>
<tbody>
<tr>
<td># or % of entertainment workers reached</td>
<td>46,195</td>
<td>60%</td>
<td>80%</td>
</tr>
<tr>
<td># or % of MSM/TG reached with HIV prevention program</td>
<td>94.2%</td>
<td>95%</td>
<td>95%</td>
</tr>
<tr>
<td># or % of DU reached with HIV prevention program.</td>
<td>50%</td>
<td>70%</td>
<td>80%</td>
</tr>
<tr>
<td># or % of IDU reached with HIV prevention program- NSP</td>
<td>1,869</td>
<td>50%</td>
<td>60%</td>
</tr>
<tr>
<td># or % of IDU enrolled in methadone program.</td>
<td>61</td>
<td>30%</td>
<td>40%</td>
</tr>
<tr>
<td># or % of people with advanced HIV infection receiving ART.</td>
<td>92%</td>
<td>95%</td>
<td>98%</td>
</tr>
<tr>
<td>% of Commune with at least an organization providing care &amp; support</td>
<td>47.50%</td>
<td>60%</td>
<td>70%</td>
</tr>
<tr>
<td>% of respondents who experienced S/D to OVC households</td>
<td>41.4%</td>
<td>20%</td>
<td>10%</td>
</tr>
</tbody>
</table>

2) Cambodia Youth and High Risk Situation

Cambodian youth between the ages of 15 -30 make up 4,384,407 or 32.73 per cent of the total population⁹. Cambodia has taken ownership to protect the rights of the poor and vulnerable populations, especially high-risk situations facing by Cambodian youth¹⁰.

⁹ Cambodia Census 2008
¹⁰ Adopted National Social Protection Strategy 2011-2015, RGC
Approximately 25% or close to 1 million Cambodian Youth live and work in high-risk situations—entertainment workers, man-to-man sexuality, drug users, domestic workers, garment workers, construction workers, migrant workers, and gangsters, etc. The summary of Cambodian youth and youth at “High Risk Situation” in Cambodia:

<table>
<thead>
<tr>
<th>Different age groups of Cambodian Youth</th>
<th>Statistics</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Cambodian youth(^{11}) aged 15-30</td>
<td>32.73% or 4,384,407</td>
<td>Census 2008</td>
</tr>
<tr>
<td>Cambodian youth(^{12}) aged 15-24</td>
<td>22.32% or 2,989,916</td>
<td>Census 2008</td>
</tr>
<tr>
<td>Cambodian young people(^{13}) aged 10-24</td>
<td>34.79% or 4,660,358</td>
<td>Census 2008</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>High Risk Cambodian Youth</th>
<th>Statistic</th>
<th>References</th>
</tr>
</thead>
<tbody>
<tr>
<td>Garment Factory Workers of 262 factories</td>
<td>319,383</td>
<td>MoC 2010</td>
</tr>
<tr>
<td>Cambodia Migrant Workers in Thailand</td>
<td>180,000</td>
<td>CDRI 2009</td>
</tr>
<tr>
<td>Cambodia Migrant Workers in Malaysia</td>
<td>50,000</td>
<td>HRW 10</td>
</tr>
<tr>
<td>Drug Users (2,000 injection drug users)</td>
<td>15,000</td>
<td>NAA-CP 2010</td>
</tr>
<tr>
<td>Men Who Have Sex with Men (MSM) in 10 provinces</td>
<td>21,327</td>
<td>KHANA/FHI 09</td>
</tr>
<tr>
<td>Female Entertainment Workers</td>
<td>34,193</td>
<td>NAA CP2010</td>
</tr>
<tr>
<td>Seasonal Construction Workers</td>
<td>40,000</td>
<td>AFP 2009</td>
</tr>
</tbody>
</table>

The HIV and AIDS epidemic among the general population in Cambodia has rapidly decreased since 2000, but a concentrated epidemic among the most at-risk young people is a major concern for the next decade. Having Conflicted between sex trafficking and prostitution, resulted ineffective anti-trafficking efforts and human rights violations. Police has crackdowns that are familiar to public policy responded to sex workers and drug users, in globally. However, there’re negative outcomes for female entertainment workers, including disruption of peer networks, displacement, and vulnerability have been abused with the spreads of HIV/STDs. The policies, that aim to help, have unintended adversely in the public health’s consequences or violated human rights in some groups. The current “drug’s policy” give duty for police to arrest the drug users; consequently, Village/Commune Safety Policy stated, “more weight on drug users’ and entertainment worker (EW) have been arrested.”

The HIV prevalence among young entertainment workers in Banteay Meanchey (BMC) and Siem Reap (SRP) has increased from 30.70% to 41.05% in BMC and 20.40% to 37.88% in SRP.

According to the TRAC survey conducted by PSI among EW in 2009, 30% of the entertainment workers had abortions in the previous years. In addition to another case study titled “MARYP Study” in 2010, 12% of female participants, who had sexuality, reported that most of them contained pregnancy; among these, 33% of them experienced of being

\(^{11}\) National Youth Policy 2010, MoEYS
\(^{12}\) UN Definition
\(^{13}\) UN Definition
induced abortion. Only 45.8% of Cambodian Youth age 15-30 reported with a comprehensive knowledge of AIDS. This refers to the percentage of young teenagers age 15-30 who correctly identifies the ways of preventing the sexual transmission of HIV and rejects the major misconceptions about HIV transmission (CDHS 2010). Approximately 50% of Cambodian Youth, 15-30, reported that more than one sexual partner existed in the past 12 months who use condom during their last intercourse and around 8.04% of them who has been tested for HIV after having sexual intercourse by knowing their test result. CDHS 2010.

3) Programme Overview

The DCA/CA HIV and AIDS programme “Sexual Health and Life Skills for young people in Cambodia (2008-2012)” aims to prevent HIV transmission and impact mitigation. The promotion of sexual and reproductive rights, on the other hand, were hard to reach the vulnerable youth and young couple. The overall programme goal is to support the environment which created for vulnerable; moreover, it was hard to get young people to understand how to protect themselves as well as others from HIV infection. In fact, it mitigates the social and economic impact of AIDS with the following four specific objectives:

- (1) vulnerable youth empowered to claim their HIV and SRH rights in order to have full control over their sexual and reproductive health and to minimize risk behaviour for HIV infection;
- (2) social, physical and economic vulnerability of vulnerable youth reduced, especially street based youth, orphans and vulnerable adolescents, and HIV positive youth;
- (3) legal and moral duty bearers strengthened to promote and enforce youth and gender friendly HIV, SRH, gender policies, and laws;
- (4) cooperation between partners and wider networks enables shared learning, improved effectiveness, wider coverage, and replication of interventions.

In late 2011, it was decided to phase out the HIV/AIDS programme in Cambodia by December, 2012 (end of current programme cycle). One main reason for phasing out is about DCA which has decided to reduce the number of HIV and AIDS programme worldwide and as a consequence the organization will no longer work with HIV and AIDS in low prevalence countries such as Cambodia. In October 2011, DCA/CA partners were informed about the decision in the partner platform meeting. DCA/CA will aim at integrating HIV and AIDS more strongly in its two other programmes: Accountable Governance and Food Security.

4) Implementing Partners

The programme has been implementing together with Cambodian NGO partners: Khmer Youth Association (K YA), Gender and Development Cambodia (GAD/C), Life With Dignity (L WD) former Lutheran World Federation (LWF), Mith Samlanh/Friend (MS), Maryknoll-Little Folk (MC-LF), Karol and Setha (K&S), Cambodian Community of Women living with HIV/AIDS (CCW), Cooperation for Social, services and Development (CSSD), Cambodian Health Education and Media Services (CHEMS, and HIV/AIDS Coordinating Committee (HACC). And the contributing from associate partners is Salvation Centre Cambodia (SCC). Below table shows the period of implementing partners involved in DCA/CA HIV Joint Programme.
Table 1: DCA/CA implementing partners and associate partners, 2008-2012

<table>
<thead>
<tr>
<th>No</th>
<th>Name of partner</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>211</th>
<th>212</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>HU</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>CHEMS</td>
<td></td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>3</td>
<td>CCW</td>
<td>x</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>4</td>
<td>LWD</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>5</td>
<td>Maryknoll</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>6</td>
<td>GAD/C</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>7</td>
<td>K&amp;S</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>8</td>
<td>KYA</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>9</td>
<td>MS/F</td>
<td>x</td>
<td></td>
<td></td>
<td></td>
<td></td>
</tr>
<tr>
<td>10</td>
<td>CSSD</td>
<td></td>
<td>x</td>
<td></td>
<td>x</td>
<td>x</td>
</tr>
</tbody>
</table>

**Associate partner**

<table>
<thead>
<tr>
<th>No</th>
<th>Name of partner</th>
<th>2008</th>
<th>2009</th>
<th>2010</th>
<th>211</th>
<th>212</th>
</tr>
</thead>
<tbody>
<tr>
<td>1</td>
<td>CHEMS</td>
<td>x</td>
<td>x</td>
<td></td>
<td>x</td>
<td></td>
</tr>
<tr>
<td>2</td>
<td>SCC</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td>x</td>
</tr>
<tr>
<td>3</td>
<td>HACC</td>
<td>x</td>
<td>x</td>
<td>x</td>
<td></td>
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</tr>
</tbody>
</table>

5) **Geographic focus of the HIV Joint Programme**

Geographically, the programme has covered Battambang, Banteay Meanchey, Kampong Chhnang, Kampong Cham, Prey Veng, Kandal, Kampong Speu, and Phnom Penh.

Figure 1: Geographic areas covered by DCA/CA partner, 2008-2012
III. FINDINGS

1) General Changes of DCA/CA Joint HIV/AIDS Programme

There was a clear perception of change between 2008 and 2012 in all the targeted youth groups (32 youths) who participated in this final evaluation. Common elements include the reference to an increased discussion and openness on HIV/AIDS, reproductive health, and other HIV related issues within families, communities, and in the general public. There was also a high degree of consensus that HIV/AIDS and reproductive health is nowadays seen as a collective responsibility, more diversified, stronger, better network if they compare to the past five years. Therefore, we can find the great involvement of targeted youth as peer, outreach workers and service providers in the fight against HIV/AIDS. A further important element mentioned across all targeted groups was the growing availability of treatment (ART/OI Services), voluntary testing services (VCCT), Sexually Transmitted Disease Infection Services (STI), and the testing for pregnant women (PMTCT) 2012, psycho social support, other nutritional and economic supports (NCHADS Annual Report 2011). Furthermore, the availability of HIV and related services were contributed by Development partners, Governments, and Civil Societies.

The reduction of discrimination and discrimination has taken place in the domain of the general public (families and communities) and also within the health services “Many PLHIV in communities are now working and doing business as usual; they seem to forget HIV positive according to what the Group of Positive People said and added by key informants.
Almost of all those orphans, who are infected and affected children living on the street and other vulnerable children with positive youth, were under their support and attended primary school, lower secondary school, and high school; some of them continue to higher education levels and vocational trainings at their residential care.

2) Significant changes against the Programme Objectives

<table>
<thead>
<tr>
<th>Objective 1. PREVENTION: Vulnerable youth empowered to claim their HIV and SRH rights in order to have full control over their sexual and reproductive health and to minimize risk behaviour for HIV infection.</th>
</tr>
</thead>
<tbody>
<tr>
<td><strong>Outcome Indicator1.1:</strong> Targeted youth demonstrated in improving knowledge and reduced misconceptions regarding HIV, sexual intercourse, reproductive health, adopted gender sensitive attitudes, and behaviour of reducing vulnerability to HIV infection.</td>
</tr>
<tr>
<td><strong>Outcome Indicator1.2:</strong> Increase in number of HIV positive youths who have the knowledge, skills, ability to adopt, and <strong>maintenance of</strong> safe behaviour that prevents onward transmission.</td>
</tr>
<tr>
<td><strong>Outcome Indicator1.3:</strong> Duty bearers, especially parents, teachers, religious leaders, and commune councils create a supportive environment for young people to access gender sensitive, youth friendly HIV, SRH information, and services.</td>
</tr>
<tr>
<td><strong>Outcome Indicator1.4:</strong> Increasing access to youth with friendly and sensitive HIV gender and SRH services including condom access, VCT, STI care, PMTCT, drug prevention and harm reduction services, etc.</td>
</tr>
</tbody>
</table>

**Objective1-Findings**

- The HIV Programme is well accepted among young population; nevertheless, It hard to reach youth. Indeed, most of interviewed teenagers (MSM, EW, community youth, Street Youth…) provided evidence of an increased level of comprehensiveness on HIV or AIDS knowledge, SHR, positive prevention, risk determinants, risk perceptions, and majority of them could answer all five questions correctly. It’s quite significant difference with comparison analysis between this finding and CDHS, 2010. Based on CDHS, in 2010, analysis for HIV knowledge in general youth that comprehensive knowledge about AIDS refers to 45.8% of young teenagers age 15-30 who correctly identify ways of preventing the sexual transmission of HIV and reject major misconceptions about HIV transmission.

- Most at Risk Adolescent (MRA), who were interviewed in Phnom Penh, had a significant higher score than community youth in Prey Veng, Baphnom District with attitudes (toward hypothesis situation involving with person with HIV and AIDS; familiarity with skills-refusal, suspension, and negotiation). Moreover, FGD confirmed that adults, who involved in programme, were knowledgeable, communicative, and confident about what they had learned. A part from broader package, other areas’ skills likewise condom use, drug use, multiple partners, decision making, problem solving; they were competent as resilient youth.

“There is notably change of knowledge and behavior of community youth in Baphnom District, Prey Veng Provinc. In terms of getting blood test for HIV before married, majority of married couple using modern contraceptive methods, and the
The number of domestic violence cases decreased as per women and men have a full knowledge on gender-based violence and women themselves can debate with their husband when a case of domestic violence takes place. Alcohol consumption among male community youth, on the other hand, is pretty high.” – Group of community youth in Barphnom District, Prey Veng Province.

- From FGD and desk study, peer educators, men, women network, outreach workers, base-home- care team, and positive groups were success in reaching large numbers of target youth and community youth in expected-and-unexpected areas.

Base on the series of DCA/CA HIV’s annual report Joint Programme which mentioned that general youth, MSM, EWs, Migrant workers, street children , youth, drug users, and others increased notably and better understood of risk behaviour to HIV/AIDS, STI, gender, able to control their risky behaviour through training, workshop, peer education, IEC, and campaign: 3,706, in 2008; 6,884, in 2009;13,51, in 2010; 11,716, in 2010. However, the main reasons of low coverage, in 2011, due to some projects were ended (HU & CCW), worst environment of HIV, and AIDS responses. Some studies on (PSI Prakas 066 assessment in 2010 and HACC Contradicting law and policy assessment) mentioned that antihuman trafficking, sexual exploitation law, community safety policy implemented, and made negative consequences on HIV responses. Studying on these cases added that some target groups such as MSM, EW and DU/IDUs were arrested and sent to rehabilitation centre.

Another thing through peer education programs, many youth in community including uneasily reachable youth on HIV/AIDS, reproductive health, and right messages. Half of target youth being reached were females. It was tough to reach youth including street youth, drop- schooled youth, mobile youth, DU/IDU, MSM, people with disability, and carpenter youth. KYA has reached coverage gradually in community youth including tough-reached youth--17,670 (9,005 female), in 2009; 9,138 (4,308 female), in 2010 and 7,378 (3,681 female), in 2011.

KYA ends line- project evaluation on prevention of HIV transmissions and impact reduction.

- Findings from both desk review and focus group discussions with final youth beneficiaries, key informant of DCA’s partners and stakeholders indicated that some of youth in target areas acquired life skills such as ability and capacity to determine risks. In addition, they still feel unconfident to handle possible risk situation to double the triple risks of HIV and related issues. Anyway, two -third of respondents perceived themselves as having no risk of HIV and STI infection. Others perceived themselves as having high risk of getting the HIV and STI infection.

- Stakeholders and Partners expressed that the programme played important roles in equipping with appropriate HIV &AIDS, SHR, and empowered young population to make informed healthy choices about their risky behaviors, risk perceptions, risk determinants, appropriate social, and health services.

A 18-year-old boy, who living and working at MS Residential Care Centre, said, “I am happy with a big smile. Right now my dream becomes true. I would like to give my thanks to Mith Samlanh who gave the great opportunity to change my behaviour and to be a good child. As the result, I can grab a chance to study at vocational training skill.”

DCA/CA Joint HIV/AIDS Programme Evaluation
Women & Men Network, Peer Educators, outreach workers, and duty bearers are well informed about HIV, SHR, health related service providers for HIV, and Sexual Health Issues.

“Before, majority of MSM were discriminated by community residents – when they saw MSM walking on the street. The rude words “A Kteuy” and “blame” fell on them why they acted like that. but right now, discrimination acts against MSM in community has been decreased significantly because CSSD not only works with MSM and entertainment workers but also works with community residents and with local authorities as well as healthcare providers. MSM who participated in CSSD project said that they recognized the club of MSM and EW initiated by CSSD as the place where MSM can access information, gain knowledge on SRH, HIV, and sharing experience among each other”. – MSM in group discussion.

All most all advanced HIV infected people and children under Implementing partners likewise Life With Dignity (LWD), former Lutheran World Federation (LWF), Mith Samlanh/Friend (MS), Maryknoll-Little Folk (MC-LF, Community of Women living with HIV/AIDS (CCW), and association- partner Salvation Centre Cambodia (SCC) received ART and OI as confirmed below table.

Figure 2: Trend in number of OI/ART active patients on ART from 2006-2011

- Transfer knowledge from staff and trainers to peers, beneficiaries. Outreach workers had better approach to reach out majority of MSM, EWs, Community Youth, and others were hard to reach as well as migrated youth since the past four years’ time, but currently almost of all key informants mentioned that current approach needs to be reviewed and created to enhance the environment through building strategic partnership with commune committee for community safety policy.

- Through desk study and findings of final evaluation, teamwork indicated that most of right youth and target youth in the communities are well informed about suitable service providers, reproductive health services, and legal services. To confirm with Key Informants, that referral components are advanced as majority of participants who were capable to name health services that they would consult by related to HIV, STI, VCCT, and reproductive health.

More than half of entertainment and MSM participants of target group with discussions, in Phnom Penh, reported being tested for HIV and received post counseling sessions and results while few of community youth and youth clubs got HIV testing with posting the test results. It’s confirmed by desk study and key informant that majority of them attended HIV training course/campaign and reproductive health services. Its evidence is to show the contribution of DCA/CA HIV joint programme with increasing HIV testing as.

Figure 3: Trend in number of people tested for HIV at VCCT service from 2006-2011

Its significant in contribution to the national testing and counseling (VCCT) strategies was increased in testing among general population and Cambodia Youth. DCA/CA HIV joint programme produced impact of HIV testing and counseled in the last five years and this year. To base on the line graph above, the number of youth referred for HIV testing had increased over times excepted 2011. Senior Management Team of CSSD said that most of EWs and MSM were already tested and not required to have an annually test.

**Objective 2:** Social, physical and economic vulnerability of vulnerable youth reduced (especially street based youth, orphans and vulnerable adolescents, and HIV positive youth).

**Outcome Indicator2.1.** Vulnerable youth and their families and/or care givers have vocational skills and increased access to income generating activities for sustainable livelihoods.

**Outcome Indicator2.2.** Vulnerable youth and their families and/or care givers have increased access to education (formal and non-formal)

**Outcome Indicator2.3.** HIV positive youth in target areas receive adequate quality medical, emotional and social support (counselling, transportation etc) and they and their households receive adequate food/nutritional support.

**Outcome Indicator2.4.** Reduced stigma and discrimination, indicated by the increased number of young PLHA that are open about their status and active, accepted and integrated in their communities.
Objective2-Findings

- Implementing partners such as Life With Dignity (LWD), Former Lutheran World Federation (LWF), Mith Samlanh/Friend (MS), Maryknoll-Little Folk (MC-LF, Community of Women living with HIV/AIDS (CCW); the association-partner Salvation Centre Cambodia (SCC) has taken ownership and stewardship to protect the rights of the child as stipulated in the Constitution of Royal Government of Cambodia (Article 48) and in the ratification of the Convention on the rights of the child. Almost all those orphans, who are infected and affected as street children and other vulnerable children, were under their support and attended primary, lower secondary, and high school. Further more, some of them continued in higher education levels and vocational trainings at their Residential Care Centre. Only 23 positive youth and children infected with HIV as well as AIDS under LWD, however, were received education assistance to attend school.

- Through residential care visit, key informant and desk study, of May 2012, Cambodia has around 269 residential care/institutional care including residential care of Mith Samlang and orphanages of Maryknol with more than 10,000 orphans and vulnerable children included adolescent. Those two implemented partners played a strong roles in taking care of OVC, street children, positive youth with National Standard of Alternative Care, and Minimum Standard of Alternative Care in the centre.

- Through in dept comparison analysis, DCA/CA HIV Joint Programme has a huge contribution to mitigate the impact of HIV and AIDS among families of orphans, vulnerable children, and youth in Cambodia shown table below.

Figure 4: Number of OVC received care and support 2010\textsuperscript{15}.

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<th>Number of OVC Recieved Care and Support, 2010</th>
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<tr>
<td>Total number of OVC received care and support</td>
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<td>69,114</td>
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<td>61,475</td>
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\textsuperscript{15} Source: NAA, a review of progress towards the achievements of Cambodia’s Universal Access target 2010; MoSVY, data of alternative care 2009; partner of DCA/CA annual report (MS and Maryknoll) 2010.

- The additional area where there has been substantial changed and again it was mentioned across all groups containing less problem of stigma and discrimination of PLHAs. Both members of the general public and key populations emphasized this differential treatment of PLHAs – “Those who are sick has not marginalized until the
day they die” was the comment of one of the positive youth and street children who participated in the discussion. The reduction of discrimination has taken place in the domain of the general public (families and communities) and also within the health services. Many PLHIV in community now are working and doing business as usual. They looks forgotten that they are positive according to what the groups of Positive People have said. It clearly shows in Stigma Index Study of National AIDS Authority in 2011 that only 41.4% of PLHIV respondents who experienced S/D to OVC households.

- DCA/CA HIV joint Program together with implementer-CCW within the past five years from 2008 to 2012. This built reliability and right positive women network at national, sub-national, and community levels. Positive women groups have a strong-and-recognized voice in the influencing and demanding high quality of effective care and treatment, especially ART and OI treatment. It proved that Cambodia Positive Pregnant Women has sharply increased uptake of PMTCT and ART as shown.

**Figure 5: Percentage of pregnant women on ART, 2008-2011**

A group of HIV positive women (CCW) was recognized by the National AIDS Authority and Ministry of Women’s Affair, as a strong women network representing and advocating for the women and marginalize people business.

- Best practice and lessons provided very clear evidence based on information of impact on street and positive youth through professional and appropriate vocation training and reintegration of those vulnerable youth in residential care of MS and Maryknol. It is acknowledged that issues of positive youth have a large influence over many sectors working on OVC issues. The support for social affairs has gained similar attention as compared to other sectors such as health and education. It is also found that the vision of the residential care and linkage outreach. Moreover, the reintegration were recognizably and strategically focused on promoting a sense of self-reliance and youth resilience to support the mission of “Making a Significant and Lasting Difference”. Most of the street youth and positive youth, who attended residential care, gained professional skills and sustainable reintegration into their hometown and usual market. The majority of stakeholders interviewed and met for making high appreciated DCA/CA HIV Joint Programme in terms of MS supported programme as a good model of reintegration. More than hundred of youth orphans and vulnerable children, who lived and worked at MS residential care, were well and successfully reintegrated into their community and family placement.

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16 MOH, Health Sector Progress in 2011.
In annual report of MS 2011, around 111 (25 female) cases management of reintegrated children and youth affected by HIV in provinces and 17 (6 females) infected by HIV/AIDS. MS senior management team including Executive Director has strong emphasized that all most all reintegrated youth and children were under close follow up and successful family placement with appropriated and increased income through their professional skills of IGA.

- Through focus-group discussions with around 20 youth at residential care or orphanage, all of them have quite confidence in their business skills after reintegration and inside centre business.

When they were living and working on the street, they faced a lot of problem such as food shortage, no education, health issue disclosure to drug users, and insecurity and being hopeless with their future; after coming to live and learning in Mith Samlanh Center around one year, all children in the center felt safe and delightful – children in group discussion.

Mith Samlanh is a great organization that has provides a full package of support for every marginalized people attended in the Mith Samlanh Center including accommodations, foods, clothes, vocational skills, experiences and packages of money to run a small business after graduating so that all teenagers in the center really hope to have a bright future within their skills and ability to gain from Mith Samlanh. It is highly significant different of the situation of marginalized children and youth before and after entrant into Mith Samlanh Center – Former drug users in group discussion.

- Through key informants, management meeting, focus-group discussions with two groups of youth and desk study of MS which has clearly indicated that HIV and AIDS mainstreaming with all MS programmes. Meanwhile, its activities were quite successful and well integrated. Every bodies met at MS shops such as cloth shops, restaurants, make-up shops, etc., who acknowledged themselves in low risks and high perception of risk when having multiple partners and incorrectly inconsistent use condom.

HIV and reproductive health sessions among youth who are learning and working at MS restaurants, shops, make-up shops, Drop-In Center, etc. have conducted in monthly basis. The social-marketed condom always displays at appropriate places of MS income generation activities, IGA, HIV and reproductive health mainstreamed.

- Through discussions and desk study of CCW, more than half of HIV positive families under CCW Project and project are well integrated in National Social Protection Strategy, 2011-2015, due to availability of ID-Poor within those families.

- In depth analysis of group of positive youth and vulnerable youth in residential care as well as annual report DCA/CA HIV Joint Programme and comparison analyzed by using national standard of alternative care and support of OVC, has shown the significant changes in terms of care and support received by OVC. Positive youth as

| Minimum package of alternative care in residential | Scoring (1 is poor and 10 is best) |
Almost all responds in focus-group discussions have highly satisfied in receiving care and supported, especially skills enhancing and equipping.

“I am a 8- year-old girl who is learning with MS Residential Care Centre,” she said, “my mother takes me to study at Educational Center and my younger brother also has a chance to study there, too,” and she continues, “ Now I am studying with other friends, and my family receives foods, school materials, house rental and small business support.” “ I would like to say thanks to Mith Samlanh, which gave me a great opportunity to me and made my family to be better. In the future, I really want to be a nurse and hope my dream will come true,” she added.

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Objective 3. ADVOCACY: Legal and moral duty bearers strengthened to promote and enforce youth and gender friendly HIV and AIDS law and encourage the formulation of other related policies (NYP, ASRH, Gender policies).

Outcome Indicator 3.1. The national ‘Youth Policy’ reflects HIV and gender issues is finalised, approved and applied by appropriate bodies; and dialogue is enhanced towards the development of the ‘Adolescent sexual and reproductive health (ASRH) policy’

Outcome Indicator 3.2. Networks/platforms of youth, young couple and PLHA at commune, district, provincial and national levels advocating for enforcement of HIV/AIDS laws and related policies (NYP and ASRH).

Outcome Indicator 3.3. Increased media coverage documenting implementation and enforcement of policies and laws (including the AIDS law), related to ASRH and HIV rights

Outcome Indicator 3.4. The gender perspective is incorporated into HIV programmes, indicators and policies, especially the next National HIV Strategic Plan (NSP-III 2011-2015).

Outcome Indicator 3.5. There is progress in the allocation of resources for, and implementation of, the recently approved MoWA strategic HIV and AIDS plan

Objective3-Findings

• Several respondents talked about the huge contribution of DCA/CA HIV Joint Programme in several policy, guidelines, strategic plans, system/mechanisms
formulation, enforcement through meaning involvement, presentation of rights holders, targeted youth representatives and DCA/CA staff, implementing partners, strategic partnership between DCA/CA, and partners in terms of HIV responses (that is in relation to the recognition by government of the role of civil society). Some respondents noted that there needs to be continual and well planned programs to help government to understand the roles and values of civil society over the long term.

Through the results of evaluation workshop and desk study, it clearly stated that without DPs included DCA/CA partners, other HIV actors, mainstreaming HIV, AIDS, Gender into NSPIII 2011-2015, NAA, National Youth Policy, MoEYS, HIV, AIDS Strategic Plan, MoWA, HIV, AIDS National Strategic plan, MoEYS, other policies, and standard operation procedures could not be happened.

- Partners worked together to advocate with the government to approve on National Youth Policy (NYP). As a result of their joint advocacy works, the NYP was finalized and approved on 24 June 2011. Strategy 6, 10 and 11 of total 12 strategies of NYP has clearly mentioned as the promotion of youth participation, youth volunteerisms, and of gender equality respectively. Therefore, some of stakeholders indicated that the qualified and applicable laws, policies, guidelines, and systems/mechanisms were developed, but Royal Government of Cambodia always has no political wills in enforcement of those laws and policies or poorly implemented laws and policies. In short, Cambodia produced many laws and policies, but enforcement of those laws and policies are contrasted on what the laws have been ratified.

- Evident information on public health’s consequences and human’s rights violation against most at risk population as well as collapses of national condom use program including condom market were told and heard through several advocacy forums and the meeting including recent advocacy campaign held by HACC and DCA/CA’s partners in Cambodia.

- The findings of assessment of contradicting laws and policy such as anti-human trafficking, sexual exploitation law, anti-drug control law, and community safety policy were held by HACC and DCA/CA’s partners and well reflected in findings of National Technical Support Needs Assessment and approved Technical Support Plan 2012-2015, NAA, new innovative approach of HIV responses which were found such as comprehensive being boosted continuum of prevention to care and treatment for MARPs (CoPCT) and National Social Protection Strategy for PLHIV and OVC. Additionally, those laws and policies have produced public health consequences and human rights violation. According to the evidence of social marketing of condom and condom distribution were decreased sharply and condom 100% programme was deadlocked.

- Both of DCA/CA’s partners mentioned that HIV/AIDS and gender were well mainstreamed in Commune Development Plan and Commune Investment Plan in their target areas, but some said that HIV and gender mainstreamed in very few communes. However, some respondents made more concrete ideas that Royal Government of Cambodia including Sub-National Government has no willing to mobilize resources for implementation of these CDP and CIP.
The commune chiefs of Baphnom Districts substantiated their commitments by accepting gender-based programme into their commune plan where GAD/C HIV Project implemented. There were some constraints in using the budget as it covered particular aspects, for example HIV and health issues of women and children. Furthermore, it required lot of preparation to use the budget. With the constant lobby by CBNs and district officials, the commune authorities decided cooperate with CBN to disseminate relevant laws and to reduce gender-based violence. All thes 4 commune chiefs agreed to take the ownership of the gender programme and put the gender programme in the CIP. Each commune (4 communes of Prey Veng province) promised to allocate commune budget, 3 million Riel (roughly US$750) to operate gender-based programme. CGs (CBNs) was invited to attend CC meeting to advocate their approval to take ownership of the gender programmes. The commune chief, police, village chief and CGs (CBN) met and discussed about action- plan budget to accept and integrate into the CIP. CIP was accepted and decided to be announced in the CC mandated meeting on March 30, 2012 in Sdau Kaong commune.

- Stakeholders emphasized that DCA/CA and its implementing partners including MSM and EW representatives were meaningful involvement and were able to represent its supposed constituency (NAA TWGs, MoWA Forum), MoEYS Forums and other TWGs) and has full capacity to represent DCA/CA HIV Joint Programme. Many expressed the need to broaden the constituency and to be more consultative of NYP and NSPIII 2011-2015 for better implementation and enforcement. In relation to planning and decision, most of stakeholders and respondents felt that the approach had taken by DCA/CA staff and it implementing partners were placed enough emphasis on the needs and issues which emerged from the ground reality or needs and challenges of target youth.

- In short, the DCA/CA and implementing partners have played a substantial and important role in both nationwide and community level which influences the policy, strategy and ensures civil society and target youth to get a voice and a place in the HIV/AIDS policy environment.

**Objective 4. Cross Cutting:** Cooperation between partners and wider networks enables shared learning, improved effectiveness, wider coverage and replication of interventions.

**Outcome Indicator 4.1** Partners’ capacity is to implement effectively on SRH and HIV’s interventions to be increased.

**Outcome Indicator 4.2.** Partners in the HIV programme share lessons with other relevant organisations and networks and have increased influence on their work.

**Outcome Indicator 4.3.** Partners identify and work together on cross-cutting initiatives, e.g. HIV and GBV, HIV and food security.

**Outcome Indicator 4.4.** CA and DCA media coverage of issues affective HIV and youth increased.

- Through results of evaluation in workshop, we found that DCA/CA and Partners Platform (owned by DCA/CA) are self-governed and consultative platform that supports partners’ actions on HIV/AIDS and learning/exchange processes. This enable them to manage and implement effectively while approaching to prevention, care, and support for the infected, affected, and vulnerable youth.
Platform is supported financially and technically by the DCA/CA HIV Joint Programme to undertake their national role, as well as wider policy and advocacy functions in nationwide and implementing levels. The processes were always worked and highly satisfied platform.

- Final Project Evaluations managed by LWD, KYA, CCW, GAD/C and others highlight perceived improvements in services and support for those in need. Implementing partners are perceived as stronger, more diversified, and better network than they were five years ago. The DCA/CA and its implementing partners have been seen to have contributed directly to these improvements by partners’ platform towards creating stronger institutions by providing training, learning, exchanging and lobbying for issues in nationwide and community levels.

| Through in depth analysis, without DCA/CA Fund, majority of implementing partners such as MS, LWD, Maryknol, SCC, HACC, CHEMs, K&S etc could maintain and mainstream HIV and AIDS into their projects and programmes. They all have many part polio projects on HIV and AIDS related issues. Additionally, they all have enough capacity to absorb fund from other donors for new and innovative projects/Programme. However, some of DCA/CA’s partners such as CCW, CSSD, KYA need more institutional strengthening for better abortion capacity and sustain their institutions. |

- The study found evidences that implementing partners were consistently adopted safer behavior approach and identified the communities' perceptions of the need to further strengthen the coverage and quality of decentralized service delivery. The need for more innovative communication approach which addresses the awareness behavior change gaps and the need for expanding the prevention effort beyond target youth and uneasily reachable youth and both inside and outside migrants.

- Value of grants provided, range of intervention types, coverage of target youth, or implementing partners has supported an impressive scaling up of “action on the ground”. Implementing partners has also had considerable success in leveraging money from DCA/CA sources. Some implementing partners expressed high expectation for sustainability in terms of professional business and income Generation Activities-IGA through competent youth and recognized products produced by target youth.

- Through evaluation workshop and key informant interview, it said that almost all implementing partners expressed the added values of platform and merged DCA/CA that DCA/CA and strong partners have in general provided timely and good quality support to its other implementing partners. Flexibility and capacity for quick response have been central to the generally successful provision of technical assistance and coordination. The flexibility and strong learning process by using partner’s platform that characterizes between DCA/CA and partners technical support that have been critical to ensure that assistance is available whenever and wherever needed. The currently multi-support works well. Regional cooperation and merged DCA/CA, which are relatively new development at the HIV joint programme, are emerging as a useful complement to the technical support provided by the DCA/CA.
• Similarly, DCA/CA country staff and implementing partners, merged DCA/CA, were more harmonized and responsive institution. They expressed high satisfaction in direct and simplified operation procedures, but they told us that we'll need more time to see the effects and synergy of merged DCA/CA. Another evident found that both local resolution mechanism and in a distance are more supportive in locally and regionally technical support sound.

• In general, evaluation, It was able to establish DCA/CA Platform and merged DCA/CA that have been very effective in establishing partnerships. Both national level and these partnerships have been carefully identified and critically input of the target youth into key-policy discussions. In community level, there have been varied approaches to the establishment of partnerships; based on local context, strengths, and opportunities offered by the programmes that are in place. However, the lack of specific advocacy plans within DCA/CA and its partners with stakeholders are the weak points that should be addressed.

• The sanction of implement partners has compiled an impressive array of tools and resources, especially partners sharing workshop and skills buildings (eg BCC workshop) that reflect a strong emphasis on using the lessons of experience to inform practice, particularly in its implementing project. Formal links as partner’s platform between lesson learning and programming are stronger, particularly with regard to each project evaluations. Moreover, this has genuine opportunities for the DCA/CA to draw generalized lessons across into other programmes and interventions.

• All implementing partners expressed their appreciation and rated high--- values in working and receiving grants and applying appropriated approach toward great achievements within low and limited resource setting. They also added that DCA/CA is a great partner if it is compared to other development partners, “Based Partners and Beneficiaries needs compliance”. Core fund contribution and partners’ platform are the strengths.

• Almost all implementing partners have its own reporting formats, data spreadsheets, but M&E System such as Data Verification Mechanisms, Instruction Guide, Indicated Reference Sheets, and its definitions; Data Based System tracking outcomes which achieved against objectives was no more available.

2) Relevance

The programme is highly relevant to the Cambodian HIV epidemic with an increasing focus on youth, uneasily reachable youth, especially the Entertainment Workers, Men Who Have Sex With Men, Transgender, Drug Users, Injection Drug Users, and Vulnerable adolescences. Many reasons below:

• Cambodian entertainment workers are approximately 34,193 (NCHADS 2009), and the majority of them, (45.1%), aged 20-24 years old. “FSWs” is projected to constitute 30% of new HIV infections in 2012 – the highest proportion of new infections for one population group. “HSS”, in 2010, found that HIV prevalence amongst female entertainment worker (EW) is 14% in the high-risk group (more than fourteen clients per week) and 4.1% for the low-risk group (less than fourteen clients per week).
Men who have sex with men (MSM/TG) are high risk group of HIV transmission. The most recent size estimation for MSM was carried out in 2009 by the Khmer HIV/AIDS NGO Alliance (KHANA) and Family International (FHI) in their respective areas of work around Cambodia. “KHANA” and “FHI” estimated that there were 21,327 MSM in ten selected areas. However, this number might be an underestimation because a substantial part of Cambodia, MSM population, is hidden. In 2005, the “SSS” found that TG had the highest HIV prevalence in 9.8% compared to the MSM whose prevalence was 8.7% in Phnom Penh. “TGs” is estimated nearly 6,000 people and the MSM high-risk group, 15,400 people.

A study conducted by NCHADS on drug users (DU) and injection drug users (IDU) estimated that there were drug users, 13,000 and injection drug users, 2,000 in Cambodia. The majority of drug users is young population (80% is under 25 years old and 17% is under 18). A mapping of over 3,000 street children found that 42% of them used drugs, with 14% reporting injecting drugs. In 2007, HIV prevalence among IDUs was 24.4%, representing the highest prevalence among all of the MARPs in Cambodia (NCHADS 2007). TWG participants presently estimated that approximately 1,900 IDUs in Cambodia.

According to UNAIDS 2006 AIDS with update report, globally young people (aged 15-24) account for 40% of new infections, of whom young females are disproportionately affected.

The DCA/CA HIV/AIDS program has placed increasingly emphasis on alignment with the National Strategic Plan For a Comprehensive & Multi-Sectoral Response to HIV and AIDS 2011-2015 (NSP III). The programme objectives were good in line with the strategy 1 (Increasing coverage, quality, and effectiveness of prevention interventions) and strategy 6 (ensuring availability and use of strategic information for decision-making through monitoring, evaluation and research) of the NSP III and focused on a multi-sectoral approach to HIV/AIDS. Generally, the partner projects fit well with the DCA/CA programme focus contributing to multi-objectives.

The context analysis was conducted before designing HIV/AIDS programme and all partners’ project were based on organization experience and problem identified from previous projects. The recommendations of mid-term evaluations were incorporated in the programme design. Based on the context analysis, the focus of the programme was primarily addressing SRH right of youths and the prevention of HIV/AIDS. The programme beneficiaries and partners participated in focus group discussions and key informant reported that HIV/AIDS among MARPS and youth, SRH, enabling environment and GBV are real problems that should be addressed. The programme focused on youth, especially out of school youth, girls and women as the most vulnerable group.

The HIV/AIDS programme is therefore highly relevant and specifically directed towards the intended problems and policy priorities of the Cambodia. Overall, the relevance of the programme should be rated very high.

After adoption of National Youth Policy in December 2011 by Ministry of Education, Youth and Sport, It’s clearly that DCA/CA and Implementing partners need next several years to and enforce the implementation of National Youth Policy by focusing on promotion of youth participation, youth volunteerism and youth and Gender.
DCA/CA HIV Joint Programme and other programme such as Reducing Gender Based Violence Programme, Food Security Programme, and Asia Safe Migration Programme are interlinked and mutual supported toward National Strategic Development Plan 2009-2013, MoP and Logical Frameworks of programme are aligned with Joint Monitoring Indicators of NSDP 2009-2013. Additionally, Cambodia youth nowadays have faced national prioritized issues such as issues of HIV, migration, gender based violence and food security insecurity, etc.

3) Effectiveness

Based on the general changes and significant changes against four objectives of DCA/CA HIV Joint Programme, especially outcomes of the logical-frame- worked programme have been met (improved access to and use of HIV/AIDS prevention). There has been significant learning across programs to maximize effectiveness.

Merged DCA/CA and added valued of DCA/CA partnership platform contributed to the achievement of DCA/CA Joint Programme. Analysis of the same programme documents of DCA/CA and partners indicated that the vulnerable groups in particular youth, including both male and female in DCA/CA focused areas are empowered to claim and access rights from duty bearers to knowledge, prevent, care, support and treat for reducing vulnerability to HIV/AIDS and SRH and some different committee such youth club, men group, and women group have been formed and strengthened to raise awareness on risk of HIV/AIDS and SRH.

DCA/CA Partnership Platform supported to implementing partners has a particular emphasis on capacity building of partners, learning exchange, progress monitoring mechanism, and sufficient effort was being made to track and analyze its effectiveness (Outputs achievements against objectives), especially the onward training/workshop provided by DCA/CA and experienced partners to their partners and to community members. In addition, implementing partners need more skills building such as institutional sustainability, resource mobilization, etc. However, IPs has no strong and practical M&E System to track the outcomes of projects.

The DCA/CA has developed a niche in working with tough- reached youth, especially those who are HIV most at risk. While this strategic choice remains valid, the DCA/CA emphasized more account of capacity of rights holders and their engagement in acknowledging and engaging in the epidemic to support hard to reach youth in the community. The development of implementing partners’ strategies engaged with wider youth more directly in activities focused on primarily of most at risk youth that could strengthen effectively and sustainably.

Overall, the effectiveness of the programme should be rated high.

4) Efficiency

Generally, The DAC/CA could account for expenditure by cost category, but it does not have a robust measure that clearly separates out what is being spent on service that delivers to community members as distinct from the overall package of funding and technical support that provided to implementing partners. The existence of such a measure would greatly assist in monitoring and managing cost efficiency which contributes to
assessments of cost effectiveness, and supports resource mobilization and reporting. After merging, DCA/CA staff was reduced with reduction in total partner’s budget.

Through its DCA/CA HIV Joint Programme has supported an impressive increasing overall funding of some partners—increasing the proportion spent in service delivery and reducing the proportion spent on non-programme costs. The Partnership Platform has, therefore, demonstrated its effectiveness in channeling an increasing volume and proportion of funds to support community action against HIV and AIDS such as residential care, outreach, and peer education, integrated community HIV, and AIDS activities.

The comparison analysis of National AIDS Spending Assessment’s trends and DCA/CA resource allocation were in the past five years.

Figure 6: Total spending on HIV and AIDS, 2006-2010

Figure 7: Trend in DCA/CA funding for HIV and AIDS Programme, 2008-2012

It clearly shows that DCA/CA HIV Joint programme could maintain and reach large beneficiaries especially target youth with sharp reduction of spending from 2010 to 2012. It also shows the capacity of implementing partners to reach more target beneficiaries with less money.

Figure 8: Level of DCA/CA funding contributed to AIDS spending, 2008-2010

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17 NAA, National AIDS Spending Assessment, 2009-2010
Due to limited data from DCA/CA in unit cost for intervention, Consultant Team could not analyze cost effectiveness in comparison with cost effectiveness analysis of NCHADS 2012. Cost Effectiveness and comparisons analysis of unit cost for most at Risk Population intervention, FSW, MSM/TG and DU/IDU interventions in Cambodia, reveals that scale-up of interventions is very cost-effective; It has the potential to be cost-savings meaning that the cost of preventing a new infection is smaller than those would have to be paid if one has to provide long-term treatment.

5) Impact

Target youth (EWs, MSM/TGs, HIV Positive Youth, Migrated youth and other vulnerable youth) of a major and important change has been the establishment of DCA/CA HIV Joint Programme; they are regarded as considerable success stories. All of target youth accredited DCA/CA HIV Joint Programme together with its implementing partners having provided critical support to the establishment and large scale of reaching. For these targeted youth also, the availability of health and social related services such as ARVs, VCCT, STI, PMTCT, OI, TB/HIV, CHBCT, Outreach/Peers, IEC/BCC, and Community based Men Networks and Women Networks have been a significant development. It has brought hope – “a new lease on life” according to interviewed participant and desk study as well as key findings of final evaluation of partners ‘projects– which were considered extremely important. Various participants emphasized in 2008 for those who contracted HIV essentially received a death sentence and those who were contracted single, double, triple risks of HIVand drug are marginalized, but today they have expected to suspend their lives with reasonably healthy lives.

Entertainment workers gained a lot of knowledge on sexual reproductive health, HIV and family planning from CSSD, so that they can protect themselves from getting HIV and unwanted pregnancy by frequently use condom with partners. They never did abortion and also never saw and heard our friend did abortion in past one year; however, the legal support for entertainment workers is in need, said EW in group discussion.

There were considerable differences between different target youth. For people living with HIV/AIDS, and particularly for women, important positive changes in addition to those already mentioned above include increased availability of nutritional supports and of other
additional supports (Vocational Training, psychosocial support as well as ART literacy). They spoke openly with comfortable feeling in sharing their status. Those confirmed that more than 96.5% of advanced HIV infection on ART in Cambodia (NCHADS Annual Report 2011), eased access to free of charge of OI and ARV.

Many youths in residential care centres, therefore, expressed their expectation to become more independent either through support with income generating activities or vocational training and by assistance in (re)-entering the labor market and re-integration into their hometown and community.

Many of the perceptions among MSM/TG, Community Youth, EWs, IDU/DUs, Street children and other vulnerable youth were similar. Thus, the EWs, MSM, IDU, street children, and children who are living in residential care centers who participated in the final programme evaluation also emphasized the importance of social capital that had been gained through their affiliation in DCA/CA HIV Joint Programme and increased visibility of the diseases and vulnerabilities.

The community youth interviewed, including groups of young people. These two groups mentioned that there has clearly been a significant change in knowledge about HIV/AIDS since 2010. Today, no one never heard about this disease and “We know how to protect ourselves,” they said. They also added that pre-marital testing have been applied in all couples through pre-conditions of wedding ceremony and marital certificate. “HIV Testing policy of MoH indicated HIV testing volunteerism”

For duty bearers improved collaboration and rights holders’ improved supportive dialogue between community groups and health services were seen as a major success stories. This change has been facilitated by men and women networks, community outreach workers, facilitators through community forums, meetings, and training and workshops. This group also mentioned about the importance of the increasing number and diversity of institutions (Commune Committee for Women and Children-CCWC, Health Centre Management Committee-HCMC, village Health Support Grupps-VHV and the multi-sectoral nature of their involvement in the response to HIV and AIDS. A second important area was mentioned got increasing political commitment to the fight against the disease (Political Declaration at HLM in NY by First Lady). This is reflected in stronger structures at government level and also in the decision in 2011 toward Universal Access Indicators in 2013 and 2015, NAA 2012.

Within the last five years of DCA/CA HIV Joint Programme, many implementing partners shown their expectation in stronger and effective management in scaling up of their projects and some of them expressed their hopes in accountability and sustainability through enhancing their vocational training and professional business with acceptance of high quality of services and products.

More or less, it’s clearly emphasized that DCA/CA HIV Joint Programme has contributed to the reduction of HIV and AIDS prevalence and new infection (2.1% in 1998 and 0.6% in 2012) as categorizing Cambodia is low prevalence country. Another major impact, without contribution from Civil Society Organization especially DCA/CA HIV Joint Programme, Cambodia could not get success story and got UN Award on achievement of Cambodia Development Goal-Goal 6-HIV Component.
6) Sustainability

From a programmatic point of view, it was due to strong and added value partnership platform with high relevance, effectiveness, efficiency of programme as well as youth’s need based responses, or DCA/CA HIV joint Programme has been contributed to maintain and sustain implementing partners’ projects and institutions. Implementing partners’ competent in absorbing more resources for rolling out their projects in longer period to avoid the second wave of HIV epidemic. DCA/CA HIV Joint Programme largely informed policy development and were significantly enhanced and sustained through the extensive debate and discussions that accompanied policy development.

DCA/CA HIV Joint Programme has invested significant efforts and resources in the Partners ‘institutional arrangements, including mainstreaming approach, management and co-ordination structure of the programme; this has yielded several important results:

- HIV and Gender were well and satisfied mainstreaming in National Youth Policy at national level and Commune Development Plan in some targeted areas;
- Good governance in terms of meaningful involvement of targeted youth, staff and stakeholders which in turn has strengthened the shared ownership of the partners programme;
- Meaningful involvement of positive people/women, stakeholders and targeted youth in key management structures and service delivery, which has contributed to the responsive and rights-based culture of the programme;
- Empowered youth in safer sex practices, high risk perceptions, awareness and capacity of rights holders on their rights contributed to the increased access to the availability of legal, social and health services in longer term without concentrated intervention.

In short, DCA/CA Programme resulted in sustaining its core elements such as technical, environmental, managerial sustainability as role model of vocation training, policy ‘inputs, mainstreamed HIV and reproductive health and rights as well as gender in commune development plan and national youth policy.

7) Analyzed Strengths and Weakness of HIV Joint Programme

Gaps in Institutional Development: although a number of DCA/CA implementing partners have developed a strong organizational capacity in implementing and managing residential care centre and community service delivery, but very few of them have met the minimum standard of NGOs and professional code of conduct-GPP-CCC. Key required areas are management structure, program, project management skill, strategic planning, development-work plan, intervention design, assessing quality, monitoring and evaluation.

Gap in enabling environment for MARP intervention: some implementing partners working in residential care and community outreach are strong and competent, but Implementing partners who are working with MARP needed technical assistance, especially enabling environment approach in dealing with complex policies and legal obstacles. There is a conflict between the law on suppression of human trafficking and sexual exploitation and MARP prevention intervention as well as village safety policy /district/khan.
commune/Sangkat safety policy 2010 and harm reduction programs. DCA/CA including other development partners are supposed to design a new approach for harmonized and integrated community networks (CCWC, HCMC, SHGs, and Commune Committee for Community Safety).

Data gaps: analytical skills, especially evident-based documentation likewise baseline values, M&E Systems need to be enhanced. DCA/CA and implementing partners have conducted several project evaluations, mid-term review as well as some monitoring visit. However, strong and friendly M&E System and Tools are not in place. The programme/project evident based documentation are rarely done and needed to be supported and highly considered for providing technical assistance for implementing partners. With the limited resource setting and scaling back of HIV programs to fit the very concentrated epidemic of HIV and AIDS, DCA/CA and implementing partners need strategic and evident-based information from highly scientific study design redesigns its program and projects to reach out Universal Access Indicators in 2015 and to avoid second wave of HIV epidemic. M&E systems and tools and other routine program monitoring of implementing partners need the technical support to improve the quality and reliable data for wider uses.

Gaps in linkage of programme with National Social Protection Strategy: many implementing partners are best in residential care and community service delivery, but all most all of implementing partners need strong collaboration with NGOs and Government working on social protection such as health equity fund, community base health insurance, emergency organizations. Furthermore, for understanding and realizing that PLHIV, OVC families and MARPs are important target groups for ID-Poor and inclusiveness of PLHIV, OVC and MARP in social protection strategy. Technical assistance is needed for implementing partners for the inclusiveness of PLHIV, OVC and MARP in using ID-Poor for broader support such as schooling, access to microcredit, health assistance, emergency support assistance, civil registration, and social land concession, etc.

Technical gaps in gender and human rights based approach to programming: some of implementing partners such as GAD/C is strong in gender, but technical skills on gender and human rights across implementing partners for meaningful participation of vulnerable group’s especially vulnerable youth and girls in policy formulation, program design and identification, program/project implementation, monitoring, evaluation and research are needed. Technical assistance in human rights based approach and gender equality are needed for implementing partners in five main principles basis (normatively, participation, accountability, transparency, and non-discrimination).

Gaps in integration strategy: some implementing partner’s emphasized on successful story in integration HIV and Gender in National Youth Policy, NSPIII, NAA, HIV NSP of MoWA, HIV NSP of MoEYS as well as Commune Development Plan, but enforcement of those plans and strategies are unmet. The technical assistance from DCA/CA and professional institutions in integration of HIV and Gender into broader community, health system, and other three DCA/CA Programmes are necessary. Moreover, DCA/CA has four main programmes in Cambodia such as Asia Safe Migration Programme, Gender Based Violence Programme, Food Security Programme, and HIV Programme, but some partners did not understand how to approach of those programmes.

Gaps in exit strategy: DCA/CA HIV Joint Programme announced about phasing out of programme at the end of this year, but some of implementing partners have not prepared the exiting strategy yet. Nonetheless, some of implementing partners need more long term
resources for sustainability through transferring from NGOs to social enterprises or professional institution on vocational training center. Their products need some time to integrate and compete with normal markets.

IV. CONCLUSIONS

This perceptions study shows that the communities involved in this exercise and believed that there has been substantial change in the HIV/AIDS and Youth environment in DCA/CA HIV Joint Programme since 2008. A major change from the perspective of communities has been improved by increasing uptake of services and support for those youths, in need, including the ART/OI, PMTCT, STI, care and support, impact mitigation, institutional care, the availability of nutritional, psycho-social support, economic support, income generation activities, schooling, the introduction of services, and safer sex. In addition, implementing partners are, today, stronger, more diversified, and more beneficial network than the past five years; and this has had an impact on HIV/AIDS work.

However, the constraints still remain from an institutional perspective; it still needs more help for further work on concentrated epidemic of HIV and AIDS among Most At Risk Population and works at the upper stream to prevent youth population when they fall down in hotspots. Positive Youths are now on ART and aware of their rights for accessing to high quality of effective services and support are available whenever or wherever they need help.

A second major issue is the extent which gains in knowledge among most at risk population, migrant workers, youth at hotspots, and community members actually translates into adoption of safer practices.

Addressing stigma and discrimination, human rights violation resists against MSM/TG, EWs, DU/IDUs and gender base violence among PLHIV families, on the other hand, consistently emerged as a major issue. To fear the discrimination and human rights violation among key population is also necessary to address and to meet the unmet needs.

There is an expressed need for more innovative and evident based communication approach which addresses these issues. There was also an appeal from the stakeholders in this study to strengthen prevention work, moving beyond key populations and women into the migrant workers and youth in close setting. They also suggested DCA/CA to continue advocacy for enabling environment for HIV, prevention intervention. Moreover, the work of strategic partners with RGC to enhance ownership with more efficient and more resources allocation in HIV and GBV from government.
V. DISCUSSIONS AND RECOMMENDATIONS

Recommendations for DCA HIV Joint Programme after phasing out of project

Recommendation (1) mainstreaming HIV and AIDS in to DCA/CA Asia Safe Migration Programme

DCA/CA Asia safe migration, especially in Cambodia should focus on mainstream of HIV/AIDS, sexual intercourse, reproductive health, and rights in skills training (Pre-Departure phase) through:

- Close collaboration with Department of Occupational and Health Safety for HIV/AIDS mainstreaming;
- Sign strategic partnership with recruitment and sending companies to mainstream HIV and AIDS into their vocational training before departure at their training centre through developing simple HIV and reproductive health curriculum;
- Develop communication and services directory including HIV and AIDS service directory for free of charge distribution to Cambodia migrant.

Recommendation (2) HIV/AIDS and Sexual intercourse & Reproductive Health and Rights Mainstreaming in DCA/CA Gender Based Violence Programme

DCA/CA Partners should work closely with new elected Commune councils to mainstream HIV/AIDS, Sexual intercourse, Reproductive Health, and Rights in Gender Components of Commune Development Plan and Gender Investment Plan-CDP-CIP through the following steps:
• DCA/CA partners should work closely with village gender activists to mainstream HIV/AIDS, sexual intercourse reproductive health services in gender component of CDP/CIP;

• DCA/CA partners and Village Gender Activists or Men and Women Network should identify core indicators of HIV/AIDS and sexual and reproductive health and rights into 12 core indicators of Commune Committee for Women and Children-CCWC for their monthly follow up;

• DCA/CA Partners should put Gender Based Violence within HIV and AIDS families in a central of GBV responses.

Recommendation (3) HIV/AIDS and Sexual and Reproductive Health and Rights mainstreaming into DCA/CA Food Security Programme

In Cambodia, there are around 65,000 people living with HIV and AIDS\(^\text{18}\) and most of them are female because their husband died by HIV. PLHIV families have faced heavily unemployed people and lived under support of NGOs in Cambodia. However, SCC final evaluation in 2011 indicated only 10% of PLHIV families received cash transfer programme for their income generation activities-IGA. So DCA/CA food security programme should support PLHIV families especially PLHIV female headed households for IGA especially PLHIV Group IGA.

• Identify Group of HIV Positive Women

• Provide small business skills building and marketing skills

• Offer small grants for their IGA or small business

• Support them to link with market and joint farmer association for their selling and buying chains

Recommendation (4) Short Term support to DCA/CA partners

Providing technical support and financial to some partners such as CSSD, CCW, KYA, etc, conducts institutional assessment, strategic plan development, and new project designs for their continuation.

Recommendation (5) Support MS and Maryknol in reintegration of OVC into their home and community

National and minimum standard of alternative care of children in residential care needs all government and nongovernmental institution to accelerate and speed up of integration of OVC, including vulnerable youth from centers into their home and community through the seven steps of reintegration such as vocational skills training for pre reintegration, reintegration needs assessment, home and community assessment, short term and long term follow up of person who reintegrated, etc. Some implementing partners need more time and resources to do for more qualifications and very safe reintegration program after phasing out of their project.

\(^{18}\) NCHADS, estimated PLHIV
Excellent mode of reintegration of OVC and youth from MS residential Care Center into community and family placements should be heard, told, and informed to improve the National Plan of Action-NPA 2012-105 of MoSVY.

Recommendations for new projects/programme or partners or other civil society institutions

Recommendation (6) New Project with Exit Strategy

Based on National Social Protection Strategy of Royal Government of Cambodia, people living with HIV, Vulnerable youth, OVC and Most At Risk Population have complex needs in relation to education, health, food & nutrition, social economic conditions, and psychosocial assistance, etc. Social networks can be eroded due to stigma and discrimination which also prevents uptake of services and effective social and economic re-integration. The requirement of OVC, PLHIV and MARPs are ID-Poor for accessing health care services, school, food, and others social supports, including micro insurance program. Through the best analysis of existing documents, results of consultation meetings, key informant interviews, and integration of those groups into social protection strategy are possible as above recommended steps.

Recommendation (7) New Project with Hard to Reach Youth Intervention

Comprehensive boosted CoPCT for MARPs. The overall objective of the boosted CoPCT SOP is to improve the health status of Most At-Risk Populations (MARP’s), including Entertainment Workers (EW), Men-who-have-Sex-with-Men (MSM), Transgender (TG), People Who Use Drugs (PWUD, and People Who Inject Drugs (PWID), through ensuring a strong service delivery structure, including its management and easy access to a comprehensive continuum of prevention to care and treatment services. The following key points should be considered:
• Working with Commune Committee for Community Safety to ensure better environment for the current service delivery structure and its management to be better coordinated, harmonized and adequately adjusted to meet the actual health needs of MARP’s;

• To ensure enhanced services and the reduction of HIV prevalence amongst MARP’s through the systematic implementation of this SOP for MARPs – including training, outreach, and referral mechanisms, especially in areas where MARP’s are most concentrated;

• To increase the availability of, access, quality-drug-dependence prevention, treatment, and rehabilitation services within the public health system for MARP’s in areas of perceiving high prevalence of substance abuse;

• To ensure that the managerial and technical capacity of implementing partners of managerial and service delivery levels will be upgraded through systematic trainings and maintained in excellent DCA/CA Platform;

• To facilitate and coordinate relevant stakeholders, but It is not limited to local authorities, law enforcement agencies, health sector staff, general community, and the MARP’s community – addressing challenges that prohibit or obstruct in whole or in part; to delivery of health services to MARP is in a cost-effective manner;

• To strengthen and standardize the monitoring in reporting system, evaluation, and research to be applied by both DAC/CA and implementing partners.

Recommendation (8) M&E System Strengthening

Implementing Partners should strengthen their M&E System through the following steps:

• Step I. Conduct M&E Rapid Assessment;

• Step II. Develop M&E Frameworks;

• Step III. Develop M&E Tools;

• Step IV. Conduct Pilot of M&E Tools;

• Step V. Review pilot M&E Tools;

• Step V. Finalized M&E Tools, Indicators Reference Sheets and Data Spreadsheet;

• Step VI. Develop Practical Data Based System to track outputs and outcomes regularly.

VI. ANNEXES

1) Evaluation Term of Reference

Draft Terms of Reference for
DCA/CA Cambodia HIV and AIDS
End Programme Evaluation
Introduction:

a) HIV/AIDS programme in Cambodia:

The first case of HIV infection in Cambodia was found in blood supply in 1991. HIV was on the rise for the next year and until recently Cambodia had the highest prevalence rates in Asia. However, prevention efforts have been relatively successful and there has been a steady decrease in HIV prevalence from an estimated high of 3.0% in 1997 to 0.8% in 2010\textsuperscript{19}. The decline in prevalence is most evident among sentinel groups (particularly female sex workers). The HIV prevalence among ante-natal care attendees has also decreased from 2.5% in 1997 to 0.5% in 2010. High risk groups such as Men who have Sex with Men (MSM), sex workers and drug users remains higher than the general population. Almost half of all new infections are among married women, and one-third of all new infections occur through perinatal transmission. 45,647 PLHA (of which 24,178 are women) are receiving antiretroviral treatment (ART)\textsuperscript{20}. Approximately 90% of eligible PLHA are receiving ART.

The DCA/CA HIV and AIDS programme “Sexual Health and Life Skills for young people in Cambodia (2008-2012)” aims to prevent HIV transmission and impact mitigation, and the promotion of sexual and reproductive rights for hard to reach and vulnerable youth and young couple.

The overall programme goal is that supportive environment created for vulnerable and hard to reach young people to protect themselves and others from HIV infection and to mitigate the social and economic impact of AIDS with the following four specific objectives\textsuperscript{21}:

- Objective 1. Vulnerable youth empowered to claim their HIV and SRH rights in order to have full control over their sexual and reproductive health and to minimize risk behaviour for HIV infection.
- Objective 2. Social, physical and economic vulnerability of vulnerable youth reduced (especially street based youth, orphans and vulnerable adolescents, and HIV positive youth).
- Objective 3. Legal and moral duty bearers strengthened to promote and enforce youth and gender friendly HIV, SRH and gender policies and laws.

\textsuperscript{19} HIV Sentinel Surveillance (HSS) 2010, Surveillance Unit of National Center for HIV/AIDS Dermatology and STD.

\textsuperscript{20} National Center for HIV/AIDS, Dermatology and STD, ART Report Q3-2011.

\textsuperscript{21} For more details on goal, objectives and indicators please refer to the full programme matrix.
The programme has been implementing together with Cambodian NGO partners: Khmer Youth Association (KYA), Gender and Development Cambodia (GAD/C), Life With Dignity (LWD) former Lutheran World Federation (LWF), Mith Samlanh/Friend (MS), Maryknoll-Little Folk (MC-LF), Karol and Setha (K&S), Cambodian Community of Women living with HIV/AIDS (CCW), Cooperation for Social, services and Development (CSSD), Cambodian Health Education and Media Services (CHEMS) and HIV/AIDS Coordinating Committee (HACC). And the contributing from associate partners is Salvation Centre Cambodia (SCC).

Geographically, the programme covers Battambang, Banteay Meanchey, Kampong Chhnang, Kampong Cham, Prey Veng, Kandal, Kampong Speu, and Phnom Penh.

In late 2011 it was decided to phase out the HIV/AIDS programme in Cambodia by December 2012 (end of current programme cycle). One main reason for phasing out is that DCA has decided to reduce the number of HIV and AIDS programme worldwide and as a consequence the organization will not any longer be working with HIV and AIDS in low prevalence countries such as Cambodia. DCA/CA partners were informed about the decision in the partner platform meeting held in October 2011. DCA/CA will aim at integrating HIV and AIDS more strongly in its two other programmes: Accountable Governance and Food Security.

The key finding and recommendation from midterm review of HIV and AIDS Programme

In March 2010, DCA and CA carried out an internal programme review. The objective of the review was, 1) to assess progress to date, 2) learn from the results of the last 2 years of program performances that are identified through review, and 3) make necessary revisions and corrections so that the programme is strengthened to achieves its goal in the end. The review found that the programme strategy, geographical area and the target on vulnerable and hard to reach youth were still highly relevant and that the programme had made a substantial progress towards meeting the objectives over the first two years of the programme implementation period. However, most results were found under objective 1 especially under the first indicator providing HIV and AIDS awareness and fewer results under objective 2 and objective 3 in particular. The programme platform was well functioning with good partner participation although partners participation in decision making could be stronger.

The review also pointed at challenges such as 1) gender equality and rights based approach remained a big challenge to many partners, 2) Targeting: some partners addressed populations’ at large or specific community groups without adding a youth perspective 2) limited synergy between the programme and the other DCA/CA programmes (food security and gender based violence/ political space), 3) Few joint activities in the programme platform.

The following 6 recommendations were given high priority

1- The programme should have considerable emphasis on the hard to reach youth, who are most at risk of HIV infection. And all partners should make specific efforts to ensure that hard to reach youth, like for example out of school youth and migrant youth are reached with interventions wherever possible

2- It is recommended that the programme platform continue to discuss opportunities for lobbying the government and that this is strategically planned to be part of the
upcoming advocacy training. Individual partners should be supported to make contributions to upcoming laws. As an example, there is currently an excellent window of opportunity to influence Cambodia’s next HIV national strategic plan (NSP III) for it to become more gender sensitive and more sensitive to rights issues.

3- The indicators under objective 3 could be reconsidered and reformulated if partners decided on joint advocacy issues that do not directly fit under the present indicators, since partners need to own the advocacy agenda.

4- The programme should only focuses on economic empowerment to particularly vulnerable groups such as PWHIV. At the same time it is recommended that partners seek to link other rights holders to other organisations or institutions or other DCA/CA programmes where relevant providing support on economic empowerment.

5- The programmes should have more sharing of resource material like IEC materials on HIV and gender, share of innovative and good practice approaches and results as well as great potential for conducting joint advocacy. Some partners also suggested exchange visits to each other’s projects.

6- There is a need to review partners’ current monitoring systems with a view to enhancing methodologies and tools for capturing and analysing data related to behaviour change. And it is important to ensure there is systematic monitoring of outcomes and consider other ways of verifying behaviour change.

The advocacy objective was revised after the mid-term evaluation and the target group of youth was changed from population between 10-24 years to population between 10-30 years as to follow the definition of youth in the national youth policy and better include “young couples” in the programme.

2. Purpose and evaluation objective

The purpose of the final evaluation is to measure the achievements of the programme against its objectives, then make recommendations for mainstreaming HIV and AIDS into other programmes.

The objectives of the final Evaluation are:

- To evaluate the relevance, effectiveness, impact and sustainability of the HIV and AIDS Programme.
- To assess the progress against the programme objectives and indicators.
- To identify and analyse the strength and the weakness of the programme
- Make recommendations for HIV and AIDS mainstreaming into other DCA/CA programmes if relevant and for enhancing the sustainability of the programme achievements

The key questions set out below should be addressed comprehensively and where relevant analyse the HIV/AIDS integration into partner organizations and their programmes. Sub questions are intended as a guide and should be addressed as far as possible:

Relevance

Key question:

The evaluator will assess to what extent is the programme strategy relevant to the need identified?
Especially related to the structural causes of rights violations in the given context?

Sub questions:

- Was the programme strategy relevant and appropriate?
- What is the added value of DCA/CA and the programme approach?
- Is there synergy with other DCA/CA programmes in the country, and with the efforts of other funding agencies?

Effectiveness

Key questions:

1) To what extent were the programme objectives achieved at outcome (and if verifiable at impact level?)

Are there any unintended results of the programme?

Sub questions:

- To what extent were the activities implemented according to relevant DCA/CA policy, especially related to RBA and gender?
- To what extent has the programme successfully implement interventions facilitating HIV and AIDS mainstreaming or HIV/AIDS integration in programming?
- Has the programme approach contributed to the effectiveness of the partners? Is there a relevant and meaningful synergy and cohesion between the projects/partners in the programme? I.e. in what way do the projects complement each other in achieving the programme goals? (Geographically, targeting, thematically, etc.)
- To what extent did the cross cutting activities, particularly the capacity building efforts achieve their objectives?
- Are DCA and CA (RO and HQ) effective managers of the programme? (Strategic planning, staffing, resource management, monitoring, etc.). Did the programme benefit from being a joined DCA-CA programme?

2) How have partnerships been enhanced as a result of the programme? (DCA/CA and Partners, partners and rights holders, rights holders and duty bearers, and partners among themselves?)

Sub questions:

- Have partners involvement in programme increased since mid-term review and in particular what is their decision-making power in the planning and implementation of the programme including the cross cutting activities?
- Does DCA/CA deliver an adequate support, particularly with regards to capacity building, to the partners involved in the programme, and is DCA/CA responsive to needs identified by partners? Does the support affect in a positive way the partners’ capacity to implement its projects? Has DCA/CA and the programme approach contributed to the organizational strengthening of the partner? In what way?
- Some partners were previously only CA or DCA partners. Did it create any specific opportunities or challenges for these partners to be part of the joined HIV/AIDS programme? Has the programme facilitated dialog between the rights-holders and duty bearers?

Efficiency
Key question:

Has the programme applied a cost-efficient way to implement development assistance?

Sub questions:

- Could we have achieved the same with fewer resources? Or could we have achieved more results with the same resources?
- Is the overall cost of the programme compared to the number of beneficiaries efficient?

Impact

Key question:

What has been the impact at rights-holders level (outcome)? And at other levels that was supposedly addressed by the programme?

Sub questions:

- What are the most significant changes in the lives of the rights holders, their relation to the duty bearers, or the practice of the duty bearers that can be attributed to the programme?

Sustainability

- Are the benefits from the programme, both at the partners’ and at rights holders’ level likely to continue after the finalization of the programme? Please elaborate

3. Scope

The evaluation will start from ?? May to ?? May, 2012. The scope of the evaluation is focused on the relevance, effectiveness, efficiency, impact and sustainability of the programme and the projects that are included in the programme which contribute to the programme objectives and indicators. It also includes the entire cross cutting activities such as the capacity building, the partner platforms, and the joint advocacy efforts; basically the added value of DCA in the partnerships. **It is not the idea to go into details with the projects, but to look at how the results created by the projects have contributed to the achievement of the programme objectives and indicators.** Especially the data related to results at the level of the rights-holder will have to come from project level and should focus mainly on showing the project’s contribution to the programme objectives and indicators, and not go into details with output results at project level. This means that the programme evaluation relies heavily on information from programme and project monitoring and midterm review, partners’ project reviews and evaluations, and monitoring reports. Visit to the project sites and interviews with the rights-holders.

4. Stakeholder involvement

The programme evaluation will involve:

a) DCA and CA HQ:
b) DCA/CA Regional Office in Cambodia

- Katja Levin, Regional Representative
- Ponnary Path, Programme Officer for HIV/AIDS Programme
- Long Sun, HR and Finance Coordinator
- YouMeng Chive, Programme Officer for Accountable Governance and Gender Justice (until 2011 HIV/AIDS PO)

c) Partners:

- All partners (participating in partner platform meeting and dissemination workshop)
- Staff of selected partners

d) Right holders

- Right holders of CSSD (Phnom Penh), Mith Samlanh (Phnom Penh) and GAD-C (Prey Veng)
e) Duty bearers and other stakeholders at national (Phnom Penh) and local levels (Prey Veng Province).

- Including NAA, MoEYS, CPN+, UNAIDS, village leaders etc.

3. Method

a) Desk review:

- Desk review of DCA/CA programme such as HIV/AIDS programme document and logframe, programme budget, midterm review report, monitoring reports, and annual programme reports.
- Desk review of partners documents which includes organization profiles, proposals and matrix, annual reports, project and/or organizational review and evaluation reports.
- Desk review of other related document which are available in the country for example the national strategic plans III, recent research reports, evaluation reports and policies.

b) Individual and Group Interviews:

DCA/CA

- Interview the DCA Advisor for Gender Equity and HIV/AIDS in Denmark via skype
- Interview with CA (Head of South East Asia and Head of Community Health and HIV/AIDS in London via Skype
- Interview with DCA/CA staff in Cambodia - Regional Representative, DCA/CA HIV/AIDS Programme Officer(s), DCA/CA Finance Coordinator

Partners:

- Discussions with partners in partner meeting
- Interview with the senior management staff and technical staff of selected partners for field visits (GAD/C, CSSD, MS) and cross cutting activities (HACC)
Discussion on preliminary findings with partners and DCA/CA staff to get feedback and additional inputs for the final evaluation report.

**Rights holders**

- Individual and focus group interviews with rights holders participating in Mith Samlanh, GAD-C and CSSD.

**Duty bearers and other Stakeholders**

- Interview with relevant staff of duty bearers and other stakeholders: NAA, MoEYS, MoVA, CPN+, UNAIDS and local authorities
- The consultant is expected to use participatory tools and develop guidelines for interviews

**Consultant**

An external consultant with the following expertise will be hired for this assignment:

- Proven HIV and AIDS expertise and SRH programming
- Proven knowledge about Rights Based Approach and Gender Equality.
- Proven experience from NGO and CBO based development assistance in Cambodia
- Proven evaluation skills such as indicator development, sampling, participatory evaluation methodology, appreciative enquiry methods, focus group interviews, etc.
- Proven report writing skills

**Expected outputs and timing:**

- A final evaluation report with recommendations and minimum 2 case stories submitted to DCA/CA as per agreed deadline and following the DCA/CA standard format for evaluation reports (please refer to annex). The case stories will focus on successfully mainstreaming HIV/AIDS of programme partners and the story of changing life of marginalized/vulnerable youth of partners target groups.

**Timing:**

A total of 22 working days

- 5 days for document review and development of questionnaire guides
- ½ day for workshop with implementing partners
- 4 days for field work with GAD/C in Prey Veng, CSSD and MS in Phnom Penh
- 4 days for interviews (DCA and CA HQ, DCA/CA Cambodia office, duty bearers, partners and other stakeholders.
- ½ day workshop with DCA/CA staff and partners to present preliminary findings and recommendations.
- 5 days to draft of report including executive summary of findings and recommendation from the programme is submitted to RR and circulate with DCA/CA staff and its partners for review and comments.
- 2 days to consolidate the comments, revise and make a final draft.
- 1 day for last revision
2) Evaluation Timeline and Key Informants

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<td>Meet with Senior Management staff of CSSD</td>
<td>Mr. Meas Chanthan, ED</td>
<td>Mrs. Path Ponary,</td>
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<td>2:00-3:00</td>
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<td>3:30-4:30</td>
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<td></td>
<td></td>
<td><a href="mailto:ed@gadc.org.kh">ed@gadc.org.kh</a></td>
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<tr>
<td>10:30-11:30</td>
<td>KYA Representative</td>
<td>Mr. Mak Chamroeun, President</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>M/P: 015 555 058</td>
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<td></td>
<td></td>
<td><a href="mailto:president@kya-cambodia.org">president@kya-cambodia.org</a></td>
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</tr>
<tr>
<td>12:00-01:00</td>
<td>CPN+ Representative</td>
<td>Mr. Keo Chen, National Coordinator</td>
<td></td>
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<td></td>
<td></td>
<td>M/P: 012 889 285</td>
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<td></td>
<td></td>
<td><a href="mailto:keochen@cpn.org.kh">keochen@cpn.org.kh</a></td>
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<tr>
<td>4:00-5:00</td>
<td>HACC Representative</td>
<td>Mr. Tim Vora, ED</td>
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<td></td>
<td></td>
<td>M/P: 017 919 102</td>
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<tr>
<td></td>
<td></td>
<td>hacc@hacc cambodia.org</td>
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<tr>
<td>May 8, 2012</td>
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<tr>
<td>10:00-11:00</td>
<td>SCC Representative</td>
<td>Mr. Prum Theurn, ED</td>
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<td></td>
<td></td>
<td>M/P: 012 901 738</td>
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<td></td>
<td><a href="mailto:Thoeun@scc.org.kh">Thoeun@scc.org.kh</a></td>
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<tr>
<td>May 10, 2012</td>
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<tr>
<td>8:30-9:30</td>
<td>FGD with group of street children (8-10 people)</td>
<td>Mr. Man Phally, PC</td>
<td>Mrs. Path Ponary,</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M/P: 012 816 206</td>
<td>012 648 335</td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:phalli@mithsamlanh.org">phalli@mithsamlanh.org</a></td>
<td></td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>FGD with group of drug use (former drug used from 8-10 people)</td>
<td>Mrs. Khem Soleil, HIV/AIDS Specialist</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>M/P: 012 579 0278</td>
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<tr>
<td></td>
<td></td>
<td><a href="mailto:soleil@mithsamlanh.org">soleil@mithsamlanh.org</a></td>
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</tr>
<tr>
<td>2:00-3:00</td>
<td>Meet with Senior Management staffs of MS</td>
<td>Phnom Penh</td>
<td></td>
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<tr>
<td>3:30-4:30</td>
<td>Meet with technical staffs of MS</td>
<td>Phnom Penh</td>
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<tr>
<td>May 14, 2012</td>
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<tr>
<td>10:00-12:00</td>
<td>Travel from Phnom Penh to Prey Veng Province</td>
<td>Phnom Penh</td>
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<tr>
<td>1:30-2:30</td>
<td>FGD with Group of Men Core group (8-10)</td>
<td>Prey Veng</td>
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<tr>
<td>2:30-3:30</td>
<td>FGD with Women Core</td>
<td>Prey Veng</td>
<td></td>
</tr>
</tbody>
</table>
### 3. Half Day Workshop with DCA/CA’s partners (May 17, 2012)

<table>
<thead>
<tr>
<th>Time</th>
<th>People to be met</th>
<th>Contact/location</th>
<th>Focal Person</th>
</tr>
</thead>
<tbody>
<tr>
<td>May 17, 2012</td>
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<tr>
<td>8:00-12:00</td>
<td>CHEMS Representative</td>
<td>Mrs. Kim Sokuntheary, ED</td>
<td>Mrs. Path Ponary, 012 648 335</td>
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<tr>
<td></td>
<td></td>
<td>M/P: 012 285 678</td>
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<td><a href="mailto:ed-chems@online.com.kh">ed-chems@online.com.kh</a></td>
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<tr>
<td></td>
<td>CCW Representative</td>
<td>Mrs. Prum Dais</td>
<td></td>
</tr>
<tr>
<td>14:00-17:00</td>
<td>Maryknoll Representative</td>
<td>Dr. Kieng Vuthy, Manager</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>M/P: 012 979 602</td>
<td></td>
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<td></td>
<td></td>
<td><a href="mailto:vuthykien@seedlingofhope.org">vuthykien@seedlingofhope.org</a></td>
<td></td>
</tr>
<tr>
<td></td>
<td>K&amp;S Representative</td>
<td>Mrs. Pav Navy, TL</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M/P: 012 392 507</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td><a href="mailto:navy.pav@k-s-i.org">navy.pav@k-s-i.org</a></td>
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</tr>
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</table>

### 4. Key Informant Interview (May 18-23, 2012)

<table>
<thead>
<tr>
<th>Time</th>
<th>People to be met</th>
<th>Contact/location</th>
<th>Focal Person</th>
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<tbody>
<tr>
<td>May 18, 2012</td>
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<tr>
<td>8:30-9:30</td>
<td>CHEMS Representative</td>
<td>Mrs. Kim Sokuntheary, ED</td>
<td>Mrs. Path Ponary, 012 648 335</td>
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<td>M/P: 012 285 678</td>
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<td><a href="mailto:ed-chems@online.com.kh">ed-chems@online.com.kh</a></td>
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<tr>
<td>10:00-11:00</td>
<td>CCW Representative</td>
<td>Mrs. Prum Dais</td>
<td></td>
</tr>
<tr>
<td>14:00-17:00</td>
<td>Maryknoll Representative</td>
<td>Dr. Kieng Vuthy, Manager</td>
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<td>M/P: 012 979 602</td>
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<td><a href="mailto:vuthykien@seedlingofhope.org">vuthykien@seedlingofhope.org</a></td>
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<tr>
<td>2:00-3:00</td>
<td>K&amp;S Representative</td>
<td>Mrs. Pav Navy, TL</td>
<td></td>
</tr>
<tr>
<td></td>
<td></td>
<td>M/P: 012 392 507</td>
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<td></td>
<td><a href="mailto:navy.pav@k-s-i.org">navy.pav@k-s-i.org</a></td>
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<tr>
<td>May 21, 2012</td>
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<tr>
<td>8:30-9:30</td>
<td>UNAIDS representative</td>
<td>Ms Namada Acharya, Social Mobilization and Partnerships Advisor</td>
<td>Mrs. Path Ponary, 012 648 335</td>
</tr>
<tr>
<td></td>
<td></td>
<td>M/P: 017 911 959</td>
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<tr>
<td></td>
<td></td>
<td><a href="mailto:acharyan@unaids.org">acharyan@unaids.org</a></td>
<td></td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>National AIDS Authority (NAA) Representative</td>
<td>Dr. Ros Seilavath, Deputy SG</td>
<td></td>
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<tr>
<td></td>
<td></td>
<td>M/P: 012 518 393</td>
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<td><a href="mailto:seilavathmd@yahoo.com">seilavathmd@yahoo.com</a></td>
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<tr>
<td>2:00-3:00</td>
<td>LWD Representative</td>
<td>Mr. Sin Samay</td>
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<td></td>
<td>MoEYS Representative</td>
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<td></td>
<td>MoWA Representative</td>
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<tr>
<td>May 23, 2012</td>
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<tr>
<td>8:30-9:30</td>
<td>DCA/CA Regional Representative</td>
<td>DCA/CA Office</td>
<td>Mrs. Path Ponary, 012 648 335</td>
</tr>
<tr>
<td>10:00-11:00</td>
<td>DCA/CA HIV/AIDS Program Officer(s) &amp; Finance Coordinator</td>
<td>DCA/CA Office</td>
<td></td>
</tr>
<tr>
<td>3:00-4:00</td>
<td>DCA Advisor for Gender Equity and HIV/AIDS in Denmark</td>
<td>Skype:</td>
<td></td>
</tr>
<tr>
<td>4:00-5:00</td>
<td>DCA [Head of south East Asia and Head of Community Health and HIV/AIDS in London, UK</td>
<td>Skype:</td>
<td></td>
</tr>
</tbody>
</table>

### 5. First Draft Submission (May 1, 2012)

### 6. Preliminary Consultation Meeting (June 4, 2012)

### 7. Comments and Feedbacks (June 6-11)

### 8. Incorporate comments and feedbacks (June 12-15, 2012)

3) Evaluation Tools

INDIVIDUAL INTERVIEW-KII

Preliminary findings consultation

Introduction

We are a group of consultant working for DCA. DCA End Programme Evaluation is being conducted to obtain information on ended results, best practices, lessons learned, challenges and recommendations especially key outcomes and impact of the programme.

The DCA/CA HIV and AIDS programme “Sexual Health and Life Skills for young people in Cambodia (2008-2012)” aims to prevent HIV transmission and impact mitigation, and the promotion of sexual and reproductive rights for hard to reach and vulnerable youth and young couple. The overall programme goal is that supportive environment created for vulnerable and hard to reach young people to protect themselves and others from HIV infection and to mitigate the social and economic impact of AIDS with the following four specific objectives:

The information you provide will be collected, summarized and analyzed in a general report and your name will not be identified anywhere in the report. It will take 45 minutes to discuss a few questions. You all are free to refuse to answer any question at any time but each question is an important area that we would like to get your feedback on.

QUESTIONS FOR BRAINSTORMING AND GROUP DISCUSSION:

1. Was the project implemented as it was designed?
2. Please explain extent to which project achieve its objectives?
3. How did project ensure meaningful participation of the rights holders?
4. To what extent, this project strengthened the goals of the DCA/CA and the NSPII-2006-2010 and NSPIII 2011-2015, NAA, UA Indicators and CMDG Goal6-HIV
5. What are the most significant achievements of this project
6. What are the challenges to achieving your objectives?
7. What were the facilitating factors for the good results achieved
8. What is the project is doing well/ is not doing well? How it can do it better?
9. What are lessons learned of the project? Any best practices?
10. What experiences can be replicated
11. What were the constraints faced by this project at various levels
12. Please describe any case study describing Project success (stories of change)?

13. What are the unexpected (Good/Bad) results of the projects?

14. Do have any recommendation for the Project.

15. Any further comment

<table>
<thead>
<tr>
<th>Relevance</th>
<th>What extent is the programme strategy relevant to the need identified? Especially related to the structural causes of rights violations in the given context?</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Was the programme strategy relevant and appropriate?</td>
</tr>
<tr>
<td></td>
<td>• What is the added value of DCA/CA and the programme approach?</td>
</tr>
<tr>
<td></td>
<td>• Is there synergy with other DCA/CA programmes in the country, and with the efforts of other funding agencies?</td>
</tr>
</tbody>
</table>

<table>
<thead>
<tr>
<th>Effectiveness</th>
<th>The programme objectives achieved at outcome and any unintended results</th>
</tr>
</thead>
<tbody>
<tr>
<td></td>
<td>• Relevant DCA/CA policy, especially related to RBA and gender?</td>
</tr>
<tr>
<td></td>
<td>• HIV and AIDS mainstreaming or HIV/AIDS integration in programming?</td>
</tr>
<tr>
<td></td>
<td>• The approach contributed to the effectiveness of the partners? (Meaningful synergy and cohesion)</td>
</tr>
<tr>
<td></td>
<td>• The cross cutting activities, particularly the capacity building efforts achieve their objectives?</td>
</tr>
<tr>
<td></td>
<td>• Did the programme benefit from being a joined DCA-CA programme?</td>
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</tbody>
</table>

How have partnerships been enhanced as a result of the programme?

- Have partners involvement in programme increased since mid-term review and in particular what is their decision-making power in the planning and implementation of the programme including the cross cutting activities?
- Adequate support by DCA/CA-DCA/CA responsive to needs identified by partners? (Positive Way-Partners ‘capacity, Organizational Strengthening )
- Specific opportunities and challenges for these partners to be part of the joined HIV/AIDS programme? AND Dialogue between rights holders and Duty Bearers)

<table>
<thead>
<tr>
<th>Efficiency</th>
<th>• Fewer resources-achieved more results</th>
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<tbody>
<tr>
<td></td>
<td>• The overall cost of the programme compared to the number of beneficiaries efficient?</td>
</tr>
</tbody>
</table>

| Impact                                         | • Impact of Rights Holders (Outcomes)                                                                                                          |
Practices of duty Bearers toward impact of rights holders

Sustainability

The partners’ and at rights holders’ level likely to continue after the finalization of the programme?

Thank you very much for your participation

GROUP INTERVIEW-FGD

Introduction

We are a group of consultant working for DCA. DCA End Programme Evaluation is being conducted to obtain information on ended results, best practices, lessons learned, challenges and recommendations especially key outcomes and impact of the programme.

The DCA/CA HIV and AIDS programme “Sexual Health and Life Skills for young people in Cambodia (2008-2012)” aims to prevent HIV transmission and impact mitigation, and the promotion of sexual and reproductive rights for hard to reach and vulnerable youth and young couple. The overall programme goal is that supportive environment created for vulnerable and hard to reach young people to protect themselves and others from HIV infection and to mitigate the social and economic impact of AIDS with the following four specific objectives:

The information you provide will be collected, summarized and analyzed in a general report and your name will not be identified anywhere in the report. It will take 45 minutes to discuss a few questions. You all are free to refuse to answer any question at any time but each question is an important area that we would like to get your feedback on.

QUESTIONS FOR BRAINSTORMING AND GROUP DISCUSSION:

1. Have you ever heard about DCA/CA programme?
2. Please provide your opinions on the strategies/approaches of DCA/CA
3. What are the DCA/CA Programme doing well?
4. What are the DCA/CA Programme doing less well
5. What are key changes in which DCA/CA Programme produced?
6. Please provide some examples of how DCA/CA ensures the relevance and effectiveness of its programme.
7. Please provide some suggestions on how DCA/CA could improve the effectiveness of the Programme.
8. Please provide some examples of the high quality of DCA/CA Programme.
9. Please provide some suggestions on how DCA/C could improve the quality of Programme.

10. Please identify three key changes you would like to see in the way that DCA/CA Program Implementation

4) Bibliographies

- DCA/CA, PT4 Programme Document 2008-2012,
- DCA/CA, Series of Minute of Partner Platform Meeting (2008-2011),
- DCA/CA, Proposals, LFAs, Annual Reports and Evaluation Reports of DCA/CA Partners (2008-2012),
- RGC-MoEYS, National Policy on Cambodia Youth Development, June 2011,
- MoEYS, Most At Risk Young People Survey Cambodia 2010,
- NAA, September 2010, The situation and response analysis on HIV/AIDS epidemic in Cambodia (2008-2010),
- NAA, National AIDS Spending Assessment (NASA) 2009-2010,
- CPN+, June 2011, People Living with HIV Stigma Index, Cambodia, 2010,
- UNAIDS, 2010, Getting To Zero; 2011-2015 Strategy,
- NCHADS, March 2012, Annual Report 2011,
- NAA, a review of progress towards the achievements of Cambodia’s Universal Access target 2010; MoSVY, data of alternative care 2009; partner of DCA/CA annual report (MS and Maryknoll) 2010.
- MOH, Health Sector Progress in 2011.
- NCAHDS, 2010, Estimation of HIV prevalence among general population in Cambodia 2010,
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