



**STANDARD PACKAGE
OF ACTIVITIES**

**ORPHANS
& VULNERABLE
CHILDREN
(OVC)**

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USAID
FROM THE AMERICAN PEOPLE



Khana is a linking organisation of the global partnership
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Supporting community action on AIDS in developing countries

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Acronyms

| | |
|----------------|---|
| AIDS | ACQUIRED IMMUNODEFICIENCY SYNDROME |
| ARV | ANTIRETROVIRAL |
| ART | ANTIRETROVIRAL THERAPY |
| BCC | BEHAVIOR CHANGE COMMUNICATION |
| CBO | COMMUNITY-BASED ORGANISATION |
| COC | CONTINUUM OF CARE |
| GBV | GENDER-BASED VIOLENCE |
| HCT | HOME CARE TEAMS |
| HIV | HUMAN IMMUNODEFICIENCY VIRUS |
| I/DU | INJECTING/DRUG USER |
| DU | DRUG USER |
| IDU | INJECTING DRUG USER |
| IEC | INFORMATION, EDUCATION AND COMMUNICATION |
| IGA | INCOME GENERATION ACTIVITIES |
| KHANA | KHMER HIV/AIDS NGO ALLIANCE |
| MARP | MOST AT RISK POPULATIONS |
| MOSVY | MINISTRY OF SOCIAL AFFAIRS, VETERANS AND YOUTH REHABILITATION |
| MSM | MEN WHO HAVE SEX WITH MEN |
| NACD | NATIONAL AUTHORITY FOR COMBATING DRUGS |
| NCHADS | NATIONAL CENTER FOR HIV, AIDS, DERMATOLOGY AND STDS |
| NGO | NON-GOVERNMENTAL ORGANISATION |
| OI | OPPORTUNISTIC INFECTIONS |
| OVC | ORPHANS AND VULNERABLE CHILDREN |
| PF/PE | PEER FACILITATOR/PEER EDUCATOR |
| PLHIV | PEOPLE LIVING WITH HIV |
| PMTCT | PREVENTION OF MOTHER-TO-CHILD TRANSMISSION |
| S&D | STIGMA AND DISCRIMINATION |
| SHG | SELF-HELP GROUP |
| SPA | STANDARD PACKAGE OF ACTIVITIES |
| SRH | SEXUAL AND REPRODUCTIVE HEALTH |
| STI | SEXUALLY TRANSMITTED INFECTION |
| SW | SEX WORKER |
| TB | TUBERCULOSIS |
| VCCT | VOLUNTARY AND CONFIDENTIAL COUNSELLING AND TESTING |

THE STANDARD PACKAGE OF ACTIVITIES

The Khmer HIV/AIDS NGO Alliance (KHANA) is a leading national NGO contributing to the response to HIV AND AIDS in Cambodia. KHANA does not implement prevention, care and treatment activities itself. Instead, it supports more than 60 local NGOs and community-based organisation (CBO) partners to implement focused prevention and integrated care and prevention packages to people living with HIV (PLHIV), orphans and vulnerable children (OVC) and key populations such as in-school and out-of-school youth, men who have sex with men (MSM), sex workers (SW), and drug users (DU). These populations require specific services that best serve their needs in terms of information, care and support, and access to services.

It is clear that the HIV/AIDS epidemic in Cambodia is changing. While prevention campaigns amongst selected high-risk populations have proven highly effective, the current pattern of infection points to a generalised epidemic, with women representing a greater proportion of those currently infected with HIV (NCHADS, 2007). However, most at risk populations (MARP) such as MSM, SW and DU require sustained prevention efforts to continue the reduction in HIV infections. Furthermore, risk factors associated with these MARPs are not limited to separate target groups. Recent surveys suggest that there is significant overlap among these populations. Recent studies of sex workers in Cambodia found high levels of both injecting and non-injecting drug use among both direct and indirect sex workers, as well as drug use by their clients, regular and casual partners (USAID/POLICY Project, 2006; PSI, 2002). The latest round of sexually transmitted infection (STI) sentinel surveillance found that the majority of MSM surveyed had between two and five female sex partners in the last year. This evidence clearly indicates that it is vital that KHANA is aware of, and responds to, the cross-over potential between the groups of HIV transmission and infection.

KHANA has worked with most of these populations for several years and has a growing number of non-governmental organisation (NGO) partners dedicated to providing the services required. In 2008, KHANA will begin its new strategic and operational plans 2008-2010. These plans respond to the changing face of the epidemic and, therefore, the shifting priorities of the response. KHANA is already a leader in national NGO efforts in preventing new infections and offering health-orientated care and support to those already infected. It must now adjust its programs to prioritise other, but no less important, issues affected by the epidemic, such as access to education and vocational training, income-generation opportunities and creating an enabling environment.

Therefore, in light of an evolving epidemic, changing funding trends, the growth and cross-over potential of key populations and their constantly evolving needs and priorities, it is necessary to design a standard package of activities (SPA) that can help guide KHANA's NGO partners in developing the most effective, efficient and cost-effective programs and activities.

These SPAs outline comprehensive packages of what we at KHANA see as the priorities for the populations at risk of, affected by, or already infected by HIV. The contents of the SPAs have been directly informed by KHANA partners, the beneficiaries of our programs, government initiatives and the programs of other stakeholders. As such, they reflect the current needs of PLHIV and other at-risk groups.

The primary goal of the SPA is to assist our partners in appropriately and effectively developing, adapting, costing and implementing their activities targeting MARP. KHANA has developed a separate SPA for each MARP, which represent a total package of services that should be offered to those populations. Each SPA is divided into four sections: prevention, impact mitigation and health, capacity building, and supporting environment. Each section is further divided into key areas of focus and, for each area there is a list of activities and objectives. Key messages delivered as part of the activity are also included where applicable. Through this package-based approach, our partners will implement activities under each section in order to provide the most comprehensive and complete response possible.

While the aim is to conduct all of the activities listed in each section, we recognize that many of our partners currently lack the capacity to implement every intervention. In the beginning, partners will update current activities to reflect the updated information contained in the SPA, and develop new activities as feasible. Over time, through technical support from KHANA, our partners will be able to expand their interventions and fulfil all objectives of the SPA.

In the SPA, it is common for similar activities to feature in more than one section and even in more than one SPA. This is plausible for many activities such as training, prevention messages and capacity building exercises. Moreover, the majority of KHANA's partners will be implementing multiple SPAs at a time. For example, if a partner works with MSM adults, MSM youth and MSM PLHIV, they would refer to the SPAs for MSM, Youth and PLHIV to inform their interventions. The overlap of activities throughout the SPAs will make it easier for partners to implement multiple SPAs.

Finally, in separate tables, details are given on the estimated costs of these activities. These costs should be treated as guidelines only but will help partners plan their budgets and work plans.

Following are brief descriptions of each section of the SPA:

Prevention

Although transmission in commercial brothel-based sex settings has decreased over the years, sexual networking is shifting towards casual sex with sweethearts and with indirect sex workers in entertainment venues, with whom condom use is much lower. MSM and drug users have high levels of risk behavior and rapidly increasing HIV prevalence. Mobile and migrant populations are also at increased risk of HIV infection. An increasing proportion of new infections take place between couples and from mothers to children, (NAA, 2005).

This section focuses on the specific prevention interventions and approaches appropriate for each target group. While not all partners working with each group may be able to implement all these activities, partners should be able to implement at least some of them.

Impact mitigation and health

It is estimated that 67,200 adults are infected by HIV (NCHADS 2007) and many more are affected through the loss of family members and livelihoods. The need for care, treatment, support and impact mitigation remains enormous (NCHADS, 2007).

This section focuses on the recommended activities to help alleviate the impact of HIV and AIDS on health, economic and social wellbeing. This highlights the activities undertaken with members of the key populations who are HIV positive. It also focuses on their caregivers, the families of PLHIV (people living with HIV) and also those who may not be HIV positive but who are still profoundly affected by the virus, particularly orphans and vulnerable children (OVC).

We know that HIV and AIDS have devastating effects, not only on the health of individuals and families, but also on their economic and social wellbeing. We also know that improvement in access to antiretroviral therapy (ART) and treatment adherence are helping PLHIV to remain healthier and therefore economically active for longer so that income generation activities (IGA) are becoming an increasingly important part of the care and prevention package for PLHIV and their families. Access to IGA is therefore a dominant feature of this section¹

¹ In addition to the SPAs for key populations, there is also a separate SPA for income-generation activities (IGA).

Capacity building

A vital part of all community-based programs is the opportunity for the key populations to become involved in the planning, implementation, monitoring and evaluation of the programs. This section therefore includes activities that build the capacity of the key populations themselves to be an active part of the response and in so doing, to reduce their vulnerability to HIV.

Many people lack the independence and ability to make behavioral choices, including safe sexual health and treatment seeking behaviors. This section therefore will also include activities that will help to empower people, especially women and young people, to increase and strengthen control over their behavioral choices as a crucial aspect of preventing HIV (NAA, 2005). Connected to this is the importance of addressing gender inequalities.

Finally, this section includes activities that should help KHANA's partners themselves, including their home care teams, their peer educators and their outreach workers to deliver a more effective program. As such, it includes training options, curriculum development and BCC suggestions all aimed at building the capacity of the individuals working in the programs.

Supporting environment

Besides supporting activities at community level, KHANA and its partners advocate for the rights of key populations, and ensure that these rights find their way into policy at provincial and national level. Ensuring that key populations can play a part in influencing policy themselves and advocate for their own needs and rights in broader arenas is a key component of KHANA partners' activities, as is advocating on behalf of key groups in Technical Working Groups and other policy arenas.

KHANA and its partners will also work in other legal arenas, such as promoting child protection laws and inheritance rights, which will help to benefit the legal status of the key populations. Advocating for legal rights can sometimes require the coordinated efforts of agencies and institutions other than KHANA partners. Collaboration with other agencies is therefore a vital part of promoting a supporting environment.

Finally, it is important that key populations are given the opportunity to remain, or become, active members of their communities and to live without fear of exploitation, abuse, or stigma and discrimination. KHANA partners will work closely with communities and community leaders to promote solidarity, compassion and respect for each of these groups.



STANDARD PACKAGE OF ACTIVITIES:

ORPHANS AND VULNERABLE CHILDREN (OVC)

Situational Background

The situation in Cambodia for OVC affected and infected by HIV and AIDS is one that needs to be urgently addressed by the health and development community. Approximately 9% of all children aged 0-17 years are defined as orphans or otherwise vulnerable (loss of one or both parents), of whom 1% have lost both parents (NIS/ORC MACRO 2005). Research published in 2007 estimates that of the 67,200 people currently living with HIV, 3,870 are children between the ages of 0-14 (NCHADS, 2007). An estimated 1,050 children were infected with HIV in 2006 (NCHADS, 2007).

Children do not have to be infected by HIV to be seriously affected by the epidemic. Although the HIV epidemic in Cambodia is stabilising, infected adults and children continue to develop AIDS due to late diagnosis of HIV, OI, ARV drug resistance or lack of access to Health and HIV related services. Therefore, the number of children made vulnerable by AIDS continues to increase. A projection for the National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV and AIDS 2006-2010 costing estimated a total of 142,715 AIDS-affected orphans for 2005, which represented approximately one quarter of orphans in the country.

Children infected and affected by HIV have lower school participation rates, experience more severe food rationing, neglect and child abuse, and have higher psychological distress and risk of exploitation than children not affected by HIV. Therefore, not only the physical, but also the psychological, social and mental development of these children is at risk and addressing these risks should be a central objective of all OVC-based HIV and AIDS programs.

In 2007, Cambodia finalized the development of the National Plan of Action for Mitigating the Impact of HIV and AIDS on the Children of Cambodia. In the plan, five key strategies have been adapted from the Global Framework for the Protection, Care and Support of OVC. They are:

- Strengthen the capacity of families to protect and care for OVC by prolonging the lives of parents and providing economic, psychological and other support.
- Mobilize and support community based responses that protect, care for and support OVC and their caregivers.
- Ensure access for OVC to essential services, including education, health care, birth registration and others.
- Ensure that the government protects the most vulnerable children through policy and legislation.
- Create a supportive environment for a coordinated, effective response to children affected or made vulnerable by HIV and AIDS (MoSVY, 2007).

KHANA's Work with OVC

KHANA has been working with OVC as part of its Integrated Care and Prevention Program. Thirty-one partners are currently working with OVC. KHANA is also a member of the OVC National Task Force and sits on the Working Groups for Child Welfare and Child Survival. By the end of 2007 KHANA will have reached nearly 17,000 OVC in 17 provinces and municipalities through Home Care Teams, with a comprehensive package of care which includes basic medical care, psychological support, access to education, food support, prevention education, Happy Happy programs, and access to medical services including referral to ART.

It is vital that this package is strengthened to respond to the growing needs of OVC. KHANA partners need to plan a stronger child protection response, as they must reinforce efforts to refer and secure pediatric ART for infected children in their care. Finally, while access to education has greatly improved under the OVC program, partners now must expand links to vocational training opportunities for OVC-headed households and OVC who have left school.

The following documents were consulted in development of this SPA to ensure that activities align with and complement current research and policies:

- Making a Significant and Lasting Difference: The National Plan of Action for Mitigating the Impact of HIV and AIDS on the Children of Cambodia, 2008-2012; Draft 29 June 2007. MOSVY.
- Standard Operating Procedures for Implementing Social Care for Orphans and Vulnerable Children; March 2007. NCHADS.
- Standard Operating Procedure for Implementing Home-Based Care Activities in Cambodia; April 2006. NCHADS.
- Amendment to Standard Operating Procedures for Implementing Home-Based Care Activities and Happy Youth Center. NCHADS.
- Standard Operating Procedures for Expanding the Continuum of Care – Satellite Sites; January 2006 NCHADS.
- Continuum of Care Operational Framework; 2003. NCHADS.
- Mid-Term Review: Home and Community Based Care for PLHIV & OVC; 2005. KHANA.
- Second National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS, 2006-2010 (Revised November 2007). NAA.
- A Situation and Response Analysis of HIV and AIDS in Cambodia, 2007 Update; Consultation Draft, October 2007. NAA.
- Report of a Consensus Workshop, HIV Estimates and Projections for Cambodia, 2006-2012; June 2007. NCHADS.
- Cambodia Demographic and Health Survey 2005; 2006. National Institute of Public Health, National Institute of Statistics and ORC Macro.

Prevention

| Key Areas | Activities | Objectives | Key Messages |
|--|--|--|--|
| <p>OVC⁷ prevention education</p> | <ul style="list-style-type: none"> Provide HIV prevention and reproductive and sexual health education in an age appropriate way through <ul style="list-style-type: none"> OVC support groups, schools, HCT visits, Happy Happy events, NGO facilities and other opportunities | <ul style="list-style-type: none"> To reduce vulnerability of OVC by aiming to reduce risk taking, and increase HIV prevention knowledge To prevent new HIV infections occurring among OVC | <ul style="list-style-type: none"> HIV and AIDS and STI transmission HIV and AIDS and STI prevention Links between HIV and AIDS and gender Links between HIV and AIDS and drugs Abstinence and faithfulness Delaying sexual debut and risks of early sexual intercourse Safer sex |
| <p>Community prevention education</p> | <ul style="list-style-type: none"> Train monks and community leaders on delivering HIV prevention messages and reducing stigma and discrimination for OVC and their families at community meetings and events | <ul style="list-style-type: none"> To ensure that each partner has a competent pool of community educators who are well trained and active in HIV prevention and S&D reduction. | <ul style="list-style-type: none"> HIV and AIDS and STI transmission HIV and AIDS and STI prevention Links between HIV and AIDS and gender Links between HIV and AIDS and drugs Abstinence and faithfulness Delaying sexual debut and risks of early sexual intercourse Safer sex |

⁷ OVC are under the age of 18.

| Key Areas | Activities | Objectives | Key Messages |
|---------------------------------|--|---|--|
| Life Skills education | <ul style="list-style-type: none"> • Provide Life Skills training to OVC in the community⁸ • Identify and increase as necessary the number of HCT members and volunteers trained to provide Life Skills education⁹ | <ul style="list-style-type: none"> • To improve OVCs' quality of life and decision making choices including behavior change necessary to protect themselves from HIV infection | <p>Physiology and Sexuality</p> <ul style="list-style-type: none"> • Understanding reproductive health organs and their development (body change) • HIV and STI prevention, • Family planning, • Condom use, • Abstinence and delaying sexual debut, • Drug use including harm reduction • Basic hygiene and nutrition • Feeling positive about sexuality and sexual – orientation • Sex and gender definition <p>Social Issues</p> <ul style="list-style-type: none"> • Gender-based violence, other forms of abuse • Negotiation skills, • Ability to cope with peer pressure, self-esteem and assertiveness • Personal risk assessment <p>Gender and Communication</p> <ul style="list-style-type: none"> • Boys and girls and the family - their roles and responsibilities • Relationship skills and Gender roles |
| Self-help/Support groups | <ul style="list-style-type: none"> • Establish and maintain support for OVC self-help groups and children's committees so that they can provide prevention information by training group leaders in HIV prevention education | <ul style="list-style-type: none"> • To ensure that all self-help group leaders are fully trained and that all SHG receive support from HCT in their prevention activities | |

⁸ OPTIONS Program, National Life Skills curriculum, Building Blocks curriculum

⁹ Life Skills Curriculum topics vary according to age of OVC audience

Impact Mitigation and Health

| Key Areas | Activities | Objectives | Key Messages |
|--|--|--|--|
| Basic medical care and treatment | <ul style="list-style-type: none"> Provide referrals for OVC and their caregivers to essential medical care, including: VCCT, OIs, TB, CD4, ART, and immunizations Provide transport to health services Provide basic medical care by HCT to all OVC in their care Respond to emergency health situations such as dengue, malaria, cholera, and acute respiratory infection, by providing information to heads of household and referral to appropriate services | <ul style="list-style-type: none"> To reduce OVC morbidity and mortality due to OI and health related issues such as Dengue, Malaria, Diarrhoea, Cholera, ARI and other diseases To improve knowledge of OVC household in HIV prevention and other health related issue to help OVC stay healthy To increase the number of OVC fully immunized and gaining access to mosquito nets and clean drinking water | <p>Support treatment- seeking behavior</p> <p>Support basic symptom management and diagnosis and referral when appropriate</p> <p>Basic knowledge about HIV and AIDS</p> |
| Treatment education | <ul style="list-style-type: none"> Facilitate access to ART for HIV positive OVC and HIV positive caregivers Educate and inform all HIV positive OVC and their HIV positive caregivers about the proper adherence and administration of their ART | <ul style="list-style-type: none"> To ensure all HIV positive OVC and HIV positive caregivers are aware of their eligibility status for ARV and if eligible, they should have access to treatment To ensure all HIV positive OVC and HIV positive caregivers are able to take the treatment correctly. | |
| Formal education | <ul style="list-style-type: none"> Collaborate with school directors to eliminate school fees for OVC, facilitate access to schools for OVC and monitor attendance Collaborate with school directors to eliminate stigma and discrimination towards OVC in the school setting Provide OVC with school supplies (incl. clothes, shoes, books, pencils, paper) Educate families/caregivers of OVC about the importance of education, especially for girls | <ul style="list-style-type: none"> To increase number of OVC enrolled in community schools, especially girls To increase number of OVC completing at least 9 years of formal education | |
| Socioeconomic situation of the family | <ul style="list-style-type: none"> Provide access to income generation activities for the families/caregivers of OVC, such as grants and loans for starting businesses Facilitate referrals to vocational training for both OVC and their caregivers | <ul style="list-style-type: none"> To improve the economic security of households supporting OVC To increase the number of OVC families with access to IGA and vocational skills training | |

| Key Areas | Activities | Objectives | Key Messages |
|------------------------------|---|--|--|
| Support Nutrition | <ul style="list-style-type: none"> • Provide information regarding HIV and nutrition to OVC carers • Ensure efficient distribution of emergency food support to OVC households • Provide welfare food support to those most in need • Establish linkages with other agencies who promote food security such as farming cooperatives, home gardening etc. • Establish links with income generation activities • Provide information on the importance of clean water, and develop linkages with agencies providing clean water | <ul style="list-style-type: none"> • To reduce nutrition-related morbidity and mortality among OVC • To ensure that OVC have access to a balanced diet | <p>Nutrition</p> <ul style="list-style-type: none"> • Good nutrition/ food groups • How to make nutritious food for infants and children • Recognising malnutrition in children • Importance of good nutrition and food safety <p>Nutrition and HIV</p> <ul style="list-style-type: none"> • Promoting nutrition for optimal growth and immune function • Addressing malnourished children infected by HIV and AIDS <p>Food Security</p> <ul style="list-style-type: none"> • Food insecurity in OVC households • Ways to alleviate food insecurity <p>Water</p> <ul style="list-style-type: none"> • Importance of safe drinking water • Sources of water and how to keep water safe • How to make water safe for drinking |
| Psycho-social support | <ul style="list-style-type: none"> • Provide counselling services to OVC and their families/caregivers • Refer OVC to specialised counselling services as necessary (e.g. if a child has been abused). • Provide OVC with the support to cope with their situation through activities, memory books and other support • Build self-esteem and assertiveness of OVC to enable them to protect themselves from abuse • Support establishment and activities of OVC self-help groups • Facilitate community and monks and religious groups to provide emotional support to OVC • Ensure that HCT staff and volunteers are appropriately trained to give counselling and psychological support and training in these skills • Raise household and community awareness to reduce stigma and discrimination | <ul style="list-style-type: none"> • To increase provision of regular and effective psychosocial services to all OVC under care of HCT • To ensure that all HCT have appropriate and sufficient counselling skills | |

| Key Areas | Activities | Objectives | Key Messages |
|--|--|--|--------------|
| Caregiver training | <ul style="list-style-type: none"> • Provide care and coping skills training for caregivers through self-help and support groups and MMM centers, emphasizing the importance of family support, health care, and education | <ul style="list-style-type: none"> • To provide training to all OVC caregivers, at least annually | |
| HCT visits | <ul style="list-style-type: none"> • Provide regular HCT visits to families of OVC | <ul style="list-style-type: none"> • To ensure HCT visit all OVC households at least once a month. More visits are necessary if the household is particularly in need of specific care or abuse is suspected. | |
| Birth registration | <ul style="list-style-type: none"> • Help families to register their children and obtain the correct documentation | <ul style="list-style-type: none"> • To increase numbers of registered births within the community | |
| Inheritance protection | <ul style="list-style-type: none"> • Through HCT, self-help groups, or MMM centers, educate families of OVC on the importance of creating wills and documenting family property and valuables (succession plans) • Help provide all OVC with the information and opportunity to prepare memory books | <ul style="list-style-type: none"> • To ensure that all PLHIV under care of HCT have information and opportunity to prepare succession plans etc for their children • To increase numbers of families with wills and succession plans in place | |
| Prolong the lives of HIV+ parents and/or caregivers | <ul style="list-style-type: none"> • Improve and facilitate access to HIV testing and treatment for caregivers (through transport, education, community information) • Provide referrals to VCCT and treatment services • Support self-help groups for HIV positive caregivers • Scale up distribution of emergency welfare support to OVC and their families through HCT | <ul style="list-style-type: none"> • To increase number of HIV positive OVC caregivers on ART • To ensure all partners have a system whereby an emergency situation can be identified and responded to appropriately. | |
| Foster care | <ul style="list-style-type: none"> • Collaborate with community stakeholders to promote, identify, and help facilitate foster care. • Hold workshops/informal education sessions with community members to raise awareness within communities about the importance of family-based care • Produce and distribute IEC materials to promote family-based care • Support foster families so that they are able to take appropriate care of OVC. • Monitor foster families on a continuous basis to avoid occurrences of abuse, exploitation or other threats to OVC. | <ul style="list-style-type: none"> • To provide caring, family environments for OVC | |

| Key Areas | Activities | Objectives | Key Messages |
|-------------------------|--|--|--------------|
| Alternative Care | <ul style="list-style-type: none"> In absence of available family foster care options, facilitate community-based alternative care options by working with stakeholders such as pagodas, NGO-run child centers and orphanages Map alternative care facilities for OVC within the community Establish relationships with 100% of all reputable alternative care facilities in catchment area | <ul style="list-style-type: none"> To provide viable and safe care options for OVC in absence of foster family option | |
| Welfare support | <ul style="list-style-type: none"> Provide financial or in kind support to OVC and their families in greatest need, for funerals, clothes, shelter and food. | <ul style="list-style-type: none"> To ensure all OVC are provided with appropriate welfare assistance as and when required. | |

Capacity Building

| Key Areas | Activities | Objectives | Key Messages |
|---|---|--|--|
| Training and skills building | <ul style="list-style-type: none"> Offer regular trainings and skills building opportunities for children's committees and SHG to improve prevention efforts, maintain interest and keep information up to date and accurate | <ul style="list-style-type: none"> To ensure that committees and SHG have accurate information, training and skills to deliver education to their peer group. | <ul style="list-style-type: none"> Child's right Child participation Child's values Problem solving system of child issues |
| Caregiver skills building | <ul style="list-style-type: none"> Provide care and coping skills training for caregivers of OVC through HCT, self-help groups and MMM centers Provide vocational training and IGA opportunities to families of OVC | <ul style="list-style-type: none"> To ensure that at least one caregiver from every OVC household is trained. To provide all OVC households with an adult caregiver with access to an income-generating opportunity. To encourage all partners to establish links with agencies providing vocational training opportunities for OVC | |
| Foster care | <ul style="list-style-type: none"> Identify, train and support foster parents within the community | <ul style="list-style-type: none"> All foster families should receive some initial training and must be included in regular care-giver training | |
| Leadership and advocacy training | <ul style="list-style-type: none"> Train community stakeholders, including monks and spiritual leaders, on the needs of OVC, the importance of advocating for their needs and reducing stigma and discrimination | <ul style="list-style-type: none"> Identify and provide training to sufficient number of community stakeholders (at least two per village) so that they can advocate for the needs of OVC and help to reduce stigma and discrimination within their communities | |

Supporting Environment

| Key Areas | Activities | Objectives | Key Messages |
|--|---|---|--------------|
| Birth registration | <ul style="list-style-type: none"> Advocate for the reduction of registration costs for caregivers of OVC Collaborate with existing resources such as commune councils/leaders to set up and maintain registration systems Work with lawmakers and key stakeholders within the community to advocate for birth registration rights | <ul style="list-style-type: none"> To increase numbers of registered births within the community | |
| National Child Protection Law and Program | <ul style="list-style-type: none"> Network with lawmakers and key stakeholders to advocate for the legal rights of OVC Participate in advocacy activities that focus on legislation to ensure children have legal protection Collaborate with other NGOs who work with OVC to ensure that Child Protection Committees and Child Protection Network are more effective – through training, information sharing and best practices. Draft child protection policies | <ul style="list-style-type: none"> To work with lawmakers and key stakeholders within the community and country to advocate for the legal rights of OVC To encourage partners to participate regularly (at least once annually) in national advocacy events for OVC To require all partners working with OVC to establish and support at least two children's committees and support local branches of child-based protection networks To ensure that all partners working with OVC should have a functioning child protection policy | |
| Collaborate with other organizations focusing on OVC issues | <ul style="list-style-type: none"> Collaborate with other NGOs working with OVC to support Child Protection Networks, in order to create one overarching national network Work closely with the Ministry of Social Affairs, Youth and Veterans (MoSVY) to ensure that partner efforts to protect OVC are in line with government activities | <ul style="list-style-type: none"> To assist in the maintenance of an effective National Community Based Child Protection Network To effectively serve the comprehensive needs of OVC in terms of their vocational training, their rights, training, education, etc. by collaborating with other agencies To participate in national advocacy activities for OVC and include this activity in partner workplans To cooperate effectively with MoSVY | |
| Inheritance protection | <ul style="list-style-type: none"> Advocate for inheritance rights for OVC with lawmakers and other stakeholders Establish and maintain community-based documentation of inheritance for OVC | <ul style="list-style-type: none"> To increase numbers of families with wills and succession plans in place | |

| Key Areas | Activities | Objectives | Key Messages |
|----------------------------------|---|---|--------------|
| Community support | <ul style="list-style-type: none"> Train community stakeholders, including monks and spiritual leaders, on the needs of OVC/PLHIV and the importance of advocating for their needs and reducing stigma and discrimination Establish and maintain a Child Protection Committee in each commune | <ul style="list-style-type: none"> To ensure that at least one community representative and one monk from each target community has attended advocacy for OVC training To aim for at least 50% of communities reporting community mobilisation in offering welfare support to OVC e.g. shelter repair | |
| Stigma and discrimination | <ul style="list-style-type: none"> Reduce stigma and discrimination in communities through: awareness-raising of community members and stakeholders, training of community leaders and religious leaders, and including S&D reduction in life skills curricula in schools | <ul style="list-style-type: none"> To ensure all partners conduct at least one annual training which involves S&D reduction and are able to document S&D reduction in their communities | |
| Inclusion of OVC | <ul style="list-style-type: none"> Include OVC in advocacy campaigns and activities Promote inclusion of OVC in the community response to OVC needs Ensure Happy Happy events are held regularly (once per month), and that all children can participate | <ul style="list-style-type: none"> To expect all partners working with OVC to have peer education programs To ensure the inclusion of OVC in the planning and implementation of OVC-related community advocacy campaigns and activities every year | |
| Children's Support Group | <ul style="list-style-type: none"> Work within the community to establish and support Children's Supports Groups which provide psychological and other support to OVC and their caregivers and which have links to national networks | <ul style="list-style-type: none"> To establish and maintain support for at least one Children's Support Group in the target area of each partner | |
| Education | <ul style="list-style-type: none"> Collaborate with school/local officials to eliminate school fees for OVC Provide OVC with school supplies (clothes, shoes, books, pencils, paper) Educate families/caregivers of OVC about the importance of education, especially for girls | <ul style="list-style-type: none"> To increase number of OVC enrolled in community schools, especially girls To increase the number of OVC completing at least nine years of formal education | |
| Documentation | <ul style="list-style-type: none"> Collect case studies, best practices and success stories to inform national and international community of the needs of OVC | <ul style="list-style-type: none"> To share best practices and lessons learned with other KHANA partners and stakeholders working with OVC | |

REFERENCES:

Caceres et al, 2006, **Estimating the number of men who have sex with men in low and middle income countries** Sex Transm. Inf; 82:3-9

Joint United Nations Program on AIDS, 1 June 2007, **UNAIDS Country Office Cambodia Briefing Note**, UNAIDS, Phnom Penh.

Joint United Nations Program on AIDS, 16 June 2007, **UNAIDS Country Office Cambodia Brief: Resource Issues for the National Response**, Phnom Penh.

Ministry of Social Affairs, Veterans and Youth Rehabilitation, 29 June 2007, **DRAFT: Making a Significant and Lasting Difference: The National Plan of Action for Mitigating the Impact of HIV and AIDS on the Children of Cambodia, 2008-2012**, MoSVY; Phnom Penh.

National AIDS Authority, 2005, **National Strategic Plan for a Comprehensive & Multi-sectoral Response to HIV/AIDS 2006-2010**, NAA; Phnom Penh.

National Center for HIV/AIDS, Dermatology and STDs, February 2007. **Annual Comprehensive Report, 2006**. NCHADS; Phnom Penh.

National Center for HIV/AIDS, Dermatology and STDs, 2007, **HIV Sentinel Surveillance Consensus Workshop on 2006 HIV Estimation for Cambodia Dissemination Meeting, 28 June 2007**, NCHADS; Phnom Penh.

National Center for HIV/AIDS, Dermatology and STDs, 2005, **Cambodia STI Survey**, NCHADS; Phnom Penh.

National Institute of Public Health, National Institute of Statistics and ORC Macro, 2006, **Cambodia: Demographic and Health Survey 2005**, Phnom Penh and Calverton; MD.

O'Connell, K., 2005, **International Rapid Assessment Response and Evaluation (I-RARE); Drug Use and Sexual HIV Risk Patterns Among Non-injecting and Injecting Drug Users in Phnom Penh and Poipet, Cambodia**. Phnom Penh; Cambodia.

Population Services International, 2002, **Sweetheart Relationships in Cambodia: Love, Sex & Condoms in the Time of HIV**, PSI; Phnom Penh.

Slavin, H, 2007, **A New Prevention Strategy for KHANA** (Internal Document); KHANA.