



**STANDARD PACKAGE
OF ACTIVITIES**

YOUTH

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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:

YOUTH

Situational Background

Sixty percent of the population in Cambodia is under 25 years of age (UNFPA, 2005). The average age for a woman in Cambodia to marry is 20 years, and, by the time she is 30, the average Cambodian woman would already have two children (NIS/ORC Macro, 2005). These statistics point to an urgent need to provide information and services to a significant proportion of the country's population entering their reproductive years. For some young people, particularly men, the years between the ages of 15 and 24 mark the period between sexual initiation and marriage and can be a time of sexual experimentation. Young people who are sexually active at this time are at greater risk because they tend to have shorter relationships with more partners, and engage in other risky behaviors, such as drinking or taking drugs (NIS/ORC Macro, 2005).

While some aspects of young people's knowledge of HIV and AIDS is generally very high, among those questioned in the Cambodia Demographic and Health Survey 2005, only half the people aged between 15 and 24 years knew all the facts about HIV and AIDS, particularly routes of transmission, and about the same percentage knew where to obtain a condom (NIS/ORC Macro, 2005). Clearly, much remains to be done in improving the sexual and reproductive health (SRH) knowledge, and access to services, of young people.

Additionally, there are vast differences in access to knowledge and services between youth who are in school, and those who are out of school. While both in-school and out-of-school youth are in need of improved, youth-focused prevention education and health services, out-of-school youth are especially vulnerable to HIV infection. Youth who are not in school are often working to support themselves and/or their families, and are susceptible to drug use, sex work, human trafficking and abuse, all of which put them at high risk for HIV infection. It is crucial that out-of school youth receive the same sexual and reproductive health messages as those who are in school, which requires more concentrated outreach efforts from NGOs and community programs.

The needs of youth, both in-school and out-of-school, have been partially addressed at the policy level with efforts by the Royal Government of Cambodia, the donor community and other stakeholders to finalize a policy on adolescent sexual and reproductive health (SRH), national guidelines and curricula to define standards for adolescents attending public health facilities, and a life skills program on HIV, drug use and gender based violence (GBV) in the national curriculum. These measures are aimed, not only at reducing the prevalence of HIV and other STIs, but also address broader social concerns such as the causes of rape and other sexual assault, teenage pregnancy and unsafe abortion. Such a variety of issues demands a multi-faceted response and it is hoped that a broad spectrum of development organizations, plus multiple government ministries, will respond to young people's needs for services and information.

KHANA's Work with Youth

From 2003 to 2006, KHANA was a recipient of funds from the Reproductive Health Initiative for Youth in Asia (RHIYA), a joint program of UNFPA and the EC. RHIYA enabled KHANA to support five partners to implement specific activities aimed at youth and also to coordinate national events that promoted the importance of sexual and reproductive health among young people. Since the conclusion of RHIYA, KHANA partners have focused on youth as part of their focused prevention or integrated care and prevention programs. As such, it is young people already perceived to be at risk of HIV, such as OVC, drug users, entertainment workers and MSM, who are reached by these programs. This SPA seeks to provide KHANA's partners with information on activities that target those youth most at risk, as well as general youth who also need information and access to services.

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.
- Cambodia National Youth Risk Behavior Survey, Summary Report; 2004. MoEYS.
- Current response and Future Plans for Adolescent Sexual and Reproductive Health in Cambodia; Power-Point Presentation, 23 August 2007; Jenny Middleton for UNFPA. Meeting on the Reproductive Health for Youth in Asia Project.
- Improving Young People's Sexual and Reproductive Health, Project Report; 2006. 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>Outreach and peer education</p> <ul style="list-style-type: none"> • Provide peer education and outreach services to in-school and out-of-school youth. • Recruit PE among both in-school and out-of-school youth, in order to reach as many youth as possible • Ensure that PE know where to refer youth for youth-friendly SRH services, including VCCT • Ensure that PE provide accurate information on where to purchase low cost quality condoms • Recruit and train HIV positive youth as PE to reach HIV positive youth with positive prevention messages • Provide outreach at health centers, schools, and community gatherings so as to reach as many youth as possible, especially out of school youth 	<ul style="list-style-type: none"> • To provide youth access to regular and accurate information and ensure they have the skills necessary to protect themselves • To ensure youth out-of-school receive adequate and appropriate HIV and sexual and reproductive health education • To provide initial and follow-up trainings to 100% of PE on outreach skills, subject matter knowledge¹⁰, and referrals to youth-friendly medical services • To reach 100% of HIV positive youth in target areas through peer education • To reach out to other youth in the community who may not be covered by PE, with gatherings, events etc. Aim to reach 85% of all youth in the community, including those who are out of school 	<p>HIV prevention</p> <ul style="list-style-type: none"> • Preventing sexual transmission of HIV and other STI • Condoms and other methods to promote safer sex • Treatment for STI and encouraging treatment-seeking behavior • Protecting your self and your partner from HIV. 	<p>Messages in Curriculum:</p> <ul style="list-style-type: none"> • Negotiation skills, • Ability to cope with peer pressure, self-esteem and assertiveness • Relationship skills • Personal risk assessment • HIV/STI prevention, • Family planning, • condom use, • Abstinence and delaying sexual debut, • Drug use including harm reduction • basic hygiene and nutrition
<p>Life skills</p> <ul style="list-style-type: none"> • Provide life skills training to community youth through schools and outreach activities • Provide outreach to out-of-school youth in easily accessible venues and at various times of day (morning and evening sessions, offer in parks, temples and other public spaces) • Encourage behavior change throughout the curriculum, rather than only providing information, through interactive and participatory lessons (role plays, games, group discussions etc) 	<ul style="list-style-type: none"> • To ensure that life skills are taught to both in-school and out-of-school youth in the community • To provide youth with the skills needed to avoid HIV and maintain general wellness • To train 100% of peer educators on Life Skills curriculum 	<p>Messages in Curriculum:</p> <ul style="list-style-type: none"> • Negotiation skills, • Ability to cope with peer pressure, self-esteem and assertiveness • Relationship skills • Personal risk assessment • HIV/STI prevention, • Family planning, • condom use, • Abstinence and delaying sexual debut, • Drug use including harm reduction • basic hygiene and nutrition 	<p>Messages in Curriculum:</p> <ul style="list-style-type: none"> • Negotiation skills, • Ability to cope with peer pressure, self-esteem and assertiveness • Relationship skills • Personal risk assessment • HIV/STI prevention, • Family planning, • condom use, • Abstinence and delaying sexual debut, • Drug use including harm reduction • basic hygiene and nutrition

¹⁰ Such as HIV/STI, negotiation skills, abstinence, family planning, drug use, harm reduction etc

Key Areas	Activities	Objectives	Key Messages
<p>Key Areas</p>	<ul style="list-style-type: none"> Conduct life skills training of trainers with peer educators, teachers, community leaders, PLHIV groups, employers of out-of-school youth, and parents Train monks and religious leaders to provide Life Skills information to high risk youth, such as those out-of-school, and also to couples about to be married (through couples pre-marital counselling sessions) 		<p>Physiology and Sexuality</p> <ul style="list-style-type: none"> Understanding reproductive health organs and their development Facts about masturbation Feeling positive about sexuality and sexual orientation <p>Gender and Communication</p> <ul style="list-style-type: none"> Men and the family - their roles and responsibilities Gender roles: how to be good husbands and wives Promoting self esteem Encouraging partner communication Inspiring men to support their wife's use of contraceptives Empowering women to redefine their relationship with their partners.
<p>IEC materials</p>	<ul style="list-style-type: none"> Create, and/or collaborate with other partners and PF/PE on the creation/adaptation of information, education, communication (IEC) and behavior change communication (BCC) materials. Ensure the efficient distribution of IEC materials to all youth by developing or improving logistics plans for materials Reach all youth by creating IEC materials with less text and more pictorial information (especially targeting out-of-school youth with low literacy) Hold discussion sessions with youth on gender, sexuality and sexual health in order to receive feedback on IEC and inform future production 	<ul style="list-style-type: none"> To update all relevant existing IEC materials to ensure they are youth-focused and more pictorial, rather than text-focused To provide regular and extensive access for all youth in the community to youth-focused IEC materials that reflect the literacy levels of the community's youth To involve youth in the development of new, youth-focused IEC materials 	<p>HIV prevention</p> <ul style="list-style-type: none"> Preventing and reducing risk of sexual transmission of HIV and other STI Condoms and other methods to promote safer sex Treatment for STI and encouraging treatment- seeking behavior Protecting yourself and your partner from HIV. STI testing and VCCT Youth-focused sexual and reproductive health (SRH) information

Key Areas	Activities	Objectives	Key Messages
Behavior Change Communication	<ul style="list-style-type: none"> • Ensure IEC materials contain clear, concise, simple and short messages that are linked to behavior change e.g. “Use a condom every time you have sex” • Only refer people to services that are actually in place • Contact community health providers and ensure they are comfortable with and knowledgeable about behavior change materials/messages. Provide training if necessary. • Ensure staff are trained and comfortable with delivering BCC messages in interpersonal, outreach and peer education settings. • Promote BCC messages year-round through interpersonal, group and mass media outlets • Create/adapt messages to reach sub-groups of youth (i.e. in-school, out-of-school, sex workers, street children, factory workers, etc.) 	<ul style="list-style-type: none"> • To review and update existing IEC/BCC materials as necessary to make messages clearer and more concise to youth through training of health care providers and peer educators • To ensure 100% of peer educators are knowledgeable in the subject matter and delivery of BCC messages • To ensure all youth, especially those out-of-school, receive BCC messages 	<p>HIV prevention</p> <ul style="list-style-type: none"> • Preventing sexual transmission of HIV • Condoms and other methods to promote safer sex • Prevention and treatment for sexually transmitted infection • Encouraging treatment- seeking behavior • Protecting yourself and your partner from HIV. <p>Positive outcomes of behavior change:</p> <ul style="list-style-type: none"> • Improved health • Positive economic and personal outcomes
Out-of-school Youth	<ul style="list-style-type: none"> • Target out-of-school youth with adolescent SRH and HIV prevention information • Link with others to seek opportunities to enrol out-of-school youth into schools or programs where they will receive basic education • Enable out-of-school youth to access similar information and services to youth in school 	<ul style="list-style-type: none"> • To support out-of-school youth’s equal opportunity to access crucial information regarding their health and wellbeing, particularly their sexual health 	
Female-focused activities	<ul style="list-style-type: none"> • Ensure as many girls as boys are receiving prevention messages through PE and Life Skills training • Create single-sex education sessions • Provide negotiation and communication skills training • Ensure girls out-of-school are also targeted with prevention education, especially those involved in sex or entertainment work. 	<ul style="list-style-type: none"> • To provide girls with equal opportunity to access crucial information regarding their health and wellness, particularly their sexual health 	

Impact Mitigation and Health

Key Areas	Activities	Objectives	Key Messages
<p>Access to youth-friendly health services</p>	<ul style="list-style-type: none"> Facilitate and maintain the establishment of youth-friendly and youth-focused medical services within the community (also Happy Youth Centers at Referral Hospitals) <ul style="list-style-type: none"> Check for implementation of MoH Clinical Guidelines for adolescent SRH Services Support referral for HIV, STI, VCCT, Sexual and Reproductive Health Services and general health services to youth in a youth-friendly atmosphere Provide information on where to get low cost condoms. Provide community health workers with training on needs of youth in health settings and programming updates as necessary (especially of sub-groups of youth: sex workers, out-of-school youth, etc.) 	<ul style="list-style-type: none"> To ensure that the majority of community providers are offering youth-friendly services and implementing MoH Clinical Guidelines for adolescent SRH services 	
<p>Youth Friendly Centers</p>	<ul style="list-style-type: none"> Establish/maintain a youth center in the community which will reach out to youth through the provision of a safe space for all youth, as well as cultural and recreational activities If possible, offer Life Skills training at Center, especially to out-of-school youth Create support groups (which meet at the center) to provide mutual support for HIV/STI risk reduction and other personal welfare issues Supply centers with books, IEC materials, games, karaoke, etc. Run regular Youth Club and youth support group sessions with a safe space for young people to address needs and interact with their peers about HIV prevention and other concerns 	<ul style="list-style-type: none"> To ensure that all youth in the community have equal access to a youth-friendly safe space targeting their specific needs and providing SRH information to all attendees 	<ul style="list-style-type: none"> General knowledge on HIV and AIDS and SRH topics Referrals to VCCT services Sponsor post-test clubs Information on drug use Counseling services
<p>Youth social gatherings</p>	<ul style="list-style-type: none"> Organize and facilitate a twice yearly gathering of youth, including peer facilitators and peer educators, to discuss issues relating to HIV and AIDS and SRH, life and other youth concern Provide additional training to PF/PE Use input from youth attendees to inform program planning and policy making Ensure youth from a variety of sub-groups attend the social gatherings, i.e. out-of-school and in-school youth, youth who are working, street children, etc. 	<ul style="list-style-type: none"> To reach 100% of peer educators and 40% of community youth with a bi-annual youth gathering (camp, workshop, forum, etc) to offer training, discuss youth needs and programming, and build solidarity among community youth To provide follow-up training and skills building to 100% of peer educators at the youth gathering To encourage youth attending youth gatherings to participate in discussions on their needs and the community response as well as on program and policy planning To provide all youth in the community, particularly those at highest risk (out-of-school youth, workers, etc.), with the opportunity to attend youth-oriented social activities 	

Capacity Building

Key Areas	Activities	Objectives	Key Messages
Training for PF/PE and outreach workers	<ul style="list-style-type: none"> Offer regular trainings and skills building opportunities for PF/PE to improve outreach efforts and improve ownership among youth 	<ul style="list-style-type: none"> To provide training and skills building updates to 100% of peer educators throughout the year, at least quarterly 	
Community support	<ul style="list-style-type: none"> Work with community stakeholders to include youth issues/needs in commune development plans Encourage and assist youth representatives to meet with stakeholders to discuss their needs, 	<ul style="list-style-type: none"> To contact community stakeholders, including parents and religious leaders, to discuss youth issues and how the community as a whole can address them To encourage and facilitate youth (at least five youth representatives from each community, representing various sub-groups of youth), to participate in discussions on their needs and the community response 	
Out-of-school Youth	<ul style="list-style-type: none"> Seek opportunities to enrol out-of-school youth into schools or programs where they will receive basic education When it is not possible to enrol youth in school, provide them with vocational skills building and income generation activities 	<ul style="list-style-type: none"> To improve the educational and economic prospects of out-of-school youth, decreasing their likelihood of involvement in risky employment and thus their susceptibility to HIV infection 	

Key Areas	Activities	Objectives	Key Messages
Youth involvement	<ul style="list-style-type: none"> Involve youth meaningfully in policy design and service provision Hold regular meetings with community youth to ensure their input on program activities and the quality of the response to their needs 	<ul style="list-style-type: none"> To encourage and facilitate youth (at least five youth representatives from each community, representing various sub-groups of youth), to participate in discussions on their needs and the community response To encourage partners to draw on peer educators and youth representatives during policy design and service provision discussions as well as to receive their input and feedback on programming design and evaluation 	
Youth social gatherings	<ul style="list-style-type: none"> Organize and facilitate a twice yearly gathering of youth, including peer facilitators and peer educators, to discuss issues relating to HIV and AIDS and SRH for youth Provide additional training to PF/PE Use input from youth attendees to inform program planning and policy making Encourage youth from a variety of sub-groups attend the gatherings, i.e. out-of-school and in-school youth, youth who are working, street children, etc. 	<ul style="list-style-type: none"> To reach 100% of peer educators and 40% of community youth with a bi-annual youth gathering (camp, workshop, forum, etc) to offer training, discuss youth needs and programming, and build solidarity among community youth To provide follow-up training and skills building to 100% of peer educators at the youth gathering To encourage youth attending the gathering to participate in discussions on their needs and the community response as well as on program and policy planning To provide all youth in the community, particularly those at highest risk (out-of-school youth, workers, etc.), with the opportunity to attend youth-oriented social activities 	

Supporting Environment

Key Areas	Activities	Objectives	Key Messages
Advocacy	<ul style="list-style-type: none"> Advocate for rights of youth, including access to SRH and Life Skills education and youth-friendly health services Advocate for the needs and rights of high risk youth, in particular out-of-school youth Hold meetings and information sessions for parents, community leaders, religious leaders, local authorities and other stakeholders 	<ul style="list-style-type: none"> To engage community stakeholders to discuss youth issues and how the community as a whole can address them To encourage community stakeholders to acknowledge and address the needs and rights of high-risk youth, in particular To hold monthly meetings between partners, HCT and other stakeholders, along with medical providers and health services administrators, to ensure youth-friendly health services are in place 	
Establishment of a national policy on youth SRH	<ul style="list-style-type: none"> Network with lawmakers and key stakeholders to create a national policy Ensure that policies, programs and investments for young people, especially those who are the most vulnerable, are a priority in the national response to HIV and AIDS. 	<ul style="list-style-type: none"> To encourage and facilitate discussions amongst community stakeholders about youth issues and how the community as a whole can address them To encourage local leaders to include youth issues on national agenda and to support the creation of a national policy on adolescent SRH 	
Collaboration	<ul style="list-style-type: none"> Participate in or create technical working groups on needs and services for youth, including a focus on high-risk or out-of-school youth Encourage the creation of a coordinating committee within Ministries on youth and HIV Collaborate with other groups working with youth SRH to advocate on a national level for youth 	<ul style="list-style-type: none"> To advocate for youth SRH on a local, regional and national level through (regional) technical working groups on youth and multi-sectoral provincial and national level meetings 	
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 youth 	<ul style="list-style-type: none"> To share best practices and lessons learned with other KHANA partners and stakeholders working with youth 	

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