

Cambodian Red Cross National Society

Health Department

HIV/AIDS Programme 2008-2010

1. EXECUTIVE SUMMARY

The Cambodian Red Cross Society, working under the framework of the International Federation of Red Cross and Red Crescent Societies' Global Alliance on HIV, is launching a new three year HIV Programme, covering the period 2008-2010. The purpose of the programme is to reduce vulnerability to HIV and its impact in Cambodia, through four key objectives: preventing further HIV infection; expanding care, treatment, and support; reducing stigma and discrimination; and strengthening the Cambodian Red Cross (CRC) HIV response through capacity building at all levels.

The CRC has committed to scaling up the volume of its human immunodeficiency virus (HIV) work; and thereby, increasing the number of target beneficiaries by 2010. The HIV/AIDS programme currently works in seven provinces and cities throughout the kingdom, including: Banteay Meanchey, Koh Kong, Kampot, Prey Veng, Svay Rieng, Siem Reap, and the Phnom Penh Municipality. For this programme, CRC will maintain current project sites and expand into two additional provinces. Prevention work will focus on reducing risk behaviour among casino workers and mobile/border populations, as well as among the general public through mass awareness activities. Care and support activities will be scaled-up in two new provinces; and orphans and vulnerable children (OVC) activities will be integrated across this work to ensure a comprehensive programme. CRC's close partnership with the Cambodian Network of Positive People (CNP+) will be strengthened with eight provincial networks receiving support. CRC will continue to advocate publicly through the media for a policy that supports HIV in the workplace.

The overall purpose of programme scale-up 2008-2010:

1. To contribute to an effective response to the HIV/AIDS epidemic through strengthening partnerships and alliances with key stakeholders at local, national and regional levels.
2. To improve the quality of life for positive people and their families by advocating against stigma and discrimination, and promoting access to treatment, care and support in collaboration with positive people and other key stakeholders.
3. To develop strategies to enhance the resilience of cross border and mobile populations to HIV/AIDS
4. To strengthen the capacity of communities and institutions to develop a sustainable response to HIV/AIDS by mobilizing and supporting Red Cross and Red Crescent Societies' (RCRC) networks, People Living with the Human Immunodeficiency Virus (PLHIV) and government partners.
5. To promote and support mainstreaming of HIV/AIDS into the programmes and policies of the CRC.

In its HIV work, CRC is supported by the International Federation and partner national societies, as well as partners from outside the Movement.

Total funding required for the three year period is **USD 2,367,084**. The programme is currently supported by a range of donors including Australian Red Cross, the Global Fund to Fight AIDS, TB and Malaria (GFATM), and Family Health International (FHI). Due to the generosity of current donors, CRC has been able to raise USD\$648,261 for the first year of this new programme. Whilst CRC has received some pledges for 2009, a total funding gap of **USD1,718,823** remains for the period 2008-2010, which it is hoped will be covered by support from existing as well as new future partners.

Table 1. Key HIV and AIDS data in Cambodia 2006

National data	
National population	1,4071,000
Human Development Index	130
% of people with less than USD\$2 per day	77.7%
HIV and AIDS indicators	
Number of people (all ages) living with HIV	130,000 [74,000-210,000]
Adults (15-19 years) HIV prevalence rate	1.6 [0.9-2.6%]
Adults (15 and over) living with HIV	130,000 [70,000-200,000]
Women (15 years and over) living with HIV	59,000 [28,000-9,900]
Deaths due to AIDS	16,000 [8,500-2,600]
Children (0-14 years) living with HIV	N/A
Orphans (0-17years) due to AIDS	N/A
% of pregnant women receiving treatment to reduce mother to child transmission	1.4%
% of HIV-infected women and men receiving Antiretroviral Therapy (ART)	36.0%
% women and men separately (15-24 years) who correctly identify ways to prevent HIV	N/A
% women and men separately (15-24 years) who used a condom the last time they had casual sex	N/A

Source: Epidemiological fact sheet World Health Organization (WHO) and The Joint United Nations Programme on HIV/AIDS (UNAIDS) 2007

3. THE IMPACT

The HIV epidemic is one of many challenges facing a country where Khmer Rouge genocide, famine and civil war killed at least 1.7 million people and destroyed whole infrastructures in education, health and transport. Today Cambodians work to rebuild their country amid enormous social inequalities, low levels of food production, and high levels of homelessness and poverty. While HIV prevalence is declining, Cambodia's mature epidemic remains one of the most serious in the region. The main route of transmission continues to be unprotected heterosexual intercourse. The HIV epidemic has moved from most-at-risk populations into the general population, resulting in a majority of new infections among married women and their newborns. Nonetheless, the high prevalence rates among groups such as sex workers and their clients mean these groups need to be accorded continued priority. The lack of data related to HIV and AIDS prevalence among 'hidden' populations, including drug users, MSM and mobile populations, is a matter for concern. While Cambodia has made significant progress in reversing the growth in HIV prevalence, the danger of rapid resurgence remains if risk behaviours increase, especially in light of the generalised nature of the epidemic.

4. POLICY ON HIV

The CRC HIV programme is part of the South East Asia Regional HIV programme which is a component of the Red Cross and Red Crescent Global Alliance on HIV.

The purpose of our programme is to reduce vulnerability to HIV and its impact in (country) through achieving the following outcomes:

- preventing further HIV infection
- expanding HIV care, treatment, and support
- reducing HIV stigma and discrimination

bolstered by a fourth outcome:

- Strengthening national Red Cross Red Crescent society capacities to deliver and sustain scaled-up HIV programme

The purpose of the CRC HIV programme is to eliminate stigma and discrimination, reduce vulnerability to, and alleviate the impact of HIV and AIDS. We are committed to building the capacity of positive people, Red Cross and Red Crescent Societies' networks, and communities to respond effectively to the epidemic through working in partnership with positive people and other key stakeholders.

We work in accord with the established principles of the Movement to support our country's national HIV policies and programmes. The specific scope of the activities in this programme has been developed in coordination with NCHADS and harmonised with tasks agreed under international assistance arrangements in Cambodia including UNAIDS and other UN agencies, non-governmental organizations (NGOs) and civil society groups, and donors.

5. TRACK RECORD AND LESSONS LEARNT

The CRC is the largest humanitarian organization in the country with established programmes in disaster preparedness and health sectors. A central focus of Strategy 2003-2010 for the CRC Health Department is **contributing to a sustainable improvement in the general health of vulnerable communities in Cambodia**.¹ Within this, the HIV team seeks to strengthen approaches to supporting communicable disease control, especially HIV/AIDS and dengue fever. From mid 1995 the CRC has been actively engaged at local and regional levels in the fight against HIV/AIDS. We have contributed to the reduction of vulnerability and impact mitigation of the HIV/AIDS epidemic. The HIV/AIDS Programme has adopted the Red Cross Red Crescent approach which combines prevention, care and support for people living with HIV/AIDS and strategies to reduce stigma and discrimination while working in partnership with positive people at all times. The CRC volunteer network is comprised of volunteers and youth spread across all provinces and municipalities of Cambodia. The national society is set up with its headquarters based in Phnom Penh and CRC branches in the provinces. The CRC HIV/AIDS programme currently mobilizes the CRC volunteer network in six provinces for mobilizing community support for orphan vulnerable children project (OVC), community support for people living with HIV/AIDS, and life skills for HIV/AIDS education among casino staff.

The programme has successfully expanded to include work on anti-stigma and discrimination advocacy, prevention programmes with police, casino workers, university students and in-school and out-school youth, and mobilizing community support for positive people through the Red Cross volunteers network, and developing strategic partnerships with people living with HIV (PLHIV). The development of anti-stigma and discrimination advocacy activities has enabled the HIV/AIDS programme to work collaboratively with positive people, most notably the Cambodian Network of Positive People (CPN+). The HIV/AIDS programme uses the network of Red Cross volunteers in the country as one of the main vehicles to carry out its project work. Part of CRC's new strategy will involve training more female volunteers to work with women, and also to involve more positive people in the various networks.

The HIV/AIDS Programme is recognized as an exemplar of good practice among national societies throughout the Asia Pacific region. The programme, with strong guiding support from Australian Red Cross (ARC) has: progressively scaled up work; diversified its funding base; formulated and followed a strategic plan; devised an exit strategy for a technical adviser; and ultimately, lessened its reliance on technical assistance in its move toward independent management. In country, the CRC is recognized as a leading agency in HIV and has close working relationships with government and HIV organizations. CRC is represented in the National AIDS Authority and is a member of the Country Coordinating Mechanism (CCM) for the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM).

The management structure is strong with clear coordination from headquarters level through to provincial and field level. A 2007 review of the casino worker project found strong management and coordination mechanisms in place. There is regular technical input, and support visits from central to the provinces; and financial flow to ensure that project implementation runs smoothly. Technical support is conducted

¹ CRC Strategy 2003-2010

using a 'mentoring' model with time given to 'on the job' training for provincial project coordinators. The human resource unit and Monitoring & Evaluation unit can also provide support to the HIV programme.

CRC is in the process of developing a health strategic plan which will help them to consolidate their future directions for the coming 5 years and provide a clear framework. As part of this process they will explore new areas of programming aimed at filling current gaps and needs for HIV in Cambodia. Future challenges for the programme will be scale up of existing work and potential expansion into new programme areas.

*** OUTCOME 1: Preventing further HIV infection**

Approach	Key Activities	Geographic Target Areas	Target group(s)
1.1 Encourage a reduction in risk behaviour among casino workers (Casino workers through peer education and community mobilization)			
Funded by Australian Red Cross and Family Health International (FHI) until June 2008	<p>1.1.1 Peer educator bi-monthly meeting</p> <p>1.1.2 Out reach activities with 1,500 casino staff and clients</p> <p>1.1.3 HIV-workplace policy orientation workshop with 30 casinos leaders and staff.</p> <p>1.1.4 Public education events for World AIDS Day, New Year, and Casinos anniversary with 1000 people.</p> <p>1.1.5 Advocacy meeting both formal and informal with 60 casinos leaders and managers</p>	<p>4 casinos in Svay Rieng province</p> <p>4 casinos in Svay Rieng province</p> <p>4 casinos in Svay Rieng province</p> <p>4 Casinos (New World, King Crown, Bavet Mokbey, Le Macav) in Svay Rieng province</p> <p>4 casinos New World, King Crown, Bavet Mokbey, Le Macav in Svay Rieng province,</p>	<p>150 Peer educators (casino staff)</p> <p>Casino staff and clients</p> <p>30 casino leaders and managers from</p> <p>1,000 casino staff and clients</p> <p>60 casino staff and clients</p>
Funded by FHI	1.1.1 Conduct	Phnom Penh	30 casino staff and leaders

Approach	Key Activities	Geographic Target Areas	Target group(s)
	<p>training need assessment</p> <p>1.1.2 Sensitization workshop</p> <p>1.1.3 Conduct 2 days training of peer education workshop for 100 casinos staff</p> <p>1.1.4 Peer educator bi-monthly meeting</p> <p>1.1.5 Out reach activities with 1000 casinos staff and clients</p> <p>1.1.6 HIV-workplace policy orientation workshop with 30 casinos leaders and staff.</p> <p>1.1.7 Public education events for World AIDS Day, New Year, and Casino anniversaries with 1,000 people.</p> <p>1.1.8 Advocacy meeting both formal and informal with 60 casinos leaders and managers</p> <p>1.1.9 Refresher training for Peer Educators</p>	<p>Municipality (casino NAGA)</p> <p>Casino NAGA, in Phnom Penh Municipality</p> <p>Casino NAGA, in Phnom Penh Municipality</p> <p>Casino NAGA in Phnom Penh Municipality.</p> <p>Casino NAGA in Phnom Penh Municipality).</p> <p>Casino NAGA in Phnom Penh Municipality.</p> <p>Casino NAGA in Phnom Penh Municipality.</p> <p>Casino NAGA in Phnom Penh Municipality.</p> <p>Casino NAGA in Phnom Penh Municipality.</p>	<p>60 casino leaders and managers from casino NAGA.</p> <p>100 peer educators</p> <p>100 peer educators</p> <p>1,000 casinos staff and clients</p> <p>30 casino leaders and managers</p> <p>1,000 casinos leaders and staff and clients</p> <p>60 casino leaders and managers</p> <p>100 Peer Educators</p>
Global Aids Programme (GAP)	1.1.1 Sensitization workshop	Casino NAGA in Phnom Penh Municipality and Casino Svay Rieng Province	60 casinos leaders and managers

Approach	Key Activities	Geographic Target Areas	Target group(s)
	<p>1.1.2 Conduct 2 days training of peer education workshop for 100 casinos staff</p> <p>1.1.3 Peer educator bi-monthly meeting</p> <p>1.1.4 Out reach activities with 1,500 casinos staff and clients</p> <p>1.1.5 HIV-workplace policy orientation workshop with 200 casinos leaders and staff.</p> <p>1.1.6 Public education events for World AIDS Day, New Year, and Casinos anniversary with 4,000 people.</p> <p>1.1.7 Refresher training for Peer Educators</p>	<p>Casino NAGA, in Phnom Penh Municipality and Casino Svay Rieng provinces</p> <p>Casino NAGA, in Phnom Penh Municipality</p> <p>Casino NAGA in Phnom Penh Municipality and Casinos in Svay Rieng Province</p> <p>Casino NAGA, in Phnom Penh Municipality</p> <p>Phnom Penh Municipality and Svay Rieng Province</p> <p>Casino NAGA in Phnom Penh Municipality and casino in Svay Rieng Province</p>	<p>100 casino staff</p> <p>100 peer educators</p> <p>100 peer educators</p> <p>1,500 casino staff and clients</p> <p>30 casinos leaders and managers and</p> <p>4,000 general population</p> <p>100 Peer Educators</p>
<p>1.2 Development and distribution of targeted information, education and communications (IEC) material to increase HIV related knowledge of casino staff, and provide information on HIV/AIDS to casino clients and people on the cross border of Cambodia-Vietnam.</p>			
<p>Funded by</p>	<p>1.2.1 Develop leaflet</p>		

Approach	Key Activities	Geographic Target Areas	Target group(s)
Australian Red Cross until June 2008	on HIV transmission and prevention in collaboration with Vietnam Red Cross		
Funded by FHI	1.2.1 Develop and Update training curriculum in first quarter 2008	Casino NAGA in Phnom Penh Municipality	The staff in 5 casinos and 2 Red Cross headquarters staff
GAP	1.2.3 CRC branches collaborate to produce radio and television programmes for HIV awareness spots and forums 1.2.4 3,000 T-shirts and caps with message on HIV prevention printed	Phnom Penh municipality	2,500 casinos staff and 3,000 casino clients, including people at the cross border; and participation from 1,200 students and CRC staff in forums and a television programme 3,000 casinos staff distributed
1.3 Encourage an openness to voluntary counselling and testing (VCT) promotions to casino staff and workers through peer educators.			
Funded by Australian Red Cross, FHI until September 2008	1.3.1 VCT component integrated in peer education activities, peer will refer casino staff and workers to government VCT centers 1.3.2 Awareness raising to general population on VCT services	4 casinos in Svay Rieng and NAGA casino in Phnom Penh Municipality 4 casinos in Svay Rieng and NAGA casino in Phnom Penh Municipality	50 people refer to VCT through peer education activities 2,000 casinos staff and clients get information about VCT (pre-post test counselling and confidentiality)
1.4 Provide basic knowledge to CRC staff, volunteers so as they can explore Preventing Mother-to-Child Transmission (PMTCT) of HIV activities			
GAP	1.4.1 Conduct	Siem Reap and	3 CRC staff and 22

Approach	Key Activities	Geographic Target Areas	Target group(s)
	PMTCT training for 25 staff and national society volunteers. 1.4.2 Explore collaboration with organizations providing PMTCT and establish a referral system	Kampot province 4 provinces (Kampot, Siem Reap, Prey Veng, and Svay Rieng)	volunteers 15 pregnant women referred to the PMTCT service.
1.5 promote and encourage partner, husband and wife on condom use and change their behaviour.			
Funded by Australian Red Cross	1.5.1 1,500 condoms distributed to casinos staff and clients 1.5.2 Conduct situational analysis/rapid assessment on drug users (DU) and injecting drug users (IDU) 1.5.3 Conduct harm reduction workshop	5 casinos in Svay Rieng and Phnom Penh Municipality Cambodia-Lao border and Cambodia-Thai border CRC headquarters, Phnom Penh and 4 casinos in Svay Rieng	1,000 casino staff and clients use condom from box 40 drug users and 5 stakeholders will be interviewed 25 CRC staff 50 Peer Educators
GAP	1.5.1 Cross Border Project on HIV/AIDS Harm Reduction activities. 1.5.2 Sensitization workshop 1.5.3 Training of trainers 1.5.4 Conduct outreach activities 1.5.5 Coordination	Svay Rieng, Banteay Meanchey, and Preah Vihear Svay Rieng, Banteay Meanchey, and Preah Vihear Svay Rieng, Banteay Meanchey, and Preah Vihear Svay Rieng, Banteay Meanchey, and Preah Vihear Svay Rieng, Banteay	150 Youth, 150 police, 10 ex-drug users, 150 drug users 2,000 people from the community 75 local authority and police and 25 CR C leaders and managers 20 Local authority, CRC members; police, drug users, and youth Youth NGOs and National Authority for Combatting Drugs (NACD)

Approach	Key Activities	Geographic Target Areas	Target group(s)
	meeting	Meanchey, and Preah Vihear	

*** OUTCOME 2: Expanding HIV care, treatment, and support**

Approach	Key Activities	Geographic Target Areas	Target group(s)
2.1 Measure need for assisting and support children and orphans (OVC) made vulnerable by HIV			
GAP	<p>2.1.1 Conduct need analysis on orphan vulnerable by HIV</p> <p>2.1.2 Conduct 2 days Sensitization workshops with 100 community leaders and 100 teachers</p> <p>2.1.3 Establish community forum group with 100 community local authority, community leaders and PLHIV</p> <p>2.1.4 HIV/AIDS Training for 50 Red Cross volunteers</p> <p>2.1.5 Refresher course for 150 Red Cross volunteers</p> <p>2.1.6 Informal life skill for 210 children</p> <p>2.1.7 Community Education with 1,500 people in community</p> <p>2.1.8 Care takers</p>	<p>2 provinces (Preah Vihear and Odor Meanchey)</p> <p>2 provinces (Preah Vihear and Odor Meanchey)</p> <p>2 provinces (Preah Vihear and Odor Meanchey)</p> <p>2 provinces (Preah Vihear and Odor Meanchey)</p> <p>2 provinces (Preah Vihear, Odor Meanchey,)</p> <p>2 provinces (Preah Vihear, Odor Meanchey, Koh Kong)</p> <p>2 provinces (Preah Vihear, Odor Meanchey)</p> <p>2 provinces (Preah</p>	<p>20 PLHIV and thier family, 10 OVC, and 6 community leaders.</p> <p>100 community leaders, 100 teachers</p> <p>100 local authority, community leaders, and PLHIV</p> <p>50 CRC volunteers</p> <p>150 CRC volunteers</p> <p>210 OVC</p> <p>1,500 people from the community</p>

Approach	Key Activities	Geographic Target Areas	Target group(s)
	workshop with 150 care takers	Vihear, Odor Meanchey)	150 care takers
German Red Cross	2.1.1 Refresher course for 150 Red Cross volunteers	Koh Kong and Banteay Meanchey	50 Red Cross volunteers
Funded by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)	2.1.4 HIV/AIDS Training for 125 Red Cross volunteers	4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng)	125 Red Cross volunteers
	2.1.5 Refresher course for 350 Red Cross volunteers	4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng)	350 Red Cross volunteers
	2.1.6 informal life skill for 3,000 OVC	4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng)	3,000 OVC
	2.1.8 Care takers workshop for 150 care takers	4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng)4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng)	150 care takers
	2.1.9 School activities with 10,000 children and youth in school	4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng)	10,000 children and youth in school
	2.1.10 Community advocacy forum activities 145		145 community leaders, local authority and people living with HIV (PLHIV)
2.2 Providing treatment, support and care (home or community based through health institutions) for people living with HIV			
GAP	2.2.1 Ensure access to health services including opportunistic infections (OI) and antiretroviral (ARV) services for adults and children through a referral system which will direct willing participants to specific hospitals	2 provinces (Preah Vihear, Odor Meanchey)	200 PLHIV and OVC
	2.2.2 CRC volunteers	2 provinces (Preah	300 households

Approach	Key Activities	Geographic Target Areas	Target group(s)
	provide psychological support services for 300 households (conduct home visit)	Vihear, Odor Meanchey)	
German Red Cross	2.2.1 Ensure access to health services including OI and ARV for adults and children through referral system to referral hospital 2.2.2 CRC volunteers provide psychological support services for 300 households (conduct home visits)	Koh Kong and Banteay Meanchey Koh Kong and Banteay Meanchey)	200 PLHIV and OVC 300 households
Funded by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)	2.2.1 Ensure access to health services including OI and ARV for adults and children through referral system to referral hospital 2.2.2 CRC volunteers provide psychological support services for 3500 household	4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng) 4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng)	400 OVC, their family, and PLHIV 3,500 households
2.3 Developing community support groups and networks.			
GAP	2.3.1 Support Friends Help Friends (Mondul Met Chouy Met) PLHIV group activities 2.3.2 Support existing and set up self help group for 400 PLHIV	2 provinces (Preah Vihear, Odor Meanchey) 2 provinces (Preah Vihear, Odor Meanchey)	400 PLHIV 400 PLHIV
German Red Cross	2.3.1 Monthly meeting with Red Cross volunteers and PLHIV	2 provinces Koh Kong and Sihanouk Ville	50 Red Cross volunteers and 50 PLHIV
Funded by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)	2.3.1 Support Friends Help Friends (Mondul Met Chouy Met) 875 PLHIV group activities 2.3.2 Support existing and set up self help group for 875 PLHIV	4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng) 4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng)	875 PLHIV 875 PLHIV

Approach	Key Activities	Geographic Target Areas	Target group(s)
2.4 Providing livelihood and food support for the most vulnerable			
GAP	2.4.1 Emergency food support for OVC	4 provinces (Preah Vihear, Odor Meanchey, Koh Kong and Banteay Meanchey)	400 OVC
Funded by Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM)	2.4.1 Emergency food support for 3,500 PLHIV 2.4.2 Income generation support 120 family	4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng) 4 provinces (Kampot, Seim Reap, Prey Veng and Svay Rieng)	3,500 PLHIV 120 PLHIV family

*** OUTCOME 3: Reducing HIV stigma and discrimination**

Approach	Key Activities	Geographic Target Areas	Target group(s)
3.1 Developing community support groups and networks of PLHIV, and partnerships with PLHIV organizations			
GAP	3.1.1 Small activities fund for CPN+ for special events (memorial candlelight day , water festival and World AIDS Day) 3.1.2 Coordination meeting with Provincial People Living with HIV/AIDS Network (PPN+), CPN+, and Cambodian Community of Women Living With HIV/AIDS	Phnom Penh Municipality 8 provinces and Phnom Penh Municipality	Cambodian People Living with HIV/AIDS Network (PLHIV), CPN+ and the general population. 8 provincial networking officers of PLHIV, CPN+ staff, and positive women networking.

Approach	Key Activities	Geographic Target Areas	Target group(s)
	(CCW) 3.1.3 Supporting provincial PLHIV network for better advocacy capacity through provision of public speaking skills	8 provinces and Phnom Penh Municipality	8 provincial networking of PLHIV (175) and 25 people from positive women networking in Phnom Penh
German Red Cross	3.1.1 Community forum's quarterly meeting 3.1.2 Community Education and mobilisation	Koh Kong and Banteay Meanchey Banteay Meanchey	80 Local authority 900 people in community
3.2 Ensuring that HIV policy in the work place and programmes for all staff and volunteers within the national society are in place			
GAP	3.2.1 Complete CRC HIV workplace policy draft document and present to CRC management and human resource department for approval and implementation 3.2.2 CRC HIV workplace policy orientation workshop 3.2.3 Conduct round table debates on HIV in the workplace, private sector and labour law, at least 1,500 participants will be attending the activities.	CRC headquarters CRC national headquarters and Red Cross branch Cambodian Television (TVK) in Phnom Penh	CRC leaders 350 Red Cross staff 1,500 Students and Red Cross staff, private sectors and stakeholders
3.3 Tackling gender inequalities and sexual and gender based violence			
	3.3.1 Gender will be	CRC headquarters	25 CRC staff and 470

Approach	Key Activities	Geographic Target Areas	Target group(s)
GAP	integrated into all of the CRC health department activities and approaches	and 8 Red Cross branch	volunteers
3.4 Peer education, community mobilisation, and population-based information, education and communication			
GAP	3.4.1 IEC training workshop for 25 Red Cross staff and volunteers 3.4.2 IEC review	8 provinces and Phnom Penh Municipality 3 provinces	25 Red Cross staff and volunteers trained 50 Red Cross branch staff, volunteers and PLHIV

*** OUTCOME 4: Strengthening national Red Cross Red Crescent society capacities to deliver and sustain scaled-up HIV programme**

Approach	Key Activities	Geographic Target Areas	Target group(s)
4.1 Improving governance, accountability, and leadership of the national society for discharging planned commitments			
GAP	4.1.1 Sensitize meeting on Global Alliance for HIV and AIDS with CRC managers and leaders	CRC headquarters	15 CRC managers and leaders
4.2 Improving volunteer and staff support and management			
GAP	4.2.1 Leadership workshop with 120 Red Cross staff, volunteers and peer educators 4.2.2 Basic training with	8 provinces 8 provinces	10 Red Cross branch staff, 50 Red Cross volunteers, 30 PLHIV, and 30 community leaders 450 Red Cross

Approach	Key Activities	Geographic Target Areas	Target group(s)
	<p>annual follow up workshops and monthly meeting for Red Cross volunteers to enhance capacity building on monitoring and evaluation report writing</p> <p>4.2.3 Maintain volunteer database</p> <p>4.2.4 External training opportunities for HIV/AIDS programme staff including computer skill, languages and management.</p>	<p>8 provinces</p> <p>CRC headquarters office and 8 provincial Red Cross branches</p>	<p>volunteers</p> <p>450 Red Cross volunteers</p> <p>30 Red Cross staff and volunteers</p>
4.3 Strengthening programme cycle management			
	<p>4.3.1 Develop monitoring and evaluation framework for CRC HIV/AIDS programme</p> <p>4.3.2 Provide monitoring and evaluation training for programme staff and Red Cross branch staff</p> <p>4.3.3 Training project design and proposal writing for HIV senior staff</p>	<p>CRC headquarters</p> <p>CRC headquarters and 8 target Red Cross branches</p> <p>CRC headquarters</p>	<p>CRC staff</p> <p>25 Red Cross staff</p> <p>20 headquarters staff and Red Cross branch</p>
4.4 Widening partnerships and expanding resource mobilization			
	<p>4.4.1 Strengthen existing partnerships and establish new partnerships</p> <p>4.4.2 Diversify the funding base for the CRC and attract new sources of funding</p> <p>4.4.3 Monitoring by CRC staff</p> <p>4.4.4 Project review</p>	<p>CRC headquarters and 8 target Red Cross branches</p> <p>CRC headquarters office</p>	<p>NCHADS, NAA, Global Fund (GFATM), partner national societies (PNS), CPN+, and Provincial AIDS Office</p> <p>GFATM, FHI, German Red Cross, and Australian Red Cross</p>

Approach	Key Activities	Geographic Target Areas	Target group(s)
	4.4.5 Staff quarterly meetings	CRC headquarter	CRC HIV/AIDS Programme
	4.4.6 Project evaluation	CRC headquarter	CRC HIV/AIDS Programme
	4.4.7 CRC HIV/AIDS programme strategic plan 2011-2015	Red Cross headquarter	CRC HIV/AIDS Programme

6. Implementation and management arrangements

The programme will be implemented by the CRC, through its headquarters and network of provincial branches and will be supported by the International Federation (through the HIV Delegate in Bangkok), the Zonal Office in Kuala Lumpur and supporting partners (Australian Red Cross).

The national headquarters currently has 13 staff working in the HIV programme. 2 new programme officers will be recruited (monitoring and evaluation and technical) and it is likely that the team will further expand. The CRC finance department does financial management for the programme. At all 6 branches there are HIV coordinators with assistants in 2 branches. There will be expansion to one further branch, making a total of 8 HIV branch offices.

Technical support will be available to CRC from the Secretariat in Geneva (global policy and strategic guidance), while the regional HIV delegate can provide programme technical inputs. The role of the partner national societies is to provide financial and technical resources. Currently Australian Red Cross is supporting the HIV programme. Australian Red Cross has a HIV Advisor and programme officer who will be able to provide technical support, working in close collaboration with the regional HIV delegate.

Currently CRC donors are GFATM, The Family Health International (FHI) and Australian Red Cross, Australian Aid (AusAID).

7. Monitoring and reporting arrangements

This programme subscribes to the principles of the “seven ones” of the Global Alliance on HIV, including one performance monitoring system. Programme reviews (includes financial reporting) will be conducted on a regular basis (six-monthly and annually). A programme completion report will be produced at the end of the programme period. An external evaluation will be conducted in the final six months of the programme period.

Responsibility for monitoring is primarily with the CRC HIV programme team and occurs at various levels. CRC Branch staff through regular field visits to target sites supervises provincial activities. Senior programme staff conducts monthly provincial monitoring and support visits. CRC provincial project coordinators prepare monthly activity reports that are forwarded to the CRC HIV/AIDS programme management team, who consolidate reports for the CRC management, and share within the HIV/AIDS coordination committee, government’s national AIDS authority (NAA), the ART Network, the International Federation, PNS and donors. CRC will also contribute to the National AIDS Authority/NAA country level database.

An evaluation will be conducted of the whole HIV programme in 2008 as per the four outcomes. HIV programme component reviews may be conducted as per request of donors.

From January 2008, the International Federation will launch the performance and accountability tracing system (PATS), which will provide an International Federation-wide approach to planning, performance management and accountability. During the next three years CRC will adopt the PATS system.

8. Risks, assumptions and undertakings

The main risk is not being able to secure enough financial and technical support to achieve the planned programme scale up. In addition, there is an increase in in-country-staff needs and in the current environment with many HIV agencies offering high salaries, it is difficult to find qualified staff to take senior roles. A huge investment is also needed in building staff capacity at branch level to be able to undertake scaled up activities and implement new approaches. Volunteer turnover is another major issue and it is difficult to retain volunteers. A lot of time is invested in training volunteers who may then abscond to do other political activities. The project needs to ensure proper volunteer selection and offer support mechanisms and motivation activities to retain volunteers.

It is assumed that CRC will continue good relationships and collaboration with all in-country stakeholders, both government and UN/INGO and community based groups. Target groups and community will be open to project activities and support them. Continued support from collaborating PNS (Australian Red Cross; German Red Cross).

The members of this programme have agreed to undertake the obligations and accountabilities agreed under the framework of the Red Cross Red Crescent Global Alliance on HIV.

9. Summary of results-based budgetary framework

No	OUTCOMES	2008	2009	2010	TOTAL (USD)
1.	Preventing further HIV infection	93,010	98,595	79,720	27,1325
2.	Expanding treatment, care, and support	531,071	540,717	565,410	1,637,198
3.	Reducing HIV stigma and discrimination	28,375	53,750	62,200	144,325
4.	Strengthening the national society's capacity to deliver and sustain a scaled-up HIV programme	58,500	58,750	63,000	180,250
	Total of all outcomes	710,956	751,812	770,330	2,233,098
	Programmeme support recovery (PSR) 6%	42,657.36	45,108.72	46,219.8	133,985.88
	Grand total	753,613.4	796,920.7	816,549.8	2,367,083.9

18. See Annex 1 for detailed Budget.

Notes to the budget:

- ◇ The calendar year (January to December) is the basis of budgeting. If the programme is starting at a time other than January, indicate this in the first year accordingly. For example, June to December 2007, followed by 2008, 2009, etc.
- ◇ Outcome 4 budget includes the costs of monitoring and programme reviews and an external evaluation at the end of the programmeme period.

LOGFRAME FOR THE CAMBODIAN RED CROSS HIV PROGRAMMEME

Date of first formulation: 16 November 2007 Dates revised: 16 June 2008

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
<p>Goal: To contribute to Global Agenda Goal 2: to reduce the number of deaths, illnesses and impact from diseases and public health emergencies</p>	<p>IMPACT:</p> <ul style="list-style-type: none"> • Prevalence of HIV; • Survival rates of antiretroviral therapy (ART) recipients. 	<ul style="list-style-type: none"> • UNAIDS reports • Monitoring and evaluation system of Cambodian National AIDS Programme (NCHADS; NAA) 	<p>(Goal to super goal):</p> <ul style="list-style-type: none"> • National stability • Leadership is supportive of HIV& AIDS Programme
<p>Programmeme Purpose: To scale-up the International Federation's efforts in support of national HIV and AIDS programmes to reduce vulnerability to HIV and its impact in Cambodia</p>	<ul style="list-style-type: none"> a. 20,739 people benefiting from CRC HIV services in targeted communities b. % of national programming conducted by CRC 	<ul style="list-style-type: none"> • Six-monthly and Annual Programme Reviews • Programme Completion Report • End of Programme Evaluation 	<p>(Purpose to Goal):</p> <ul style="list-style-type: none"> • Resources and support mechanisms are available for planned scale up

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
<p>Programme Outcomes:</p> <p>1. Further HIV infections are prevented</p>	<p>a 7,530 people reached by peer education programme in 5 casinos by the end of 2010</p> <p>b 3,000 people reached on harm reduction</p> <p>c 6,700 People reached by IEC programmes in one province and Phnom Penh Municipality by the end of 2010</p> <p>c. 30 people who were referred to VCT services in 5 casinos by the end of 2010</p> <p>d. 25 CRC staff and volunteers get knowledge on PMTCT.</p>	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation • Report of field monitoring and follow up 	<p>(Outcome to Purpose):</p> <ul style="list-style-type: none"> • Community support and willingness to work with CRC • Community access to condoms, VCT and PMCTC services
<p>2. HIV care, treatment, and support is expanded</p>	<p>a 1,500 OVC clients referred to health service in 8 provinces by the end of 2010</p> <p>b 1,100 school age OVCs supported by CRC to attend school in 8 provinces by the end of 2010</p> <p>c 3,500 PLHIV (by age and sex) reached by CRC support groups in 8 provinces by the end 2010</p> <p>d 120 treatment clients and OVC receiving livelihood support in 8 provinces by the end of 2010</p>	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	<ul style="list-style-type: none"> • PLHIV and medical service providers show interest • HIV treatment services are available in PLHIV communities

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
3. HIV stigma and discrimination is reduced	<ul style="list-style-type: none"> a 14 HIV+ CRC staff and volunteers who received ART in last 12 months. b 650 of Discrimination incident and family reports reported by HIV positive CRC staff and volunteers with appropriate action in 8 provinces by the end of 2010 c 25 Red Cross staff, 350 Red Cross volunteers and casinos leaders participating in work place HIV education. d 520 of sexual and gender- based violence incident reports received from served population and followed up with appropriate action e 200 PLHIV trained on public speaking f 900 people in community participate in community education and mobilization session 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • Workshop reports • End of programme evaluation 	<ul style="list-style-type: none"> • Partnership with PLHIV groups continue • CRC HIV Workplace Policy approved by board
4. National society capacity to deliver and sustain scaled-up the HIV programme is strengthened	<ul style="list-style-type: none"> a 400 Red Cross volunteers recruited and trained in 8 provinces by the end of 2010 b Regularly quarterly reports 	<ul style="list-style-type: none"> • Six-monthly and annual programme reviews • Programme completion report • End of programme evaluation 	<ul style="list-style-type: none"> • Limited staff turnover • Support from CRC headquarter and branch management to help programme staff and volunteers balance workload
Approaches:			
1.1 Encourage a reduction in risk behaviour among casino workers (casino workers through peer education and community mobilization)	<ul style="list-style-type: none"> 1.1.1 Conducted training need assessment with 2 CRC staff and 12 casinos staff. 1.1.2 Two days sensitization workshops for 120 casino leaders and managers 1.1.3 Two days training of peer education workshop for 200 casino staff 1.1.4 Bi-monthly meeting for 550 peer educators (casino staff) 	<ul style="list-style-type: none"> Training need assessment reports Training reports Activity monitoring checklist Peer follow up meetings Project reports 	<ul style="list-style-type: none"> • Support from stakeholders and community leaders • Capacity of CRC branches is high

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
	1.1.5 Half day outreach activities with total 4,300 casino staff and clients 1.1.6 One day orientation workshop on HIV-workplace policy and AIDS Law for 290 casinos leaders and staff 1.1.7 Six public events in years for 2,700 for casino staff and their clients 1.1.8 Quarterly advocacy meeting with 120 casinos leaders 1.1.9 Refresher training for peer educators		<ul style="list-style-type: none"> Acceptance and interest of the community
1.2 Development and distribution of targeted IEC material to increase HIV related knowledge of casino staff, and provide information on HIV/AIDS to casino clients and people at the cross border: Cambodia-Vietnam.	1.2.1 Provide update training curriculum for 2 provincial project coordinators and 12 peer educators. 1.2.2 leaflet providing HIV/AIDS basic knowledge and prevention information distributed to 5,500 casino staff, casinos, and people on the cross border. 1.2.3 HIV awareness sports and forums through television and radio, and participants include 1,200 students and CRC members in forums. 1.2.4 T-shirts and caps with HIV messages were distributed to 3,000 casinos staff.	Project report List of IEC distributed Monitoring report	Access to proper and accurate information
1.3 Encourage better uptake of Voluntary Counselling and Testing (VCT) promotion in casino staff and workers through peer educators.	1.3.1 VCT referrals services of 50 referrals to VCT services 1.3.2 2,000 people reached with VCT messages	Report from peer education	Acceptance and interest of the community
1.4 Provide basic knowledge to Red Cross staff, volunteers and explore Prevention Mother to Child Transmission (PMTCT) activities	1.4.1 Red Cross staff and volunteers trained. Three staff and 22 Red Cross volunteers trained on PMTCT 1.4.2 Explore collaboration with organizations providing PMTCT and establish referral system, with 15 pregnant women referred to PMTCT.	Report activities Register documents from hospital Training and activity report	Appropriate health check up in hospital and health centers.
1.5 Promote and encourage partner, husband and wife on condom use and change their behaviour.	1.5.1 1,500 condoms distributed in casinos to staff and clients 1.5.2 DU/IDU situational analysis and rapid assessment conducted with 40 drug users and stakeholder.	Monitoring reports Situational analysis final report	Access to proper and correct condom us.

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
	<p>1.5.3 Red Cross border project on HIV/AIDS harm reduction peer education. 10 days basic training on harm reduction.</p> <p>1.5.4 Recruitment and training of 50 casino peer educators</p> <p>1.5.5 150 Red Cross Youth (RCY) peer educators, 150 police officials, peer educators, and 10 ex-drug users peer educators trained on harm reduction</p>		
<p>2.1 Measure need for assisting and support children and orphans (OVC) made vulnerable by HIV</p>	<p>2.1.1 OVC needs analysis conducted</p> <p>2.1.2 Conduct 2 days sensitization workshop in 4 provinces. 100 community leaders and 100 teachers attended in workshop.</p> <p>2.1.3 Community forum set up and 100 community leaders and PLHIV become as members of the forum.</p> <p>2.1.4 Trained Red Cross volunteers and 175 Red Cross volunteers get knowledge and skill to work with OVC.</p> <p>2.1.5 Conducted refresher course and 550 Red Cross volunteers.</p> <p>2.1.6 Informal life skill for 3,210 OVC in 8 provinces</p> <p>2.1.7 Community education and 1,500 people in community receive basic knowledge on HIV/AIDS leading toward reducing stigma and discrimination.</p> <p>2.1.8 Trained care takers and 300 OVC's family members and, relatives get basic knowledge on health care</p> <p>2.1.9 School activities and 10,000 student participants in stigma discrimination in school activities.</p> <p>2.1.10 Community advocacy and 145 local authority, community leaders involve, and support OVC project.</p>	<p>Project report</p> <p>Training report</p> <p>Monitoring report</p>	<p>Acceptance and interest of the community</p> <p>OVC and PLHIV will receive appropriate health treatment at referral hospitals</p>
<p>2.2 Providing treatment, support and care (home or</p>	<p>2.2.1 OVC and PLHIV referrals to for OI and ART. 800 OVC in 8 provinces.</p>	<p>Project report</p> <p>Registration documents at</p>	<p>OVC and PLHIV will receive appropriate health</p>

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
community based and through health institutions) for people living with HIV	2.2.2 PLHIV reached by CRC psychosocial services and 5,000 OVC, PLHIV and their families.	hospital Monitoring report	treatment at hospitals and health centres
2.3 Developing community support groups and networks.	2.3.1 Supported 1,275 people to attend in Mondul Met Chouy Met in an operational district hospital. 2.3.2 Support existing and set up self help group for 1,275 PLHIV	Project report	Acceptance interest of the PLHIV group
2.4 Providing livelihood and food support for the most vulnerable	2.4.1 Emergency food support and 3,900 OVC received emergency food support 2.4.2 Income generation and 120 OVC family received income generation support.	Check list Project report	Acceptance interest of the community
3.1 Developing community support groups and networks of PLHIV, and partnerships with PLHIV organisations	3.1.1 Special events. 300 PLHIV involved in events 3.1.2 40 Coordination meeting in 8 provinces and Phnom Penh Municipality. 3.1.3 200 PLHIV trained on public speaking from 8 provincial networking of PLHIV and positive women networking in Phnom Penh	Report of special events Project report	The community's acceptance and interest
3.2 Ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in the national society	3.2.1 CRC HIV Workplace Policy approved by board 3.2.2 CRC HIV in the workplace orientation workshop 3.2.3 Round table debates on HIV in the workplace, Private sector. 1,500 people reached with HIV in the workplace messages	Policy document approved Training reports CRC HIV workplace policy documents	Develop HIV workplace policy for CRC implemented
3.3 Tackling gender inequalities and sexual and gender based violence	3.3.1 Annual gender assessment conducted with HIV programme staff trained on gender issues. 25 staff trained on gender and 470 Red Cross volunteers involved in gender activities.	Project report Training report	Support to CRC staff and leadership acceptance and interest of the gender
3.4 Peer education, community mobilization, and	3.4.1 IEC training for 25 Red Cross staff and volunteers 3.4.2 IEC review undertaken with 50 branch staff and	Project report Training report	Acceptance and interest of the community

Narrative Summary	Tracking Indicators	Means of Verification	Important Assumptions
population-based development of information, education and communication materials	volunteers		
4.1 Improving governance, accountability, and leadership of the national society for discharging planned commitments	4.1.1 Sensitise meeting on Global Alliance and 15 Red Cross managers and leaders	Report of meeting	Support from CRC leaders
4.2 Improving volunteer and staff support and management	4.2.1 Leadership workshop and 120 participants trained. 10 Red Cross staff, 50 Red Cross volunteers, 30 PLHIV and 30 community leaders 4.2.2 Follow up and meeting. 450 Red Cross volunteers attended in follow up meeting 4.2.3 Maintain volunteers data base. 450 Red Cross volunteers in 8 provinces 2008-2010 4.2.4 Capacity building for 30 Red Cross staff and volunteers.	Training report Monitoring and follow up report Training course record	Support of CRC leadership
4.3 Strengthening programme cycle management	4.3.1 Develop monitoring and evaluation frame work 4.3.2 Monitoring and evaluation training. 25 CRC staff trained on monitoring and evaluation 4.3.3 Train project design and proposal writing. 20 CRC headquarters staff and Red Cross branch members	Frame work documents Training report	
4.4 Widening partnerships and expanding resource mobilization	4.4.1 Strengthen existing partnerships and establish new partnerships 4.4.2 Diversify funding base for CRC and attract new sources of funding 4.4.3 Monitoring by CRC staff 4.4.4 Project review 4.4.5 Staff quarterly meetings 4.4.6 Project evaluation 4.4.7 CRC HIV/AIDS programme strategic plan 2011-2015	MOU New programme donors Monitoring reports Review document Meeting minutes Evaluation report Completer HIV/AIDS strategic plan	

Annex 1 to the Programmeme Document

Format for the detailed HIV Programmeme Budget

Budget item		Year 1 USD	Year 2 USD	Year 3 USD	Total USD
OUTCOME 1					
1.A	Personnel	27,360	27,360	27,360	82,080
1.B	Capacity building / workshops, training & technical assistance	17,220	5,135	2,760	25,115
1.C	Capital expenses: equipment, supplies & materials	8,940	10,110	10,110	29,160
1.D	Transport and storage	600	600	600	1,800
1.E	Information, media, publications	600	17,100	600	1,800
1.F	Travel & communications	2,400	2,400	2,400	7,200
1.G	Other costs	35,890	35,890	35,890	107,670
	<i>Outcome 1 Total</i>	93,010	98,595	79,720	271,325
OUTCOME 2					
2.A	Personnel	82,080	82,080	82,080	246,240
2.B	Capacity building / workshops, training & technical assistance	24,250	34,000	25,075	83,325
2.C	Capital expenses: equipment, supplies & materials	96,856	96,752	130,300	323,908
2.D	Transport and storage	8,400	8,400	8,400	25,200
2.E	Information, media, publications	9,600	9,600	9,600	28,800
2.F	Travel & communications	9,600	9,600	9,600	28,800
2.G	Other costs	300,285	300,285	300,355	900,925
2.J	<i>Outcome 2 Total</i>	531,071	540,717	565,410	1,637,198
OUTCOME 3					
3.A	Personnel	6,000	6,000	6,000	18,000
3.B	Capacity building / workshops, training & technical assistance	10,000	35,350	43,800	89,150
3.C	Capital expenses: equipment, supplies & materials	11,75	1,200	1,200	3,575
3.D	Transport and storage	1,000	1,000	1,000	3,000
3.E	Information, media, publications	6,000	6,000	6,000	18,000
3.F	Travel & communications	2,000	2,000	2,000	6,000
3.G	Other costs: Red Cross Day	2,200	2,200	2,200	6,600
3.J	<i>Outcome 3 Total</i>	28,375	53,750	62,200	144,325
OUTCOME 4					
4.A	Personnel	0	0	0	0
4.B	Capacity building / workshops, training & technical assistance	18,600	26,360	18,600	63,550
4.C	Capital expenses: equipment, supplies & materials	0	0	0	0
4.D	Transport and storage	0	0	0	0
4.E	Information, media, publications	0	0	0	0
4.F	Travel & communications	0	0	0	0

Budget item		Year 1 USD	Year 2 USD	Year 3 USD	Total USD
4.G	Programmeme monitoring, reviews and evaluations*	39,900	32,400	39,900	112,200
4.H	Other costs-specify	0	0	4,500	4,500
4.J	<i>Outcome 4 Total</i>	58,500	58,750	63,000	180,250
K	Subtotal of all Outcomes	710,956	751,812	770,330	2,233,098
L	Programmeme support recovery (PSR)	42,657.36	45,108.72	46,219.8	133,985.9
N	GRAND TOTAL	753,613.4	796,920.7	816,549.8	2367,084

* As a guide, this should be 3% of K: subtotal of all Outcomes

Annex 2 to Programmeme Document

Programmeme Scaling up Targets

Target group	Baseline year 2007	2008	2009	2010	Total Scale up 2007 to 2010
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OUTCOME 1: Preventing Further HIV Infections

Approach 1.1: Encourage a reduction in risk behavior among casinos workers (casinos workers through peer workers through peer education and community mobilization)

Dropout rate of peer educators casino staff estimated at 30 %					Total increase in numbers of target 7,530
Peer educators	175 peer educators of casinos staff 2,398 beneficiaries	100 peer educators	150 peer educators	200 peer educators	
Casino leaders		60 casino leaders and managers	100 casino leaders and managers	120 casino leaders and managers	
Casino clients		1,500 casinos staff and clients	3,000 casinos staff and clients	4,300 casinos staff and clients	
Casino leaders and staff		40 casinos leaders and staff HIV workplace policy and AIDS law	80 casinos leaders and staff HIV workplace policy and AIDS law	90 casinos leaders and staff HIV workplace policy and AIDS law	
Community		900 attended a public event	1,800 attended in public event	2,700 attended a public event	
Casino leaders		40 casino leaders attended advocacy meeting	80 casino leaders attended advocacy meeting	120 casino leaders attended advocacy meeting	

Approach 1.2: Development and distribution of targeted IEC material to increase HIV related knowledge of casinos staff, and provide information on HIV/AIDS to casinos clients and people cross border Cambodia-Vietnam.

Red Cross staff		12 Red Cross branch staff and peer educators get			Total increase in number of target 9,712
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Casino staff and clients	2,398 casino staff and clients received IEC materials and give information to their friends	training curriculum	2,000 beneficiaries reached by IEC	2,000 beneficiaries reached by IEC	5,500 beneficiaries reached by IEC	
Students and Red Cross staff		400 students and Red Cross staff reached by HIV awareness media	800 students and Red Cross staff reached by HIV awareness media	1,200 students and Red Cross staff reached by HIV awareness media		
Casino staff		1,000 casinos staff received T-shirt and caps	2,000 casino staff received T-shirts and caps	3,000 casino staff received T-shirt s and caps		
<i>Approach 1.3: Encourage better uptake of Voluntary Counselling and Testing (VCT) promotion in casino staff and workers through peer educators.</i>						
Casino staff and clients	100 casinos staff, and clients referred to VCT	1,000 people reached by VCT messages 10 referred to VCT service	1,500 people reached by VCT messages 20 referred to VCT service	2,000 people reached by VCT messages 30 referred to VCT service	Total increase in number of target 2,030	
<i>Approach 1.4: Provide basic knowledge to Red Cross staff, volunteers and explore Prevention Mother to Child Transmission (PMTCT) activities</i>						
Red Cross staff and volunteers	N/A	Train 25 Red Cross staff and volunteers on PMTCT			Total increase in number of target 40	
Pregnant women		5 pregnant women referred to PMTCT	10 pregnant women referred to PMTCT	15 pregnant women referred to PMTCT		
<i>Approach 1.5: Promote and encourage partner, husband and wife on condom use and change their behaviour.</i>						
Estimated rate of 50% of condom use by casino staff	180,000 condoms distributed				Total increase in number of target 1,105	
Casino staff and clients		300 casinos staff and clients get condoms from CRC condom distribution boxes	600 casinos staff and clients get condom from CRC condom distribution boxes	1,000 casino staff and clients get condoms from CRC condom distribution boxes		
IDU		40 IDU interview in assessment				

Red Cross staff		25 Red Cross staff attended in harm reduction training			
Peer educators		50 RCY peer educators, 50 police officials	50 RCY peer educators, 50 police officials	50 RCY peer educators, 50 police officials	
People in community, youth and police		peer educators, and 10 ex-drug users peer educators trained on harm reduction	peer educators, trained on harm reduction	peer educators trained on harm reduction	

OUTCOME 2: Expanding HIV treatment, care and support

Approach 2.1: Measure need for assisting and supporting children and orphans (OVC) made vulnerable by HIV

Community leaders and teachers	600 teachers and community leaders attended training workshops	100 community leaders and teachers attended a sensitization workshop	150 community leaders and teachers attended a sensitization workshop	200 community leaders and teachers attended a sensitization workshop	Total increase in number of target 15,900
Community leaders and PLHIV	15 community forums set up with 750 members	50 community leaders become members of a community forum	100 community leaders become members of a community forum		
Red Cross volunteers		100 Red Cross volunteers trained	175 Red Cross volunteers trained		
Red Cross volunteers		200 Red Cross volunteers attended a refresher course	400 Red Cross volunteers attended a refresher course	550 Red Cross volunteers attended a refresher course	
OVC		1,070 OVCs attended a session on informal life skills	1,240 OVC attended informal life skills sessions	3,210 OVC attended in informal life skill	
Community		500 people attended community education	1,000 people attended community education	1,500 people attended community education	
Carers		100 care takers trained	250 care takers trained	300 care takers trained	
Students		4,000 students attended school	8,000 students attended school	10,000 students attended school	

Local authority leaders		activities 50 people from the local authorities attended community advocacy	activities 100 people from the local authorities attended community advocacy	activities 140 people from the local authorities attended community advocacy	
<i>Approached 2.2: Providing treatment, support and care (home or community based and through health institutions) for people living with HIV</i>					
OVC and their families	1,200 OVC referred to health services for OI and ARV	300 OVC referrals for OI and ART	600 OVC referrals for OI and ART	800 OVC referrals for OI and ART	Total increase in number of targets 1,400
OVC and their families	3,000 OVC households received psychological support	300 OVC households reached for psychological support	600 OVC households reached for psychological support		
<i>Approached 2.3: Developing community support groups and networks.</i>					
PLHIV and OVC	1,250 PLHIV organize self-help group meeting 600 PLHIV attended in Mondul Met Chouy Met (MMM) friend help meeting	425 OVC and PLHIV attended in MMM meeting 425 get support from self help group	8,500 OVC and PLHIV attended in MMM meeting 8,500 get support from self help groups	1,275 OVC and PLHIV attended in MMM meeting 1,275 get support from self help groups	Total increase in number of target 1,275
<i>Approached 2.4: Providing livelihood and food support for the most vulnerable</i>					
PLHIV (OVC's families)	200 OVC's families get support on income generation 2,000 OVC households received psychological support	2,000 OVC received emergency food support 40 OVC received income generation support	3,000 OVC received emergency food support 80 OVC received income generation support	3,900 OVC received emergency food support 120 OVC received income generation support	Total increase in number of target 4,020

OUTCOME 3: Reducing HIV stigma and discrimination

Approached 3.1: Developing community support groups and networks of PLHIV, and partnerships with PLHIV organisations

PLHIV	Collaboration with CPN+ and PPN+ in 8 provinces	200 people reached by awareness raising events	400 people reached by awareness raising events	600 people reached by awareness raising events	Total increase in number of target 600
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<i>Approached 3.2: Ensuring that HIV in workplace policy and programmes for all staff and volunteers are in place in the National Society</i>					
Red Cross staff and casino leaders	25 casinos attended in HIV law orientation	500 people reached via information on HIV workplace policy	1,000 people reached via information on HIV workplace policy	1,500 people reached via information on HIV workplace policy	Total increase in number of target 1,500
<i>Approached 3.3: Tackling gender inequalities and sexual and gender based violence</i>					
Red Cross staff and volunteers	25 Red Cross staff attended in gender mainstreaming workshop	200 Red Cross volunteers involved in gender activities	400 Red Cross volunteers involved in gender activities	470 Red Cross volunteers involved in gender activities	Total increase in number of target 470
<i>Approached 3.4: Peer education, community mobilisation, and population-based information, education and communication</i>					
General population	5,000 of the population will get information on HIV/AIDS during Red Cross Day	25 Red Cross staff and volunteers trained on IEC			Total increase in number of target 25

OUTCOME 4: Strengthening National Society capacity to deliver and sustain scaled-up HIV programmes

<i>Approached 4.1: Improving governance, accountability, and leadership of National Society for discharging planned commitments</i>					
Casino leaders, PLHIV, casino staff and Red Cross volunteers	50 casino staff, volunteers, Red Cross staff, police, sex workers, PLHIV attended a leadership workshop	10 Red Cross leaders supported the Global Alliance network			Total increase in number of target 10
<i>Approached 4.2: Improving volunteer and staff support and management</i>					
CRC staff, and volunteers, and PLHIV	275 Red Cross volunteers attended in HIV basic training	40 Red Cross staff, PLHIV and volunteers attended a leadership workshop 450 Red Cross volunteers attended	80 Red Cross staff, PLHIV and volunteers attended a leadership workshop 450 Red Cross volunteers attended a follow up meeting	120 Red Cross staff, PLHIV and volunteers attended a leadership workshop 450 Red Cross volunteers attended a follow up meeting	Total increase in number of target 600

		a follow up meeting 10 Red Cross staff and volunteers build capacity on HIV/AIDS and project management	20 Red Cross staff and volunteers build capacity on HIV/AIDS and project management	30 Red Cross staff and volunteers build capacity on HIV/AIDS and project management	
<i>Approached 4.3: Strengthening programme cycle management</i>					
CRC staff and volunteers	25 staff attended in professional training	25 Red Cross staff and volunteers trained on monitoring and evaluation 20 CRC staff trained on proposal development			Total increase in number of target 45
<i>Approached 4.4: Widening partnerships and expanding resource mobilization</i>					

Workplan for the National Society HIV Programmeme²

Start Date: 1ST January 2008

End Date: 31ST December 2010

Purpose: to scale up the International Federation's efforts in support of National HIV and AIDS Programmes to reduce vulnerability to HIV and its impact

OUTCOME 1: Preventing further HIV infection

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ³	Cost USD		Source of Allocation
			Planned	Actual			Planned	Actual	
1.1 Encourage a reduction in risk behaviour among casino workers (casino workers through peer education and community mobilization)	1.1.1 Conduct training needs assessment	Casino NAGA Phnom Penh Municipality	30		7 days	CRC staff	200		Family Health International (FHI)
	1.1.2 Sensitization workshop for casino management teams	Casino NAGA Phnom Penh Municipality and Svay Rieng province	120		1 day training	CRC	2,040		FHI
	1.1.3 Conduct 2-days training of peer education workshop	Casino NAGA in Phnom Penh and 4 Casinos in Svay Rieng province	200		2 days training	CRC	3,000		FHI
	1.1.4 Peer educator bi-	Casino NAGA in Phnom Penh	550		Half day meeting	CRC and casino staff	5,400		FHI and casinos

² Please refer to Programme Document, including the logical framework and budget.

³ Also indicate name of person directly responsible

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ³	Cost USD		Source of Allocation
			Planned	Actual			Planned	Actual	
	monthly meeting	and 4 Casinos in Svay Rieng province							
	1.1.5 Outreach activities with casino staff	Casino NAGA in Phnom Penh and 4 Casinos in Svay Rieng province	4,300		Half day	Peer educators and outreach support team	11,520		FHI and casino
	1.1.6 HIV workplace policy orientation workshop with casino management teams	Casino NAGA in Phnom Penh and 4 Casinos in Svay Rieng province	290		One day	CRC and provincial health department	2,250		Australian Red Cross, FHI, and casinos
	1.1.7 Public education events (World AIDS Days, New Year and casino anniversaries)	Casino NAGA in Phnom Penh and 4 Casinos in Svay Rieng province	2,700		Half day (3 times per year)	CRC and casino staff	36,000		FHI and Australian Red Cross
	1.1.8 Advocacy meeting with casino leaders and managers	Casino NAGA in Phnom Penh and 4 Casinos in Svay Rieng province	120		Every 3 months (half day)	CRC staff	36,000		FHI and Australian Red Cross
	1.1.9 Refresher training for peer educators	Casino NAGA in Phnom Penh and 4 Casinos in Svay Rieng province	200		2 days	CRC staff	3,000		FHI

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ³	Cost USD		Source of Allocation
			Planned	Actual			Planned	Actual	
1.2 Development and distribution of targeted IEC materials to increase HIV related knowledge of casinos staff, and provide information on HIV/AIDS to casino clients and people at the cross border of Cambodia-Vietnam.	1.2.1 Develop and update training curriculum	Casinos in Phnom Penh and Svay Rieng Province	520		3 weeks	CRC staff			CRC
	1.2.2 Develop leaflet on HIV transmission and prevention	Casino NAGA in Phnom Penh and 4 Casinos in Svay Rieng province	5,500		3 months	CRC staff			Australian Red Cross
	1.2.3 Television programme for HIV awareness spots and forums	Phnom Penh	1,200		1 day 3 times per year	CRC	1,800		Looking for donor(s)
	1.2.4 Develop T-shirts and caps	Casinos in Phnom Penh and Svay Rieng province	3,000		1 month	CRC	16,500		FHI
1.3 Encourage better uptake of Voluntary Counselling and Testing (VCT) promotion in casino staff and workers through peer educators.	1.3.1 Referral service for casinos staff to VCT and Sexually Transmitted Illnesses (STI) clinic	Casino NAGA in Phnom Penh and 4 Casinos in Svay Rieng province	50		2 years	Peer educators	750		FHI
	1.3.2 Awareness raising to general population on VCT services	Casino NAGA in Phnom Penh and 4 Casinos in Svay Rieng province	2,000		half day	CRC and Peer educators			FHI
1.4 Provide	1.4.1 Conduct PMTCT	Siem Reap and Kampot	25		3 days	CRC and external	2,375		Looking for donor

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ³	Cost USD		Source of Allocation
			Planned	Actual			Planned	Actual	
basic knowledge to Red Cross staff, volunteers and explore prevention mother to child transmission (PMTCT) activities	training for Red Cross staff 1.4.2 Explore collaboration with organizations providing PMTCT and establish referral system	province Siem Reap, Kampot, Prey Veng and Svay Rieng Province.	15		2 years	trainers CRC staff and Red Cross volunteers			Looking for donor(s)
1.5 Promote and encourage partner, husband and wife on condom use and change their behaviour.	1.5.1 Condom distribution for casino staff and clients	4 casinos in Svay Rieng and Casino NAGA in Phnom Penh	1,500		2 years	Casino staff and CRC staff	1,800		Australian Red Cross, FHI
	1.5.2 Conduct situational analysis/rapid assessment on DU/IDU	Svay Rieng, Stoeng Preah Vihear and Banteay Meanchey province	45 (40 drug user and 5 stakeholder)		4 months	CRC staff	2,000		Australian Red Cross
	1.5.3 Conduct training on DU/IDU harm reduction	Phnom Penh Municipality and Cambodia Vietnam border	25		10 days	CRC and external trainers	9,500		Australian Red Cross
	1.5.4 Recruit and conduct a training of trainers workshop	Svay Rieng and Banteay Meanchey and Preah Vihear province	20		5 days training	CRC staff, police	750		Australian Red Cross and looking for donor(s)

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ³	Cost USD		Source of Allocation
			Planned	Actual			Planned	Actual	
	1.5.5 Outreach activities	Svay Rieng and Banteay Meanchey and Preah Vihear province	2,000 people in community		3 years	CRC, local authority and police			
	1.5.6 Recruit and conduct training of peer educator	Svay Rieng and Banteay Meanchey and Preah Vihear province	150 youth, 150 police, 10 ex-drug users		3years	CRC, local authority and police			
Outcome 1 Total	--	--			--	--			--

OUTCOME 2: Expanding HIV treatment, care, and support

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁴	Cost (USD)		Source of Allocation
			Planned	Actual			Planned	Actual	
2.1 Measure need for assisting and support children and orphans	2.1.1 Conduct needs analysis on orphan vulnerable by HIV	Preah Vihear and Odor Meanchey province	36		7 days	CRC staff	3,000		CRC
	2.1.2 Conduct	Preah Vihear	200		2days training	CRC staff	14,000		CRC

⁴ Also indicate name of person directly responsible

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁴	Cost (USD)		Source of Allocation
			Planned	Actual			Planned	Actual	
(OVC) made vulnerable by HIV	2 days sensitization workshops	and Odor Meanchey							CRC
	2.1.3 Establish community forum group	Preah Vihear and Odor Meanchey province	100		4 months	CRC and local authority	700		GFATM and German Red Cross
	2.1.4 HIV/AIDS training for Red Cross volunteers	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng, and Svay Rieng province	175		5 days training	CRC staff	17,500		GFATM and German Red Cross
	2.1.5 Refresher course for Red Cross volunteers	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng and Svay Rieng province	550		3 days training (3 years)	CRC staff	38,500		GFATM and German Red Cross
	2.1.6 informal life skill for children	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey	3,210		2-3 hours activities (3 years)	Red Cross volunteers	6,420		GFATM and German Red Cross

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁴	Cost (USD)		Source of Allocation
			Planned	Actual			Planned	Actual	
	2.1.7 Community education	Veng and Svay Rieng province Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey,	1,500		2-3 hours activities	Red Cross volunteers	1,500		GFATM German Red Cross
	2.1.8 Care takers workshop	Veng and Svay Rieng, Kampot, Siem Reap, Prey	300		2days training (3years)	CRC staff and Red Cross volunteers	10,325		GFATM and German Red Cross
	2.1.9 School activities	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng and Svay Rieng province	10,000		half-day activities (3years)	CRC staff and volunteers	40,500		GFATM and German Red Cross
	2.1.10 Community advocacy forum activities	Kampot, Siem Reap, Prey Veng and Svay Rieng province	145		Half-day activities	Red Cross staff and volunteers	12,180		GFATM

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁴	Cost (USD)		Source of Allocation
			Planned	Actual			Planned	Actual	
2.2 Providing treatment, support and care (home or community based and through health institutions) for PLHIV	2.2.1 Ensure access to health services including OI and ARV for adults and children through referral system to referral hospital	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng and Svay Rieng province	800		3 years	Red Cross volunteers, Red Cross staff and health department	14,4000		German Red Cross and GFATM
	2.2.2 CRC volunteers provide psychological support services for household	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng and Svay Rieng province	5,000		3 years	Red Cross volunteers	441,000		Red Cross and GFATM
2.3 Developing community support groups and networks	2.3.1 Support Friends Help Friends (Mondul Met Chouy Met) PLHIV group activities	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng and Svay Rieng province	1,275		3 years		19,125		German Red Cross and GFATM
	2.3.2 Support existing and set up self help group for		1,275		3 years		229,500		German Red Cross and GFATM

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁴	Cost (USD)		Source of Allocation
			Planned	Actual			Planned	Actual	
	PLHIV								
2.4 Providing livelihood and food support for the most vulnerable.	2.4.1 Emergency food support for OVC	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng and Svay Rieng province	3,900		3 years		252,000		Red Cross and GFATM
	2.4.2 Income generation	Kampot, Siem Reap, Prey Veng and Svay Rieng province	120		3 years		6,000		GFATM and local authority
Outcome 2 Total	--	--			--	--			--

OUTCOME 3: Reducing HIV stigma and discrimination

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁵	Cost (USD)		Source of Allocation
			Planned	Actual			Planned	Actual	
3.1 Developing community support groups and networks of PLHIV, and partnerships with PLHIV	3.1.1 Small activities fund for CPN+ for special events (candlelight day and World AIDS Day)	Phnom Penh Municipality	300		2 times per year	CPN+ and PLHIV networks	3,000		GFATM Red Cross

⁵ Also indicate name of person directly responsible

organizations	3.1.2 Coordination meeting with provincial people living with HIV/AIDS network (PPN+), CPN+, and Cambodian Community of Women Living With HIV/AIDS	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng, Svay Rieng province, and Phnom Penh Municipality	40		18 times (3years)	CRC staff			CRC, CPN+, Provincial Health Department, and PLHIV women group.
	3.1.3 Supporting provincial PLHIV network for better advocacy capacity through provision of public speaking skills	8 provinces	200		3 years	CRC staff	28,000		Norwegian Red Cross
3.2 Ensuring that the HIV in workplace policy and programmes for all staff and volunteers are in place in the national society	3.2.1 Complete CRC HIV workplace policy draft document and present to CRC management and human resource department for approval and implementation	CRC national headquarters, Phnom Penh	50		3 months	CRC health programme department and human resource department	6,000		CRC, UNDP, UNAIDS
	3.2.2 CRC HIV workplace policy orientation for Red Cross staff	CRC national headquarters, Phnom Penh, and 8	375		1 day orientation (3years)	CRC staff	1,050		Looking for donor

	and volunteers 3.2.3 Conduct round table debates on HIV in the workplace, private sector and labour law	provinces Phnom Penh Municipality	1,500		Half day activities	CRC leaders and staff	3,600		Looking for donor
3.3 Tackling gender inequalities and; sexual and gender based violence	3.3.1 Gender will be integrated into all of the CRC activities and approaches	CRC national headquarters, Phnom Penh	495		3 years	CRC leaders and staff			Looking for donor
3.4 Peer education, community mobilization, and population-based IEC	3.4.1 IEC training workshop for Red Cross staff and volunteers	Phnom Penh	25		4 days training	CRC staff	675		FHI and GFATM
	3.4.2 IEC review	Svay Rieng, Kampot and Siem Reap	50		15 days	CRC and external consultancy			Looking for donor
Outcome 3 Total	--	--			--	--			--

OUTCOME 4: Strengthening National Society capacity to deliver and sustain a scaled-up HIV programme

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁶	Cost (USD)		Source of Allocation
			Planned	Actual			Planned	Actual	
4.1 Improving governance, accountability and leadership of the national society for	4.1.1 To have a "Sensitise meeting on Global alliance for HIV/AIDS" with CRC	Phnom Penh national headquarters	15		2-3 hours	CRC leaders and staff			CRC

⁶ Also indicate name of person directly responsible

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁶	Cost (USD)		Source of Allocation
			Planned	Actual			Planned	Actual	
discharging planned commitments	managers and leaders								
4.2 Improving volunteer and staff support and management	4.2.1 Leadership workshop with Red Cross staff and volunteers	Phnom Penh national headquarters and Kampot province	120		2 days workshop	CRC	10,800		Looking for donor
	4.2.2 Basic training with annual follow up workshops and monthly meetings for Red Cross volunteers	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng, Svay Rieng province	450		½ day	CRC staff			GFATM, R5 and Red Cross
	4.2.3 Maintain a volunteer data base	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng, Svay Rieng province	450		3 years	CRC staff			CRC, GFATM, R5
	4.2.4 External training opportunities for HIV/AIDS Programme staff including computer skills, languages and management	Phnom Penh	30		5 days	CRC HIV/AIDS programme	45,000		Looking for donor

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁶	Cost (USD)		Source of Allocation
			Planned	Actual			Planned	Actual	
4.3 Strengthening programme cycle management	4.3.1 Develop monitoring and evaluation framework for CRC HIV/AIDS Programme	Phnom Penh National headquarters	30		3 months	CRC HIV/AIDS programme staff			GFATM, R5, Australian Red Cross, FHI, and German Red Cross
	4.3.2 Provide monitoring and evaluation training for programme staff and Red Cross branch staff	Phnom Penh national headquarters	25		5 days training	CRC HIV/AIDS programme	3,750		Looking for donor
	4.3.3 Training project design and proposal writing for HIV senior staff	Phnom Penh national headquarters	20		5 days training	CRC HIV/AIDS programme	4,000		Looking for donor
4.4 Widening partnerships and expanding resource mobilization	4.4.1 Strengthen existing partnerships and establish new partnerships	CRC national headquarters and 8 target provinces	8		3 years				CRC
	4.4.2 Diversify the funding base for CRC and attract new sources of funding	CRC national headquarters	4		3 years				Looking for donor
	4.4.3 Monitoring by CRC staff	Preah Vihear and Odor Meanchey,	36		3 years	CRC staff	18,000		GFATM, Australian Red Cross, FHI,

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁶	Cost (USD)		Source of Allocation
			Planned	Actual			Planned	Actual	
		Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng and Svay Rieng province, Phnom Penh							German Red Cross
	4.4.4 Project review	Kampot, Svay Rieng	80		15 days	External consultancy	3,500		
	4.4.5 Staff quarterly meeting	Preah Vihear and Odor Meanchey, Koh Kong, Banteay Meanchey, Kampot, Siem Reap, Prey Veng and Svay Rieng province, Phnom Penh	24		2 days	CRC staff	3,600		GFATM
	4.4.6 Project evaluation	Banteay Meanchey, Siem Reap and Prey Veng	100		20	External consultancy	4,000		GFATM, Australian Red Cross, FHI, German Red Cross
	4.4.7 CRC HIV/AIDS programme strategic plan 2011-2015	Phnom Penh	40		3 days	CRC staff and consultancy	4,500		GFATM and FHI
									Looking for donor

Approach	Activities to Implement Approach	Geographic Target Area	Number of Targeted Beneficiaries		Timing	Responsible Implementing Partner (eg. HNS, PNS) ⁶	Cost (USD)		Source of Allocation
			Planned	Actual			Planned	Actual	
Outcome 4 Total	--	--			--	--			--