HIV/AIDS COORDINATING COMMITTEE
A NETWORK OF CIVIL SOCIETY ORGANIZATIONS WORKING ON HIV AND AIDS

The Role and Contribution of Civil Society in the National Response to HIV/AIDS

Tiffany Tsang and Mousumi Rahman, July 2012

Supported by:

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Acknowledgements

The HACC Study on the Role and Contributions of Civil Society in the National Response to HIV/AIDS in Cambodia could not have been completed without the commitment and collaboration of key stakeholders.

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Executive Summary

Civil society organizations (CSOs) play diverse and distinct roles and have contributed greatly to Cambodia's achievement of Millennium Development Goals related to HIV/AIDS – particularly the reversal of the epidemic.

However, despite these efforts and commitments, the role played by CSOs in Cambodia has not yet been systematically assessed, with potential gaps in coordination and coverage, and insufficient knowledge sharing that creates unknown islands of excellence (UNAIDS, 2006). Empirical evidence to demonstrate these gains and gaps has not yet been gathered. As such, it is therefore timely to conduct a systematic measurement of the effectiveness of CSOs in Cambodia engaged in HIV/AIDS-related activities.

This year, HIV/AIDS Coordinating Committee for Cambodia (HACC) was provided with a grant from the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) to study the involvement of civil society in the national response to HIV/AIDS. From March to July 2012, the research team commenced a quantitative and qualitative study with the following research objectives:

- To document civil society involvement in the national response to HIV/AIDS, with a focus on strengths, weaknesses and key achievements
- To collect/synthesize evidence of the role of civil society and its contributions to the national response to HIV/AIDS
- To document best practices and lessons learned

For this study, civil society is considered according to the OECD (2010) definition - "non-market, and non-state organizations outside of the family in which people organize themselves to pursue shared interests in the public domain."

Part 1: Civil Society and HIV/AIDS in Cambodia

This section describes the structure and organization of civil society in the national response to HIV/AIDS, from the beginning of civil society activity at the birth of the HIV/AIDS epidemic in Cambodia, to the current situation. The size of civil society is presented using data derived from the 2009-2010 National AIDS Spending Assessments (NAA, 2011), and through organizational charts derived from the HACC NGO Database.

The organization of civil society is described by analyzing the importance and activity of the 2 largest donors to HIV/AIDS spending in Cambodia: the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and the US government, as presented by USAID and PEPFAR. These two entities are shown to create overlapping networks of civil society which are overseen and managed through the GFATM primary recipient, NCHADS, or the 3 main cooperative agencies contracted by USAID.

Finally, a snapshot of the activities performed by civil society are presented. In this respect, civil society is differentiated between duty-bearing and rights-holding organizations. Moreover, civil society is further broken down by its activities at the community level in service delivery and representation, to the national level in technical assistance and policy planning, and as a provider of capacity building and coordination amongst themselves.

Part 2: Assessing Civil Society's Contribution to the National Response to HIV/AIDS

This study comes about in a period of global economic crisis, when the effectiveness of aid money is being questioned by governments, donors, development partners and civil society, alike. Civil society has indeed helped to make great gains in the national response to HIV/AIDS by preventing further infections and reducing the prevalence of HIV, by improving the lives of PLHIV and other vulnerable populations and by enriching the national dialogue on issues related to HIV/AIDs through their frontline knowledge. However, knowledge on the effectiveness of civil society remains unknown.

This section uses both quantitative and qualitative research methods to achieve the following research objectives:

- To gather and analyze, or perform meta-analysis of appropriate quantitative evidence of the size of contributions of civil society to the national response to HIV/AIDS
- To gain information on perceptions, experiences, strengths, internal & external challenges of key stakeholders related to civil society's response to HIV/AIDS in Cambodia

The following secondary research objectives became clear throughout the process of this research:

- To describe an attempt to quantify the extent that civil society contributes to the national response to HIV/AIDS
- To describe key issues and limitations related to such an attempt

Quantitative Research

The quantitative research section of this project attempted to study the contributions of civil society and its impact on the HIV/AIDS situation in Cambodia. Quantitative research methodology included the acquisition of publicly accessible data sources, through NCHADS and NAA, and civil society programmatic data through development partners including FHI360, PSI, RHAC among others. However, detailed analysis of the data was limited due to the lack of relevant and consistent data from which any conclusion can be drawn. As a result, this study was unable to draw any productive results from information available.

Limitations to this section of study included a lack of or insufficient access to relevant information prevented a preferred level of analysis.. Moreover, obtaining an adequate measure of the contribution to HIV/AIDS by NGOs over a 10 year period requires a wide range of specific data. These limitations were attributable to the short time period contracted and the limited resources. Furthermore, Focusing on specific indicators was in itself unsuccessful because of the lack of relevant information spanning the required period of assessment (2002 -2012). More time, and a truly agreed upon and collaborative effort from all stakeholders, is required to gather such vast volumes of data as well as reviewing and drawings conclusions.

Qualitative Research

The qualitative research section of this project sought to explore the experiences and perceptions of key stakeholders in the civil society response to HIV/AIDS. Throughout May-June 2012, a series of 15 one-on-one interviews were held, supplemented by 4 focus group discussions at the project's Validation Meeting. A sample of 55 individuals involved in the civil society national and sub-national response to

HIV/AIDS was taken. These interviews and focus group discussions asked study participants to discuss the following topics:

- Key achievements of civil society
- Biggest problems and how they can be solved
- Participation in national planning
- Relationships with other NGOs and government
- Quality of Information Sharing
- Quality of Work of Civil Society

The major findings of this research were divided into the experiences, perceptions and solutions. All participants agreed that without the involvement of civil society, the situation of HIV/AIDS would be much worse. Key achievements cited by participants include the reduction in incidence and prevalence of HIV, the reduction of AIDS-related morbidity and mortality, the reduction of stigma and discrimination against PLHIV and MARPs, and the overall improvement of PLHIV and MARP livelihoods. All participants agreed that major barriers to sustaining these achievements were the decline in funding sources available to them. As a result, many participants feared a second wave of the HIV-epidemic in Cambodia as the slimming of available resources to civil society has impacted the breadth and depth of activities implemented. Participants also cited lack of capacity in key management, leadership, communication and fundraising skills as major barriers to the effectiveness and sustainability of their work. Most agreed that organizations such as HACC should take a stronger role in capacity building in these areas for HIV/AIDS-related civil society organizations.

Recommendations

The major recommendations derived from the results of this study are divided into 3 topics.

The Strengthening and Harmonizing M&E Systems

A major impediment to the quantitative research section of this study was the lack of a nationalized framework for monitoring and evaluation of the multi-sectoral and comprehensive response to HIV/AIDS. The multitude of different institutions, development partners and even greater number of civil society organizations lead to a great number of parallel monitoring and evaluation systems little agreement on indicators or definitions. While efforts are being taken to harmonize these systems, a true quantification of the contributions of civil society to the national response to HIV/AIDS cannot be taken until an agreed-upon framework is utilized by all stakeholders across the country. The NCHADS Data Management Unit and KHANA Social Returns on Investment are cited as potential best practices to be used for scale-up.

The Role of HACC

As an institution to serve the coordination and information sharing needs of HIV/AIDS-related civil society in Cambodia, study participants perceived HACC to be weak and held little confidence for the organization. It is recommended that HACC reconsider its mandate and strategy according to three core pillars which can be used to revision and restrategize itself as an organization. These 3 core pillars include coordination, capacity building, voice and advocacy. HACC staff are very committed and passionate to the national response to HIV/AIDS and possess high technical expertise on HIV-related health and social issues. It is recommended that HACC can harness this capital and its well-regarded placement among HIV/AIDs civil society to chart a new course for its work.

Other Recommendations

A final set of recommendations is made with regard to civil society and its role in the national response to HIV/AIDS. Firstly, it is recommended that civil society take on a leadership role where they are able to independently advocate on emerging issues in the evolving epidemic and take on a greater role to ensure that programming is truly responsive to their beneficiaries through a rights-holder model to interventions. This may require a restructuring and a re-thinking of the current organization of the national response to HIV/AIDS so that fiscal and human resources are utilized to their greatest effectiveness and efficiency. In doing so, civil society, government and development partners will help to achieve cost-effectiveness in its interventions, especially in an era where there are less resources for HIV/AIDS-related programming.

Acronyms and Abbreviations

AIDS	Acquired Immuno-Deficiency Syndrome
CHBC	Community and Home Based Care
CSO	Civil Society Organization
DP	Development Partner
EW	Entertainment Worker
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
HACC	HIV/AIDS Coordinating Committee
HIV	Human Immunodeficiency-Virus
HRM	High Risk Males
IDU/DU	Injection Drug User/Drug User
MARP	Most At Risk Populaiton
MSM	Men who have Sex with Men
NAA	National AIDS Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Disease
NGO	Non-Governmental Organization
NSPIII	Cambodia's Third National Strategic Plan for a Comprehen sive and Multi-Sectoral National Response to HIV and AIDS
OI/ART	Opportunistic Infection and Anti-Retroviral Therapy Services
PEPFAR	President's Emergency Plan for AIDS Relief
PLHIV	People Living with HIV/AIDS
STI	Sexually Transmitted Infection
TG	Transgender
TWG	Technical Working Group
UN	United Nations
UNAIDS	Joint United Nations Programme on HIV/AIDS
USAID	U.S. Agency for International Development
VCCT	Voluntary Counseling and Confidential Testing

Background

Background for this Report

The HIV/AIDS Coordination Committee of Cambodia (HACC) was formed in 1993 to encourage the exchange of information among NGOs working on HIV/AIDS. Since then, it has grown to become the predominant network of HIV/AIDS-related CSOs, comprising of approximately 123 local and international CSOs who implement activities to directly target HIV/AIDS-related issues. In this role, HACC has implemented activities such as capacity building of network members and information sharing among its members and between government entities such as the NAA. In addition to this, HACC also mobilizes and supports civil society to organize awareness-raising campaigns at national events, as well as advocacy activities for change.

The Royal Government of Cambodia acknowledges that CSOs have contributed greatly to the development and rehabilitation of Cambodia since the Khmer Rouge period (Cooperation Committee of Cambodia, 2011). Likewise, it is presumed that innovative, diverse, and distinct CSO activities have also played an important role to reduce HIV prevalence among adults aged 15-49 from 2.0 percent in 1998 to 0.8 percent in 2010 (Estimation of the new HIV prevalence among general population in Cambodia, 2010, NCHADS).

This year, HACC undertook a research project to study the role and contributions of civil society in the national response to HIV/AIDS. Two international consultants, both with experience working in the HIV/AIDS and development sector in Cambodia, were hired to implement this project. From March 2012, work began to design a study with the following objectives:

- To document the civil society involvement in the nationalre sponse to HIV/AIDS, with a focus on strengths, weaknesses and key achievements
- To collect or synthesize evidence of the role of civil society and its contributions in the national response to HIV/AIDS using both qualitative and quantitative research tools
- To document best practices and lessons learned for dissemination, evidence-based advocacy, planning and interventions

Throughout the progress of this research, it became clear that the civil society response to HIV/AIDS in Cambodia is a complex and multi-layered structure involving over 100 stakeholders; and a good understanding of this structure was restricted to those with major decision-making responsibilities in the capital city of Phnom Penh. The national response to HIV/AIDS involves a great number of interconnected relationships involving not only civil society organizations themselves, but also institutions, international donors and other development partners. This is made more complex by the decentralized nature of development activities in Cambodia, creating a hierarchy of power and activities at both that national and sub-national level. Thus, it became clear that research was needed to not only understand the role of civil society in the national response to HIV/AIDS, but also the complex structure that determines its strengths, weaknesses and key achievements.

Moreover, the process of this research found difficulties in the collection of evidence as it attempted to show a correlation between civil society inputs and outcomes in the national response to HIV/AIDS.

As a result of these research experiences, this report was re-designed as an evidence-based advocacy tool with the following objectives:

- To clarify the context and complex structure of the civil society response to HIV/AIDS in Cambodia
- To document the key achievements and contributions of civil society to the national response to HIV/AIDS
- To recommend areas of best practices, gaps in activity and capacity, and guidance to strengthen civil society's role in the national response to HIV/AIDS

The ultimate goal of this study is to gain insight on the civil society context in the national response to HIV/AIDs, its strengths and key achievements, and how the situation may also create or exacerbate obstacles to the efficiency and effectiveness of efforts to respond to the evolving HIV/AIDS epidemic in Cambodia.

To this end, this document is composed of the following sections:

Part 1: Civil Society in the National Response to HIV/AIDS in Cambodia

The first section seeks to disentangle the role of civil society in the national response to HIV/AIDS with the following objectives:

- To clarify the complex structure of civil society organizations and its relationships with government, international donors and development partners
- To describe the role of civil society in Cambodia's national response to HIV/AIDS with a historical perspective
- To report on the activities and key achievements of civil society in the national response to HIV/AIDS

The methodology undertaken to accomplish this was a combination of desk research and informational interviews with key stakeholders in the national response to HIV/AIDS in Cambodia.

Part 2: Assessing the Contributions of Civil Society in the National Response to HIV/AIDS

This second section of the report seeks to use both quantitative and qualitative research tools to accomplish the following objectives:

- To gather and analyze, or perform meta-analysis of, appropriate quantifiable evidence of the size of contributions of civil society to the national response to HIV/AIDS
- To gain information on perceptions and experiences of key stakeholders related to civil society's response to HIV/AIDS in Cambodia

Appropriate research tools will be used to analyze evidence gained from this section of research. The ultimate objective of this section of research is to uncover the differences between the perceived role and actual experiences of civil society in the national response to HIV/AIDS (Kiley & Hovorka, 2006).

Limitations:

The limitations from this research will also be described and recommendations made in order to ensure that future research planned to link the contributions of civil society to the HIV/AIDS situation in response in Cambodia proceeds is able to analyze collected evidence in a more robust manner.

Recommendations:

From the experiences and evidence gathered for this study, recommendations will be made to address issues raised in both the limitations of the research, and the situation of civil society in Cambodia, especially the role of HACC as the central networking organization for HIV/AIDS civil society in Cambodia. Finally, a future direction for the role of civil society in the national response to HIV/AIDS will be proposed as well as recommendation for Government, Development Partners and UNs should do to assist and strengthen CSO with effectiveness response to HIV and AIDS in Cambodia.

HIV/AIDS in Cambodia

Strong government commitment to respond to HIV/AIDS with active participants from all stakeholders, especially civil society organizations

Despite the considerable gains made in the HIV/AIDS epidemic in Cambodia, the situation remains fragile as pockets of high prevalence persist in most-at-risk-populations (MARPs):

- Entertainment Workers (EWs) - The primary driver of Cambodia's HIV epidemic continues to be heterosexual transmission between EWs, their clients and the spouses of their clients
- Men who have Sex with Men (MSM) - MSM and TG populations continue to be populations at high risk to HIV-infection as their needs have not been adequately addressed, largely due to stigma, discrimination and the predominance of activity focused on ur ban centres
- Injection and Non-Injection Drug Users – Harm reduction and rehabilitation services for injecting and non-injecting drug users continues at a low level with only 1 NGO providing services and a lack of understanding of the importance of harm reduction

Source: NSPIII (2011-2015)

In 2010, the National AIDS Authority, in conjunction with donors, development partners, international technical experts, members of civil society and PLHIV networks formulated the National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS III (2011-2015) in Cambodia (NSPIII) (NAA, 2010). This strategic document outlined 7 strategies to guide the national response to HIV/AIDS:

Strategy 1 : Increase coverage, quality and effectiveness of prevention in terventions

Strategy 2 : Increase coverage and quality of comprehensive and integrated treatment, care and support services addressing the needs of a concentrated epidemic

Strategy 3 : Increase coverage, quality and effectiveness of interventions to mitigate the impact of HIV/AIDS

Strategy 4 : Ensure effective leadership and management by government and other actors for implementation of the national response to HIV/AIDS at the national and sub-national levels

Strategy 5 : Ensure a supportive legal and public policy environment for the national response to HIV and AIDS
Strategy 6 : Ensure availability and use of strategic information for decision-making through monitoring, evaluation and research
Strategy 7 : Ensure sustained, predictable financing and cost-effective re source allocation for the national response to HIV/AIDS

This report on the role and contribution of civil society to the national response to HIV/AIDS will use this strategic framework as a guiding mechanism.

Civil Society

What is Civil Society?

This study will consider civil society according to the definition used by the OECD: "non-market, and non-state organizations outside of the family in which people organize themselves to pursue shared interests in the public domain" (2010). CSOs also serve as an umbrella term that can include community-based organizations (CBOs), non-governmental organizations (NGOs), faith-based organizations (FBOs), charities and voluntary organizations. In Cambodia, civil society is most often manifested as NGOs.

What does Civil Society Do?

The functions of civil society are diverse. Overall, the categories of activities performed by civil society are the following (ODI, 2006):

- Representation
- Advocacy
- Technical Inputs
- Capacity Building
- Service Delivery
- Social Functions

Civil society also participates in policy processes in the following respects (Pollard & Court, 2005):

- **Agenda Setting** – awareness of and priority given to an issue or problem
- **Policy Formulation** – how analytical/political options and strategies are constructed
- **Decision Making** – the ways decisions are made about alternatives
- **Policy Implementation** – the forms and nature of policy administration and activities on the ground
- **Policy Evaluation** – the nature of monitoring and evaluation of policy need, design and implementation and impact

There are also provides more tangible and specific aspects of civil society activities. In the realm of health and development, Loewenson (2003) observes CSOs as not only service providers and advocates, but specifically actors that possess the social capital and resources to reach out to marginalized, vulnerable or hard-to-reach populations. CSOs are also viewed, in this light, as providing the social mobilization required to change or implement public health policy campaigns, ensuring that public health services are held accountable to the special needs of their clients.

This study therefore intends to assess the effectiveness of HIV/AIDS-related civil society in Cambodia with this definition of civil society, and its associated functions in mind.

Part 1: Civil Society and HIV/AIDS in Cambodia

Methodology

This section of the assessment was designed to understand the size, scope and role of CSOs involved in HIV/AIDS activities in Cambodia. This work sought to answer questions related to activities performed by CSOs, how they are funded, where they are located, if they are registered with the HACC and how they fit with the national response.

A literature review was undertaken to identify key meetings and documents generated in the HIV/AIDS-related policy and planning process. These documents formed the basis of information and key policies to be referred to throughout the assessment.

Additionally, key stakeholders will be consulted to provide advice and guidance for the development of research questions, data acquisition, work plan and key stakeholders to interview. A consultative meeting among stakeholders was also organized to get ideas and comments to complement the study.

A Historical Perspective of Civil Society Contributions to the National Response to HIV/AIDS in Cambodia

The Human Immunodeficiency Virus (HIV) was first detected in the Cambodian national blood supply in 1991 (Buhler et al, 2006). Prevalence in HIV peaked in 1997 at 3%, but has dramatically decreased since; declining to 1.3% in 1997 and presently in 2012 at 0.7% (NAA, 2010a).

From the introduction of HIV in Cambodia, a movement of civil society organizations began to organize efforts to prevent the spread of HIV and provide care and support to those affected. Since then, the number of NGOs implementing activities as part of the national response to HIV/AIDS increased greatly. And so, fHACC was formed in 1993 to help organize and network the numerous efforts of civil society to combat the epidemic.

Until 2000, prevention of HIV-infections and home-based care were the main tool used in the response to the epidemic. Care and treatment were not seriously considered by the government and major development partners as possible (Bourdier, 2006). However, a small number of medical-oriented NGOs, such as Medecins sans Frontieres and Medecins du Monde were using their own procurement, distribution and treatment progams to provide ART to PLHIV within their geographic areas (Morineau et al, 2006). The work of these members of civil society can be perceived as setting a precedent for ART in Cambodia. As a result, from 2001, the Royal Government of Cambodia and development partners began to work towards the scale-up activities and universal access to care and treatment for PLHIV in Cambodia (Bourdier, 2006). With this new outlook, civil society initiated a role of sharing its own technical knowledge to assist the Ministry of Health and NCHADS to develop the much needed capacities and structures for the implementation of a public system for the provision of ART. And it was from this history of frontline expertise, access to populations, technical knowledge and capacity building that civil society was seen to be an essential partner in the Cambodian national response to HIV/AIDS.

The Structure of Civil Society in the National Response to HIV/AIDS

In the past years, donors and government in Cambodia have recognized civil society as essential partners. This recognition has come in form of identifying civil society to fill in gaps of geographic coverage, especially for care and treatment services for most-at-risk-populations (MARPs). Recognition has also taken the form of the inclusion of civil society in the planning of activities and policymaking related to HIV/AIDS interventions and programming as CSOs possess a wealth of information and valuable perspectives that enrich the national response to HIV/AIDS.

With the National AIDS Authority (NAA) as a coordinating authority with a broad-based multi-sectoral mandate, and the HIV/AIDS Coordinating Committee (HACC) serving to network and represent over 123 local and international CSOs working on HIV/AIDS issues, the Royal Government of Cambodia is on its way to sincerely coordinating all HIV/AIDS activities. Together, they perform the following main tasks:

National AIDS Authority	HACC
Policy development	Provide a networking environment for civil society members involved in the national HIV/AIDS response
Proposing further legislation	Representation of civil society in national and international forums
Strategic planning	Coordination of the civil society response to HIV/AIDS
Monitoring and reporting	Sharing of information on HIV/AIDS in Cambodia and gaps in the national response
Coordination, dissemination & sharing of information & experiences	Advocacy for the full involvement of civil society in policymaking, planning and monitoring of the national response
Advocacy for supporting the HIV/AIDS response	Raising awareness of HIV/AIDS and advocacy for better quality services related issues
Research coordination	Specific research
Public information campaigns	

Sources: Rushdy & Ley, 2010 and HACC, 2011.

This has no doubt has ensured an most effective national response to the epidemic. For the health sector response to HIV/AIDS, NCHADS provides strategic and technical direction and coordinates the work of partners. It possesses a high capacity to manage and deliver care and treatment-specific vertical programs, establish its own partnerships with large international NGOs both at the national and sub-national levels (Rushdy & Ley, 2010). The efficiency and effectiveness of NCHADS is widely recognized.

Despite these bodies, the size and organization of civil society remains difficult to understand. This section seeks to disentangle the size, division of roles, relationships and management of civil society in the national response to HIV/AIDS in Cambodia.

The Size of Civil Society

The size and diversity of civil society in the national response to HIV/AIDS can only be described as large and complex. In order to understand this size and diversity, this study examined the 2011-12 HACC Network Directory and disaggregated civil society into 4 main sectors that describe the response to HIV/AIDS activities:

- Prevention (Figure 1)
- Care, Treatment and Support (Figure 2)
- Impact Mitigation (Figure 3)
- Networking, Coordination, Policy and Advocacy (Figure 4)

The HACC database of HIV/AIDS-related civil society organizations was systematically disaggregated by key activities related to each main sector of the response. Based on database, we can disaggregate NGOs into number of service delivery, target group, province, location, budget and resources mobilized from CSO in response to HIV and AIDS in Cambodia. The following figures seek to describe the breadth and depth of civil society in the national response to the epidemic:

Number of NGO and services provided by CSO in response to national strategic one (prevention)

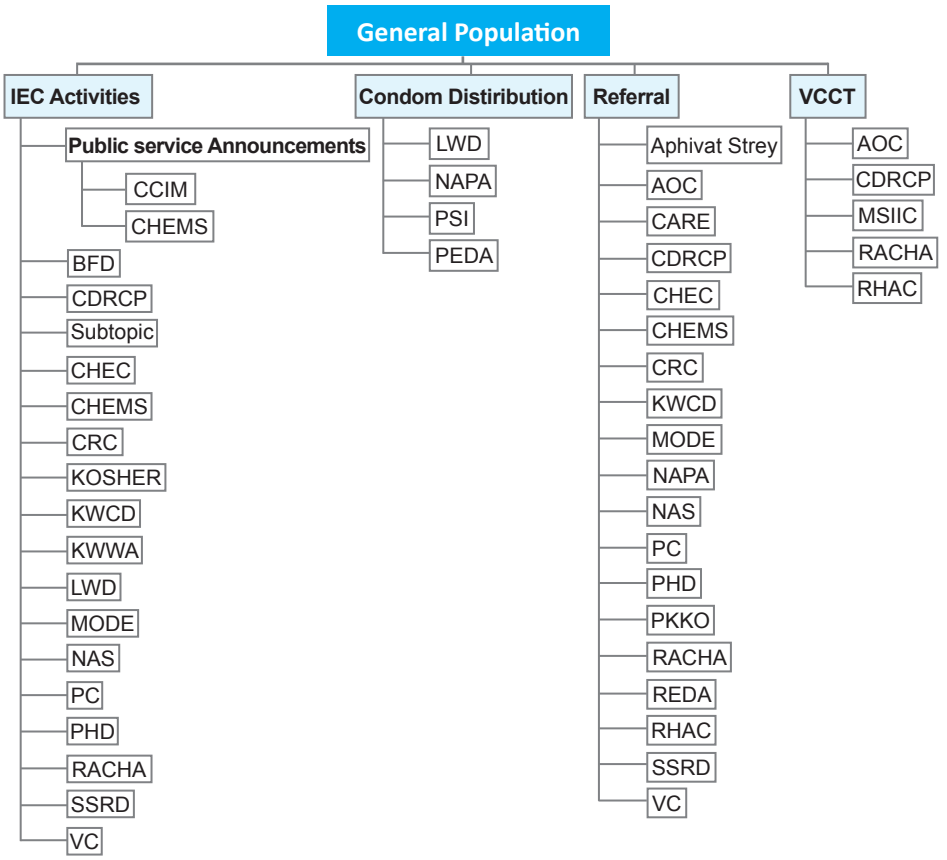


Figure 1a: Civil Society Organizations Involved in Prevention Activities in the General Population

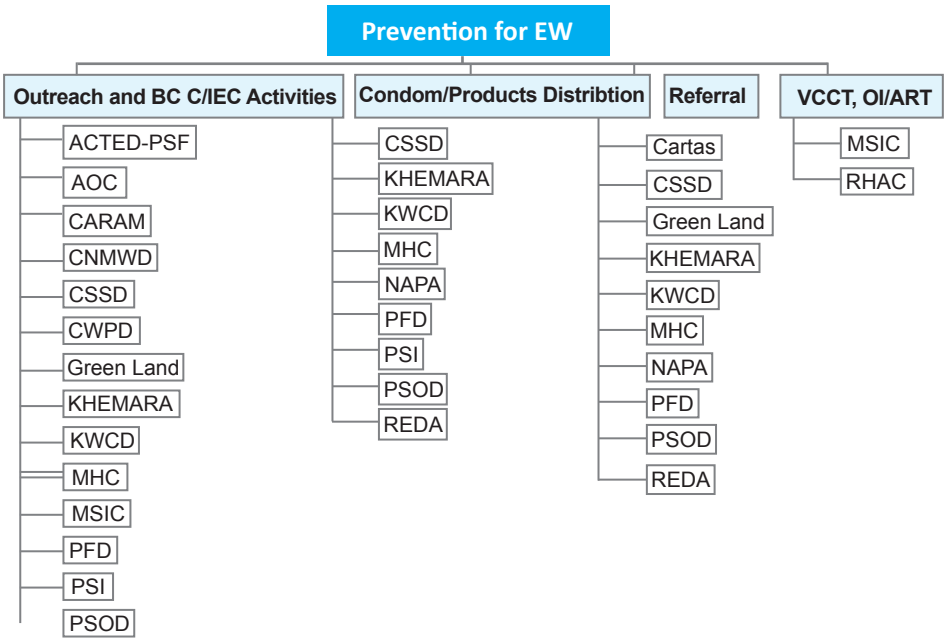


Figure 1b : CSOs Involved in Prevention Activities For EWs

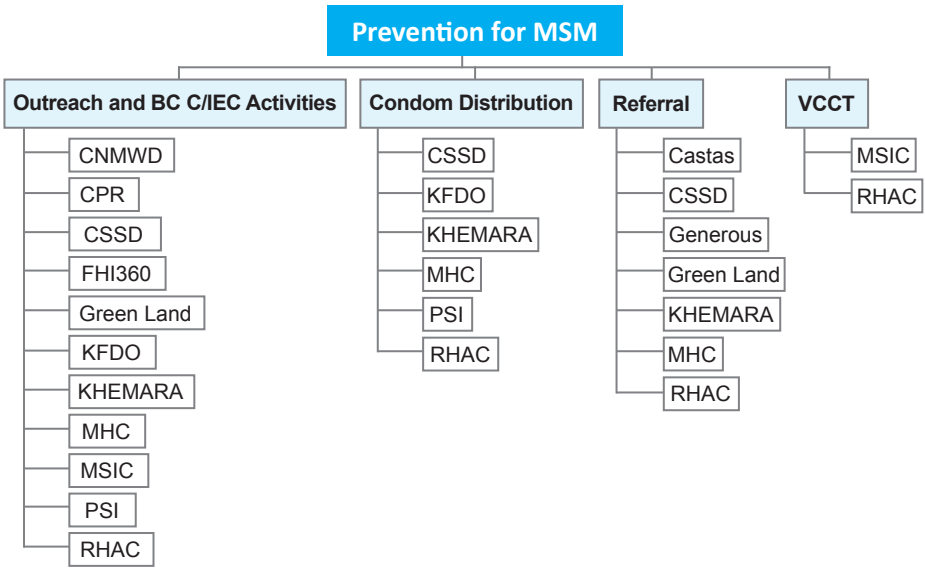


Figure 1c : CSOs Involved in Prevention Activities for MSM

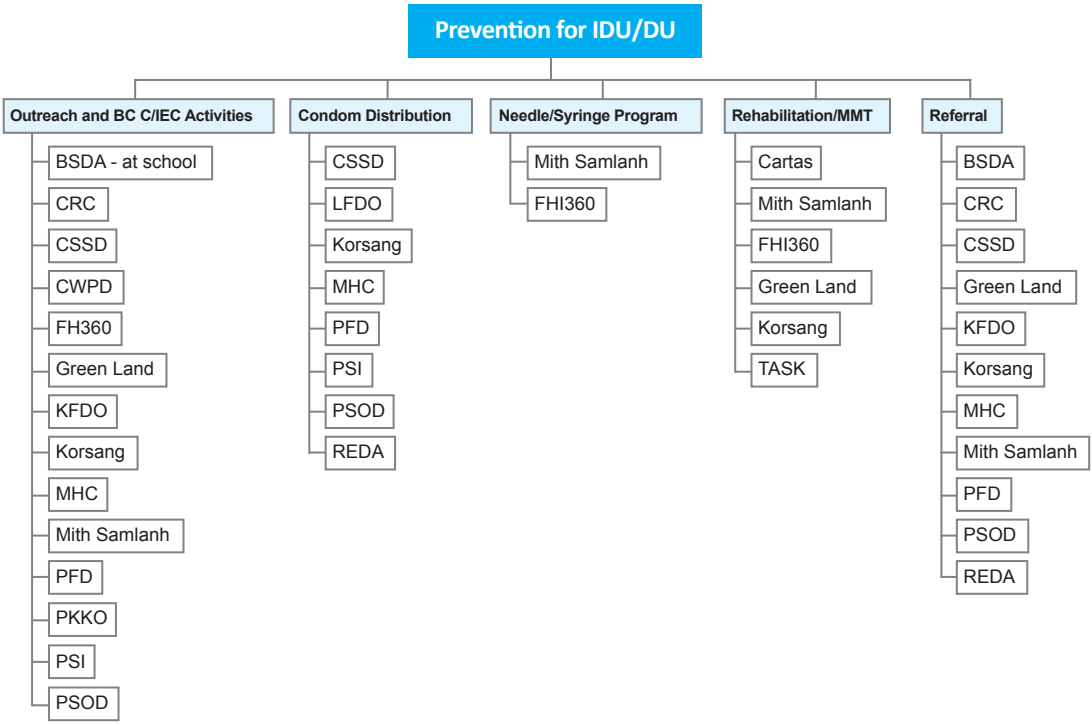


Figure 1d: CSOs Involved in Prevention Activities for IDU/DUs

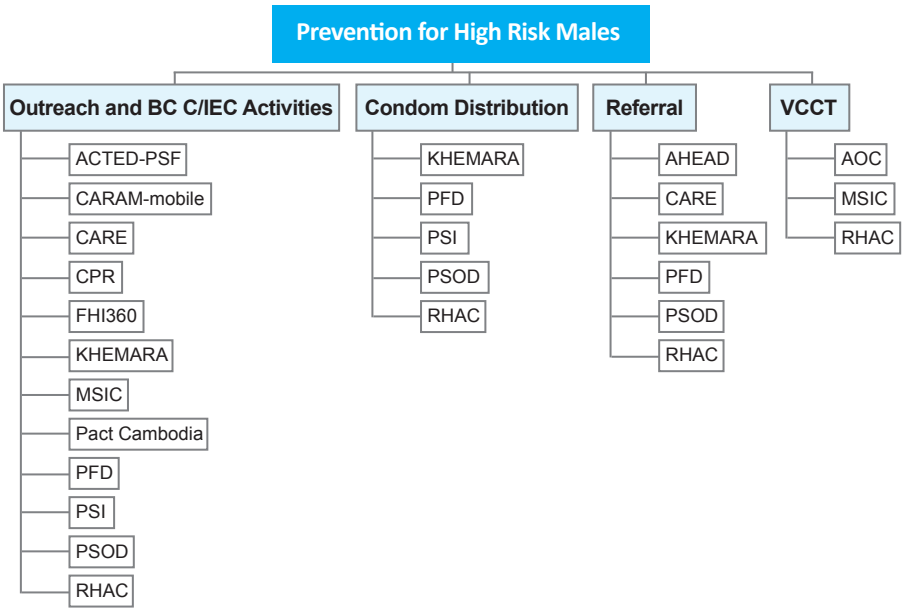


Figure 1e: CSOs Involved in Prevention Activities for High Risk Males

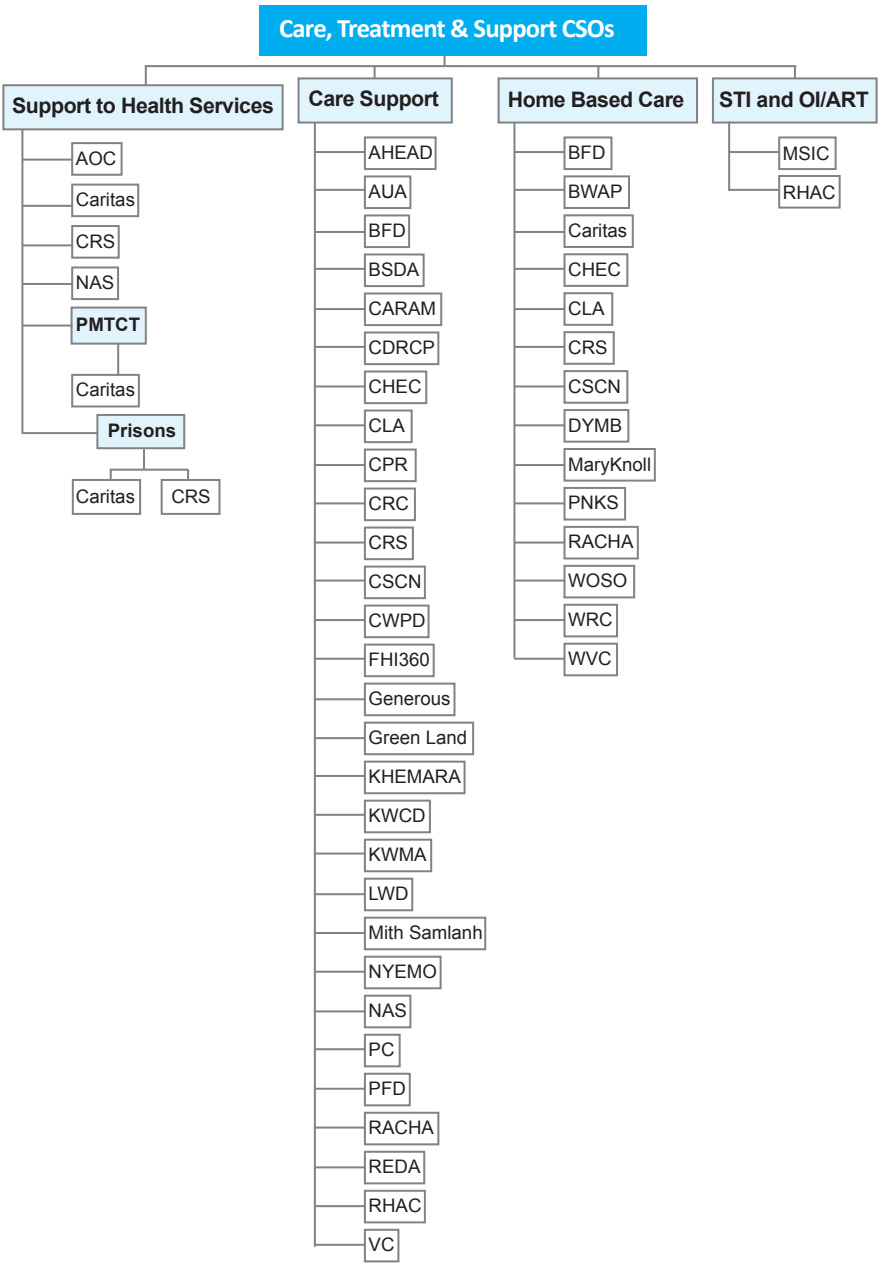


Figure 2 : CSOs Involved in Care, Treatment and Support Activities

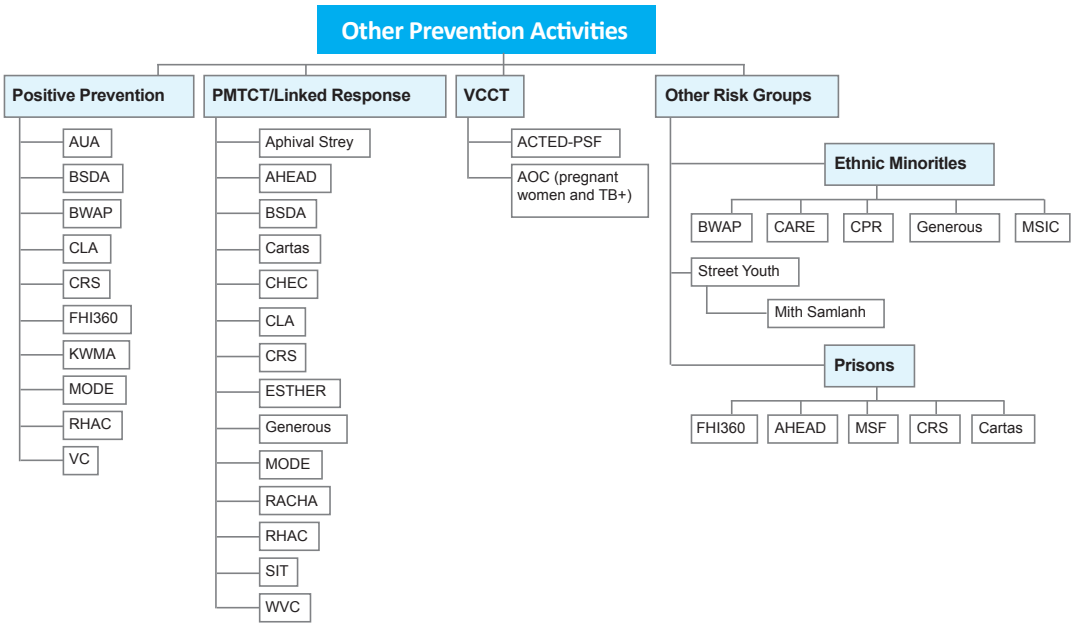


Figure 1f : CSOs Involved in Prevention Activities For Other Risk Populations

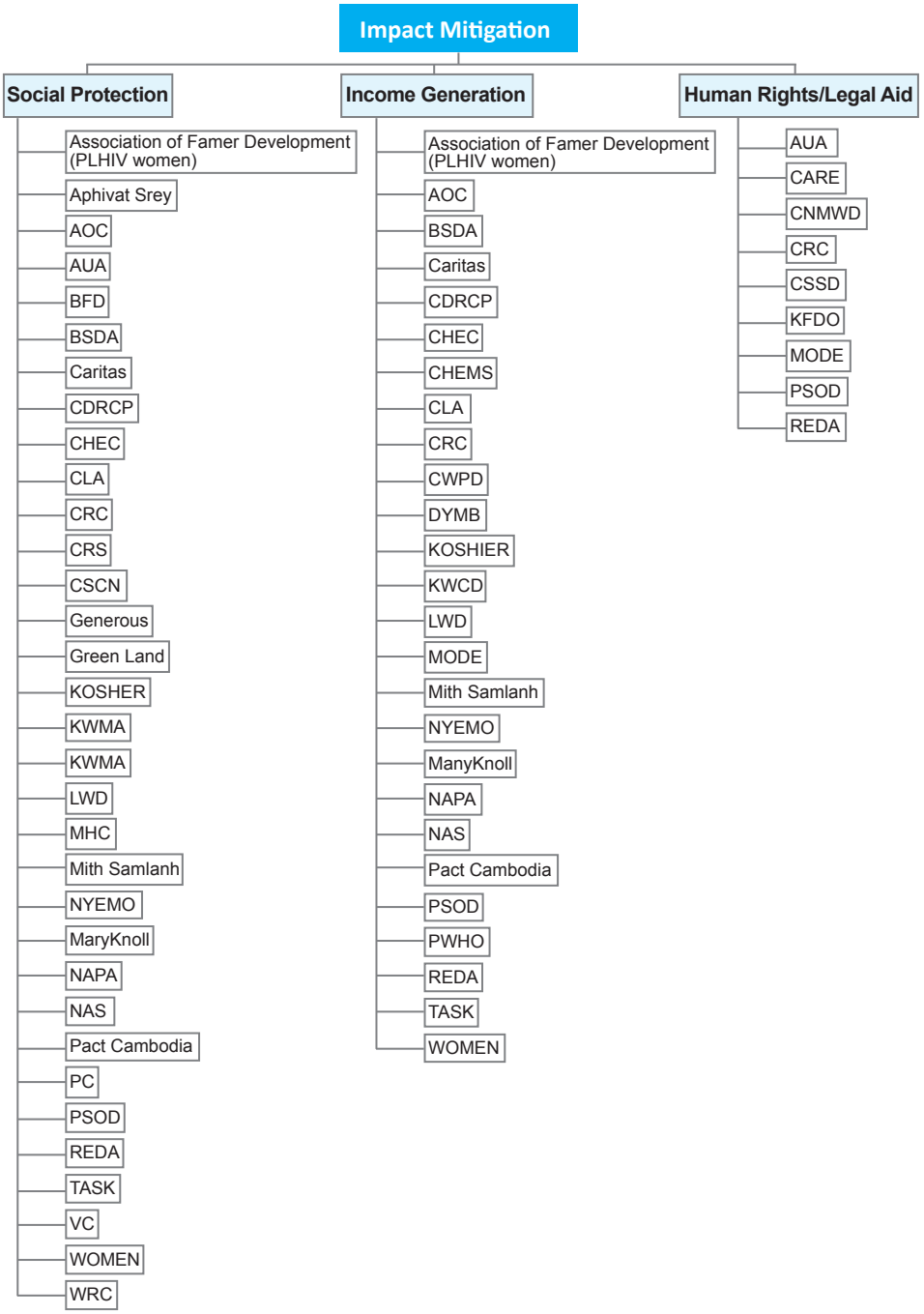


Figure 3a : CSOs Involved in General Impact Mitigation Activities

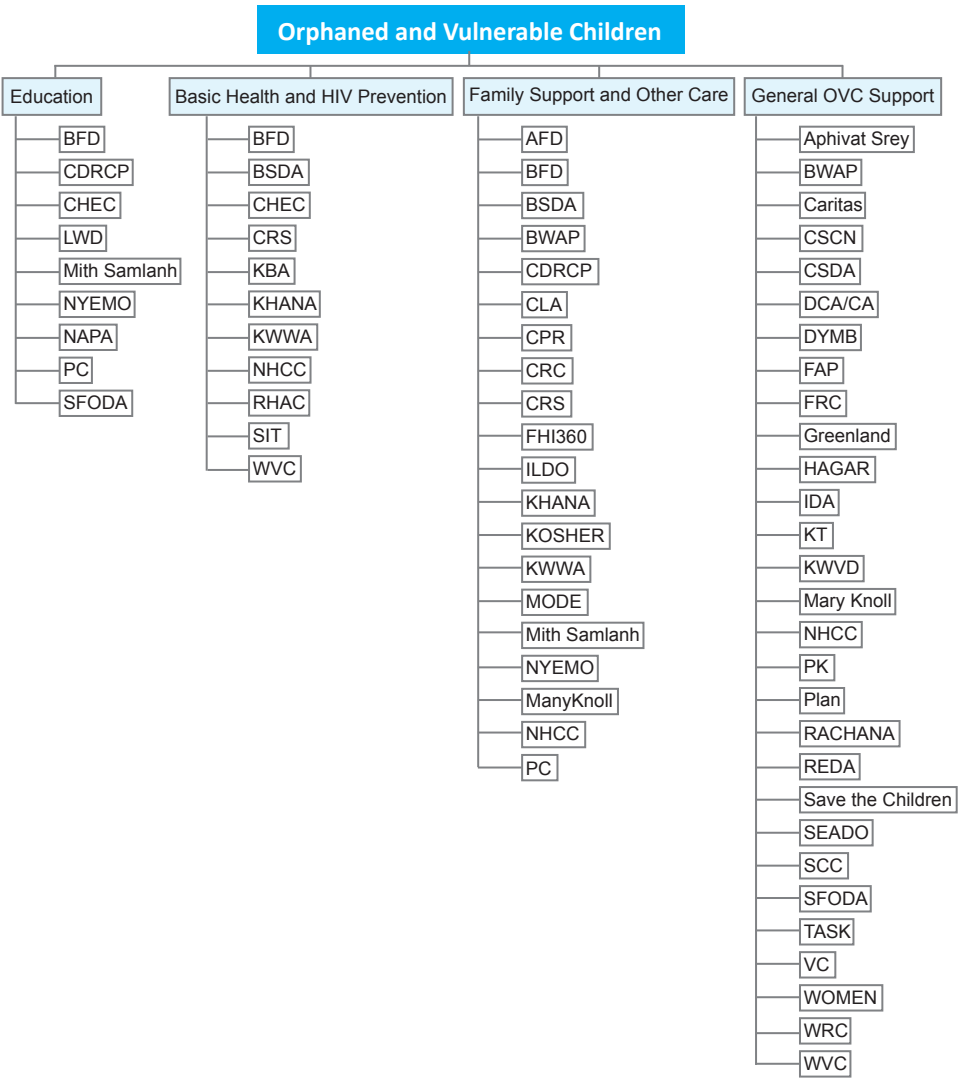


Figure 3b : CSOs Involved in Impact Mitigation Activities for Orphaned and Vulnerable Children

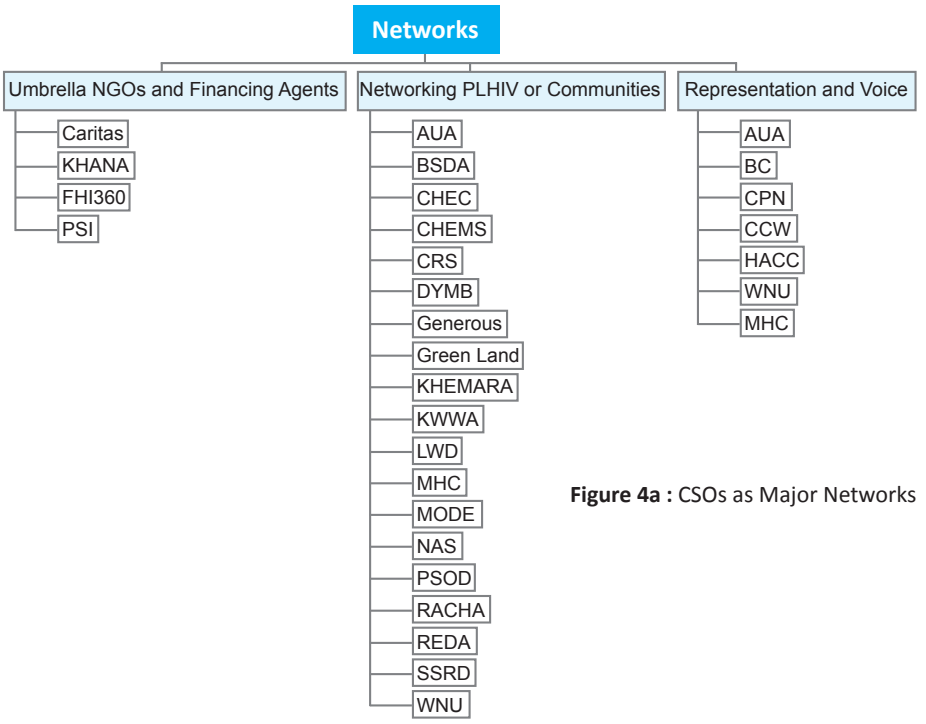


Figure 4a : CSOs as Major Networks

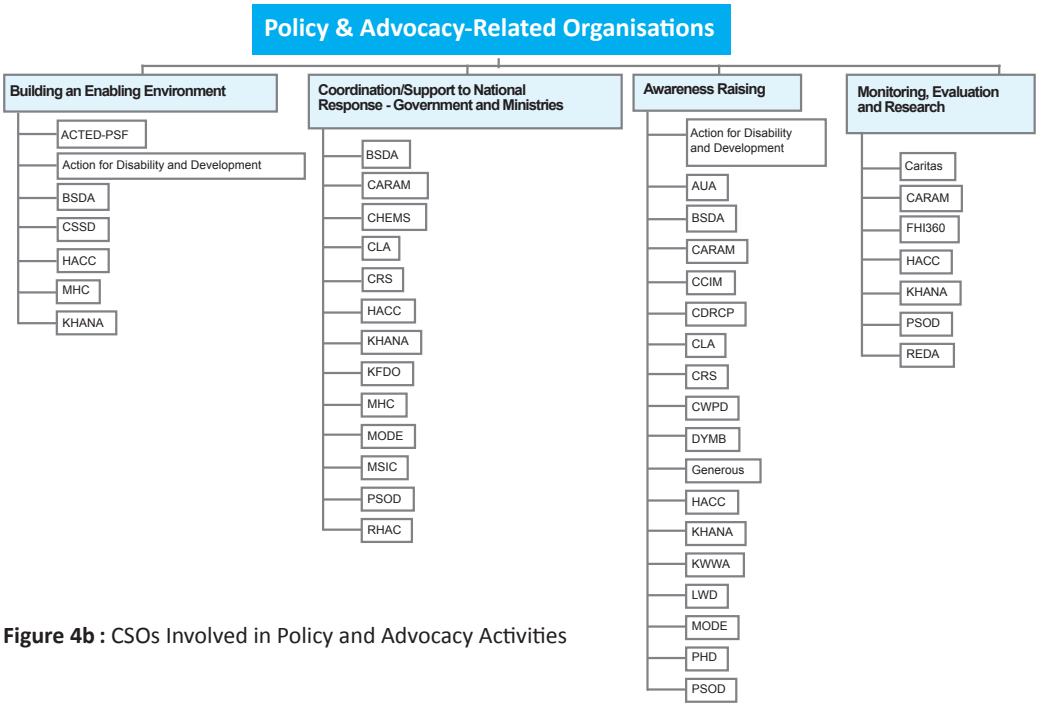


Figure 4b : CSOs Involved in Policy and Advocacy Activities

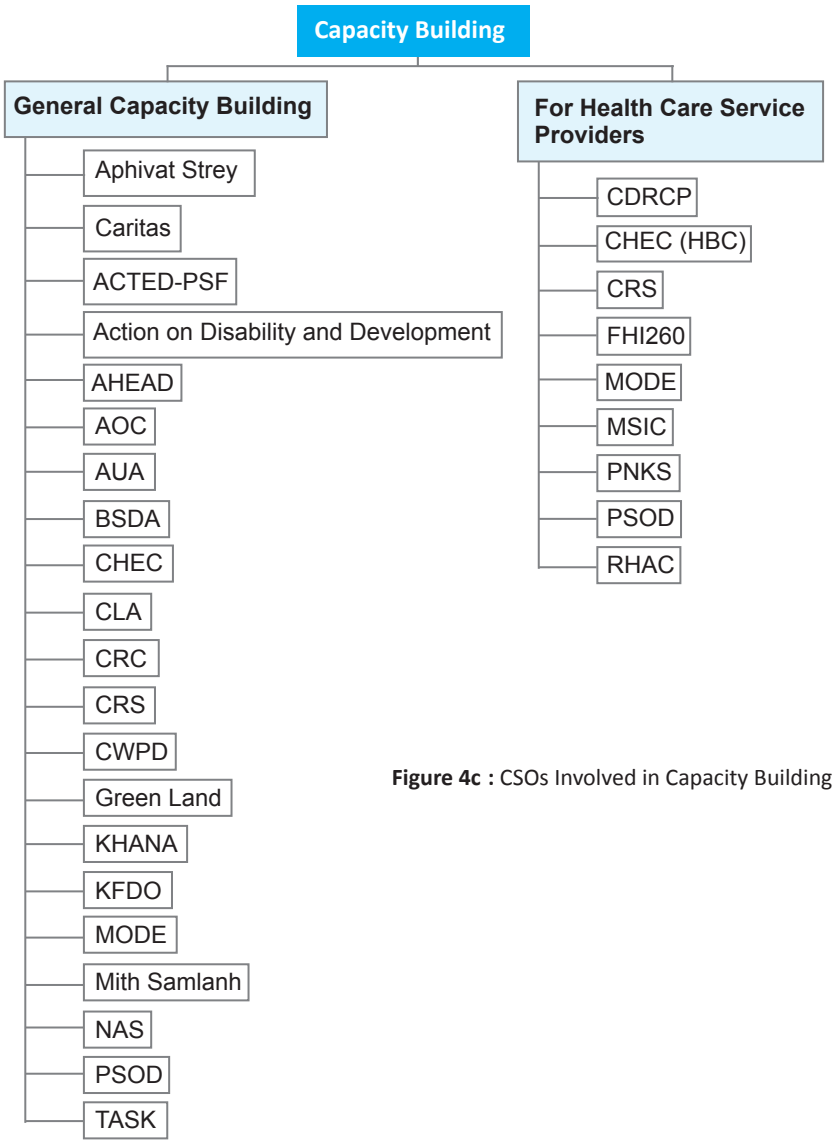


Figure 4c : CSOs Involved in Capacity Building Activities

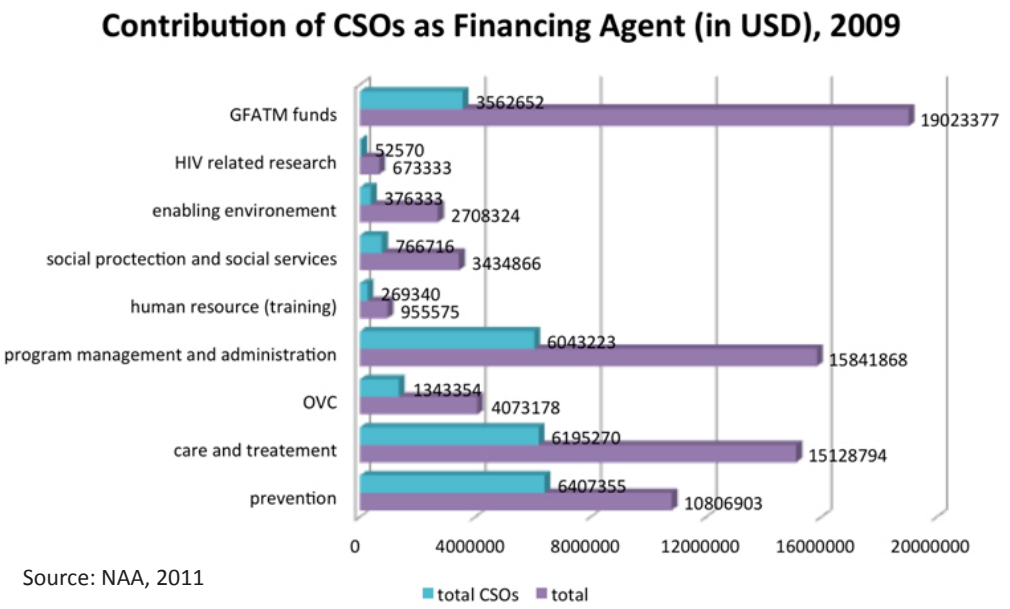
The Organization of Civil Society

The major foundations supporting the structure of civil society in the national response to HIV/AIDS has been international donors. Over 47 international entities, including bilateral, multilateral, international NGO and for-profit, contribute to the $58 million USD funding the national response to HIV/AIDS in Cambodia (NAA, 2011).

The organization and contribution of civil society can be described in two ways: civil society as financing agents and civil society as service implementers. As financing agents (Figure 1a), civil society acts as the "entities that mobilize the funds and transfer them to the implementing level" (NAA, 2011). In this way, civil society holds the decision-making power to manage and allocate these funds.

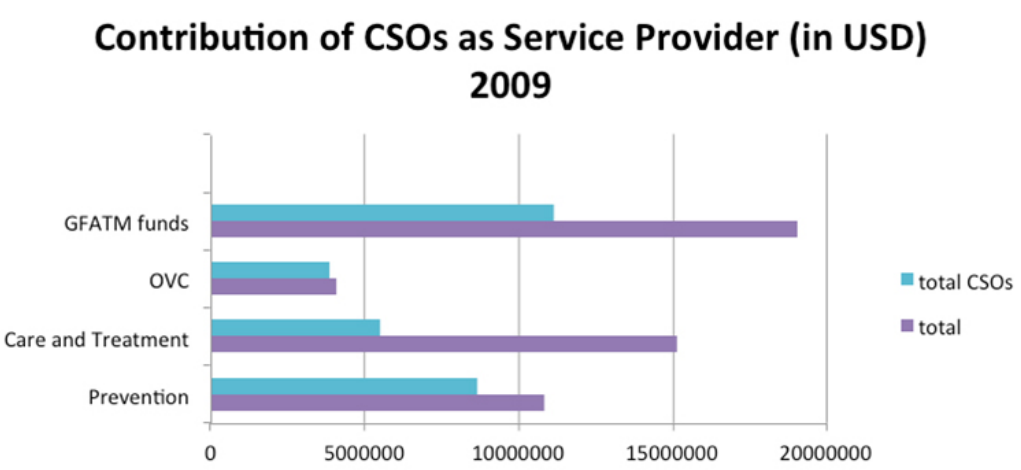
Civil society also directly utilizes HIV/AIDS resources and acts as service providers in the national response to HIV/AIDS (Figure 1b). In this way, they provide direct services to beneficiaries, from vulnerable populations that receive prevention education and outreach, PLHIV who receive treatment services to government entities who receive technical assistance.

Figure 5a : Contribution of Civil Society as Financing Agent to the 2009 National Response to HIV/AIDS



Source: NAA, 2011

Figure 5b : Contribution of Civil Society as Service Providers to the 2009 National Response to HIV/AIDS

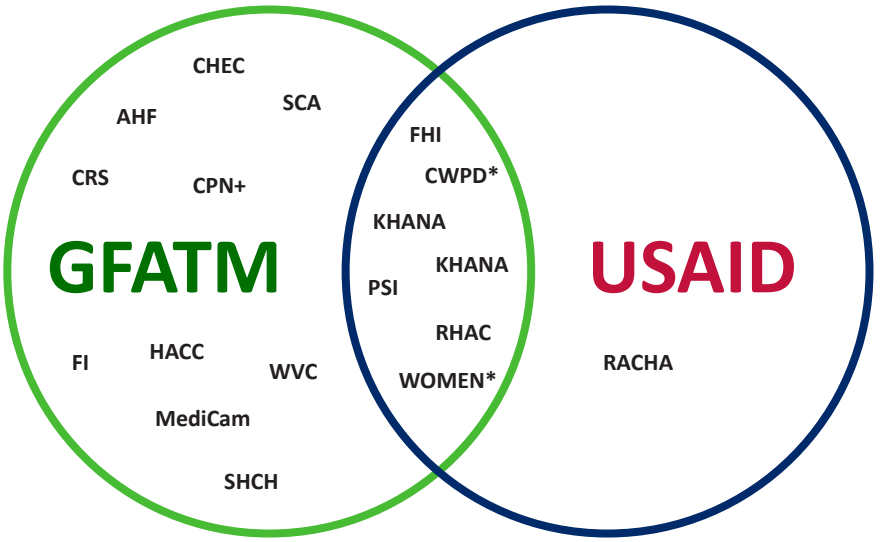


Of these international donors, the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) and US government (USG) were the 2 largest financing sources; financing 37% and 22%, respectively, of the national response to HIV/AIDS (NAA, 2011). These 2 particular international donors are important to the civil society response to HIVAIDS because it is their policies and organization that directly shape the structure and management of civil society, and its role in the epidemic. The next sections seek to uncover their complexity and interconnectivity.

Global Fund for AIDS, Tuberculosis and Malaria:

The majority of funding sourced from GFATM is dedicated to care and treatment services that are managed by the public health sector. However, 19% GFATM funds a number of local and international NGOs in the areas of HIV/AIDS prevention, care, treatment and impact mitigation. Approximately half of GFATM funding for HIV/AIDS activities goes towards activities implemented by the private sector, which includes civil society (NAA, 2011). And also important to note – approximately 40% of GFATM civil society sub-recipients are also funded directly by USAID/PEPFAR, or indirectly by USAID cooperative agencies for HIV/AIDS programmes. This intersection is presented in Figure 6.

Figure 6 : GFATM Civil Society Sub-Recipients for Round 7 and Round 9



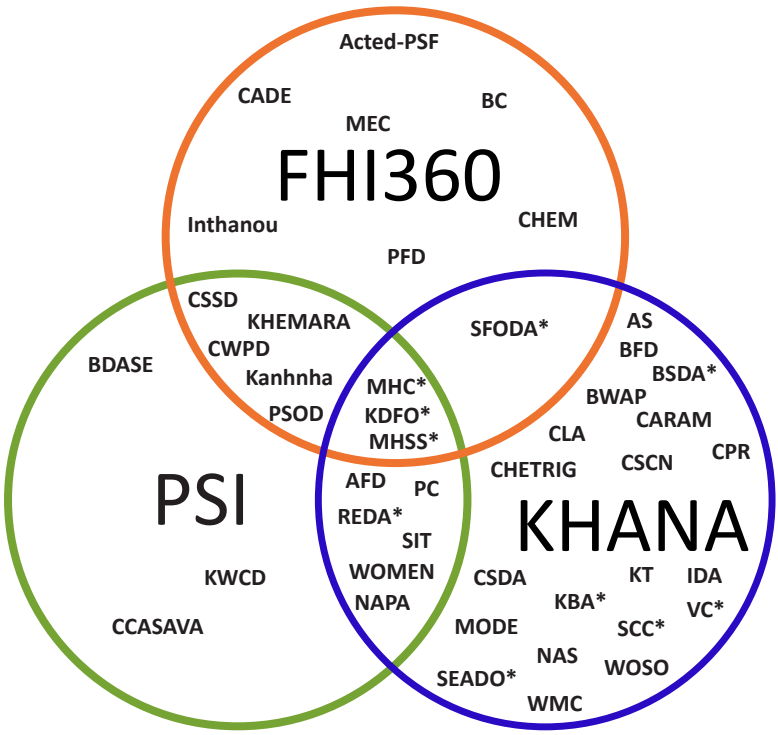
* Also a Local Implementing Partner for a USAID Cooperative Agency

USAID:

The US government channels the majority of its HIV/AIDS funding through USAID. Prevention forms the core of USAID's HIV/AIDS portfolio – taking on 56%, $7.9 million USD, of USAID's total HIV/AIDS budget for Cambodia (Lowe et al, 2011). The majority of these resources funded prevention activities, especially those targeting MARPs. The next largest component of the USAID HIV/AIDS portfolio is care and treatment, for which 22%, or $3.1 million is spent. It is these 2 activities, which help to structure a large component of civil society in the national HIV/AIDS response in Cambodia.

USAID does not fund government entities. Instead, they direct their funding through US-based contractors and local civil society (Rushdy & Ley, 2010). As a result, all recipients of USAID resources are NGOs. In Cambodia, USAID works with 5 major cooperative agencies. 2 of the cooperative agencies – Marie Stopes International Cambodia and RHAC – are direct treatment service providers who also perform prevention education, outreach and condom distribution activities. The remaining 3 cooperative agencies – FHI360, PSI and KHANA are large entities that serve as umbrella NGOs and manage large programs. These programs focus on prevention, care and treatment support to MARPs; and activities are implemented by a large network of interconnected local implementing organizations (Figure 5). Furthermore, PSI is the main supplier of condoms in Cambodia, selling and distributing condoms to general and at-risk populations in Cambodia. Altogether, USAID, is also considered by government as an important team member in the national response.

Figure 7 : Structure and Intersecting Relationships of USAID Cooperative Agencies and Local Implementing Partners



* Also a Local Implementer for KHANA GFATM Project

Civil Society as Duty-Bearers and Rights Holders

Civil society in the national response to HIV/AIDS can be further differentiated among their roles as duty-bearers and rights-holders.

In Cambodia's HIV/AIDS structure, duty bearers can be construed as those who are obligated to fulfill the rights of the rights-holders. In this way, they are often seen as service providers who provide the prevention, education, outreach and treatment support to beneficiaries such as MARPs and other vulnerable populations, OVC and PLHIV themselves. These services often receive the greatest amount of funding (Figures 5a, 5b, and 6). As a result, much of civil society functions in service delivery for all sectors the national response to the epidemic. Please see Figures 1, 2 and 3 for a listing of CSOs engaged in service delivery roles.

Rights-holders are the group who does not experience the full rights. And it is often through their experiences, advocacy and voice, which direct duty-bearers to respond to their problems and issues. In Cambodia, civil society organizations that take the form of rights-holders include community networks.

These community networks represent MARP communities, PLHIV and other vulnerable groups. It is through their voice at the advocacy, policy and planning level which can affect the direction and form of the national response to HIV/AIDS. See Figure 4 for organizations that are involved in policy, advocacy and representation for communities.

In some cases, duty-bearers and rights-holders can both be used to describe organizations. These organizations, which are few in number, engage rights-holders as the service providers. For example – MSM have been engaged as the service providers and beneficiaries and rights holders for many prevention, care, treatment and support efforts.

The Relationship of NAA, NCHADS and Civil Society

While NAA is mandated as the structure to coordinate the multi-sectoral response to HIV/AIDS, it is instead NCHADS who is most often looked upon to do mainly providing service on care and treatment.

Despite having a focus on the health sector response to HIV/AIDS and STI, as well as a mission to coordinate and support the delivery of care and treatment services at the sub-national level, NCHADS is most often portrayed as the primary government authority on HIV/AIDS, while NAA is perceived to lack credibility (Rushdy & Ley, 2010). This is reinforced by the selection of NCHADS as GFATM Primary Recipient as a result of its robust organization, management and overall confidence in the organization, while NAA serves as a smaller sub-recipient. As a result of the accumulation of financial and capacity issues within the NAA, NCHADS has been given a de facto leadership and coordination role for prevention and impact mitigation (Rushdy & Lim, 2010).

This is most evident in the leadership role that NCHADS has taken in the Boosted Continuum of Prevention to Care and Treatment for MARPs (Boosted CoPCT). Boosted CoPCT is one of the first true multi-stakeholder efforts in the national response to HIV/AIDS that recognizes the knowledge and expertise of civil society's efforts in prevention, care, treatment and support. It has

been lauded for its ability to bring together the involvement of government, development partners, donors and international and local civil society. Moreover, NCHADS is known for their strong system of data collection. As the primary recipient of GFATM, the NCHADS Data Management Unit has benefited by developing a system of data collection on the health-oriented activities implemented by both the public sector and civil society. Moreover, they have also been able to capture prevention and other activities related to the national response of HIV/AIDS.

It therefore seems that while NAA is mandated to have a coordination role for the harmonized and multi-sectoral response to HIV/AIDS in Cambodia, it is instead NCHADS who has taken this role. However, it is not possible for a NCHADS, health-oriented department of the Ministry of Health, to take on this responsibility as the HIV/AIDS sector involves sectors for areas such as impact mitigation and advocacy. Therefore, coordination and involvement for the non-health sector remains a major issue for civil society and the national response to HIV/AIDS. Recommendations to rectify this issue will be made in subsequent sections.

The Role of Civil Society in the National Response to HIV/AIDS

Civil society occupies a broad role in the HIV/AIDS sector in Cambodia. This study uses the National Strategic Plan for a Comprehensive and Multi-sectoral to HIV/AIDS III (2011-2015) in Cambodia (NSPIII) as a foundation for exploration.

In doing so, civil society is viewed to participate in the following components of the multi-sectoral response to HIV/AIDS:

- Prevention
- Care and Treatment
- Impact Mitigation
- Advocacy and Representation

Civil society is perceived as a direct service provider in all 4 of these activities. Rushdy and Ley (2010) expand on this and describe civil society to perform the following activities to support the response to the epidemic:

- Supplementary service delivery
- Capacity building to local partners and networks
- Resource mobilization
- Action research and piloting of new approaches
- Supporting sub-national structures
- Advocacy and policy development
- Monitoring and evaluation

This section seeks to present a snapshot of the major and important activities implemented by civil society and their contributions to the national response to HIV/AIDS.

Coordination of HIV/AIDS Spending

In 2001, Global Fund for AIDS, Tuberculosis and Malaria (GFATM) began its work to disburse additional resources to combat major epidemic diseases in the developing world. The Royal Government of Cambodia began receiving assistance in its efforts to combat AIDS, tuberculosis and malaria from the first round of calls for proposals in 2002 (Kober & van Damme, 2003). Cambodia has since been disbursed $154,377,803 USD for prevention, care and treatment for HIV/AIDS from GFATM.

The main principles of GFATM include emphasis on partnerships and participation from civil society in the recipient country-level (Kober & van Damme, 2003). With this in mind, the Country Coordinating Mechanism, referred to at the Country Coordinating Committee (CCC) in Cambodia, was developed to reflect principles of national ownership and participatory decision-making for the coordination of proposal submissions, oversight and GFATM grants and selection of principal and sub-recipients (Kumar, 2008). In this way, civil society is part of a team that oversees the disbursement and resource allocation of $22.7 million, which accounted for approximately 37% of all AIDS spending in 10 (NAA, 2011).

Of the 22 members and 18 alternates, which form the CCC, there exist 8 different CSOs as members and another 6 different CSOs as alternates. These CSOs include 4 networks of people living with disease, 4 local NGOs, 2 international NGOs, 2 education-related affiliates and 2 vulnerable population networks (see Table 1)

Table 1 : Civil Society Members of the Cambodia Country Coordination Committee for GFATM

CCC Member	#	CCC Alternate	#
MediCam	2	YVC	1
CPN+	1	RHAC	1
CCW	1	NHCC	1
CPU	1	UHS	1
CRS	1	CHEA	1
UHS	1	AUA	1
CHEA	1	Vithey Chivit	1
HACC	1	PSI	1

Piloting Innovative Activities for Future Scale-Up

The best practices of civil society form the basis of many scale-up efforts that have been launched by the government to combat HIV/AIDS.

The foremost example has been the home-based care programs to address the care and treatment needs of PLHIV in the absence of a formal public ART structure. This effort was spearheaded by a partnership between KHANA,

World Vision and NCHADS in 1998. Following the completion of this pilot phase in 1999, home-based care was perceived as such a success that NCHADS formalized the program as part of its AIDS Care Unit with KHANA as a lead provider of technical support and coordination of local civil society to implement the program (Buhler et al, 2006).

Community and Home Based Care (CHBC) is now available nationwide, through 354 HBC teams, covering 881 health care centres in 72 operational districts in 19 provinces (NCHADS, 2011) All of these CHBC programs are supported and managed by international and local NGOs.

The scale-up of best practice activities that are first designed and implemented by civil society is not the only way that civil society can influence national planning of HIV/AIDS activities. The National AIDS Authority also coordinates 7 Strategy Technical Working Groups, according to its 7 strategies listed in NSPIII, in order to provide an enabling environment that facilitates the participation of civil society in national-level decision-making and planning processes.

Working Directly to Support Most-At-Risk-Populations and Prevent HIV Infection

Civil society plays a major role in the prevention of new HIV-infections among MARPs. Their access to these populations and expertise to promote behaviour change is well known to play a part in the reduction of the incidence of HIV in Cambodia. Civil society predominantly works with MSM, EW and IDU and uses innovative and relevant IEC materials and communication strategies, and multi-sectoral interventions to address the multiple risks that are faced by these groups.

MSM are observed to engage in high-risk activities that expose them to HIV infection, such as drug use, unprotected sex, and commercial sex work because of stigma and discrimination they face from their families and communities. Because of this, many hidden MSM are not able to understand their sexuality and engage in these high-risk activities. CSOs, like Men's Health Cambodia (MHC) provide psychosocial support to MSM to not only understand their sexuality and not feel shame. MHC provides a safe environment in their drop-in centres, as well as karaoke nights and support groups to build solidarity among MSM, as well as to educate the on safe sex. Community-level activities also help to make MSM more visible and help local authorities, families and communities. These activities help to reverse misconceptions of MSM and to help communities understand what homosexuality is, to accept it and to welcome gay family members.

Both injection and non-injection drug users are at risk to HIV-infection through direct pathways, such as through infected needles, and through non-direct pathways, such as engaging in unsafe sex or sex work. A small group of civil society organizations are working to prevent the spread of HIV among IDU/DU as well as help those who seek to put an end to their drug use. The local organization, Mith Samlanh, is the only NGO in Cambodia to hold a license to provide a needle exchange program. In this way, they reduce the risk of HIV-infection that injection drug users face. Moreover, Mith Samlanh, also offers rehabilitation and vocational training to its beneficiaries who seek

to put an end to their drug use and lead productive lives. Few organizations, like Mith Samlanh, work directly with drug users to offer harm reduction services in Cambodia; and therefore occupy a very important role in HIV-prevention.

The SmartGirl program works to prevent the spread of HIV among EWs and is managed by FHI360 and is implemented by 6 local NGOs across 10 provinces and municipalities. Through this program, EWs across Cambodia are reached through peer facilitators and peer educators and condom distribution to implement a multi-domain approach to prevention education. In addition to this major network of activities, the Womyn's Network for Unity (WNU) is a network and collective of women engaged in entertainment work. WNU works primarily to advocate for the rights and dignity of EWs, and in doing so, helps to protect beneficiaries from the health risks of sex work, including HIV-infection.

All of these interventions, taken together, help to improve the lives of MARPs and are critical to prevent the spread of HIV.

Providing Testing Care, Treatment and Support Services:

Whether it is through home-based care or working directly with PLHIV and at-risk-populations, civil society plays both direct and indirect roles in the care, treatment of HIV/AIDS and support. For example, KHANA's Integrated Care and Prevention Program (ICP) use a holistic approach to the varied needs of individuals and communities with programs. It does this by addressing the psychosocial needs of PLHIV, reducing stigma and discrimination of PLHIV and at-risk-populations, improving economic sustainability, food support and financial support to reduce barriers that prevent access to basic services such as health care and schooling. This is done directly at the community level.

The NGO, Cambodia Women for Peace and Development (CWPD) provide support for the testing, care and treatment of EWs as part of its role in the SmartGirl Program. Not only does CWPD help to refer EWs to health care centres for STI and VCCT services, but also helps to facilitate the access of this care. CWPD notes that entertainment workers rarely access health care services on their own because they work at night and sleep during the day. As a result, when they do have health problems they find it difficult to access public health centres. To support the access of health services by EWs, CWPD offers transport as well as access to a hotline to help EWs reach health care centres from both public and NGO providers.

Providing Direct Services for STI, OI/ART and Testing

Public health care services are sometimes described as hostile environments to PLHIV and MARPs, who may face discrimination when accessing care or a lack of confidentiality. Moreover, public health care services may not be in proximity to those who need the services most. As a result, NGOs like RHAC and Maries Stopes International Cambodia (MSIC) provide high quality and confidential sexual and reproductive health services at affordable or subsidized prices. RHAC is also the sole provider of post-exposure prophylaxis for rape victims.

In addition to these testing and treatment services, RHAC and MSIC also implement their own outreach and education services to MARP populations in order to facilitate access to health services.

Partner NGOs working to support the testing, care and treatment of MARPs often partner with these direct service provider organizations in order to facilitate better access to health services to beneficiaries such as MSM, EWs and other high risk groups such as youth, and high-risk males who are clients of EWs.

Supporting the Livelihoods and Income Generation for PLHIV

Civil society also plays a key role in supporting the livelihoods of PLHIV and vulnerable communities. In Wat Kor Commune, in Battambang province, the local NGO, AMARA, used the social development funds to provide vocational training to PLHIV and their families how to raise income from their animals in a sustainable way as well as provided 10 chickens for each family to raise. Since then, 60 families have received animals and have all gained increased income from this project.

Moreover, the organization, CHEC, through support from UNWOMEN, is working with small community organizations that assist the livelihoods of PLHIV Women. For example, the Takeo Women's Network helps to strengthen economic livelihood opportunities for low income and PLHIV women in the districts it operates. They do this through providing skills training on financial management, as well as small grants to allow beneficiaries to invest in income-generating commodities such as chickens or agricultural tools (UNWOMEN, 2012).

Advocating for the Social and Health Care Needs of PLHIV and MARPs

Although HIV/AIDS services for OI/ART are supposed to be free, they are often not and many CSOs find themselves providing supplemental financial assistance in order to facilitate care and treatment for PLHIV and MARPs. Moreover, PLHIV are often victims of stigma and discrimination when they do access care at the health centre and referral hospital level. These experiences ultimately prevent PLHIV from adhering to ART and seeking treatment.

To deal with these problems, the ARV Users Association (AUA) has collaborated with hospital staff at the Khmer Soviet Friendship hospital to place anonymous suggestion boxes in the consultation and in-patient departments of the hospital. The boxes are regularly opened in the presence of a committee consisting of AUA staff, Ministry of Health staff and hospital administrators, who read and discuss the comments. Comments are then passed onto relevant hospital staff in order for the issues to be addressed. This helps AUA monitor the quality of care provided in the hospital. As well, AUA provides awareness training to PLHIV within the group discussions about their rights to provide feedback.

Building the Capacity of PLHIV to Support Each Other

PLHIV networks such as CPN+ and CCW are key stakeholders to enrich and improve the lives of PLHIV at the community-level. Through capacity building efforts that train members in advocacy, communication and leadership skills,

PLHIV networks are able to build a strong network of peer educators and team leaders that organize Self-Help and Support Groups. These community-based groups provide an environment for PLHIV to become literate and informed about HIV/AIDS treatment, to share their experiences, to learn new skills for income generation and to look beyond their HIV-status and instead towards the future and the achievement of personal and family goals. These types of activities ultimately improve the lives of PLHIV and help them to become productive and involved members of their communities.

Providing Care and Support for Orphaned and At-Risk Children

The majority of orphaned and vulnerable children are cared for by civil society (MoSAVY, 2012).
Care for orphaned and vulnerable children (OVC). Organizations like SFODA are fundamental to ensure that OVCs are able to access the rights of children. The activities to support OVC are numerous and include the provision of food and nourishment, social support for at-risk children, care and treatment for HIV+ children, support for education such as paying for school fees or uniforms, and the facilitation of vocational training and life skills for older OVCs.

Facilitating a true community response to HIV/AIDS

Civil society is also particularly skilled to supporting a community response to HIV/AIDS. CSOs have been documented to bringing together volunteers at the community level to engage and educate the community about HIV/AIDS, and also to help provide support to PLHIV, OVCs and MARPs.

Public Forums have been shown to be a successful way of disseminating information on HIV/AIDS prevention to the entire village or commune. Flyers and advertisements on the village public notice boards can be used to attract participants to HIV/AIDS-related events organized by civil society.

Public forums are also a useful and successful venue for dramas and theater to deliver public education messages on issues such as HIV/AIDS. The content of these dramas, portrayed by actors in community theater, strive to raise awareness about HIV/AIDS, how it can be prevented, to reduce stigma and discrimination against PLHIV and inform communities about how they can help reduce the spread of HIV across Cambodia. There are a number of organizations that are trained in using community theater to deliver these messages that can provide assistance to help the community develop their own drama.

Buddhist monks have also been known to be approachable and often would like opportunities to provide education and support to their communities. By engaging such religious authorities to participate in HIV/AIDS prevention education activities, it is possible for communities to actively participate and implement what they have learned because of the influence and power of the individuals delivering the messages, as well as the spirituality behind the beliefs. These activities have influenced community-based support for PLHIV, as well as supporting the local wat as a place of care for orphaned and vulnerable children.

Providing Technical Assistance to Support the Public Health Sector

In addition to directly providing health care services to PLHIV and MARPs, CSOs who possess technical expertise in care, treatment and quality improvement have formed partnerships with NCHADS and the Ministry of Health in order to improve the care provided at the public health care centre level. This type of partnership has been an essential part of civil society's contribution to the national response to HIV/AIDS and has helped to improve areas such as linking the response to reproductive health and prevention of mother-to-child transmission of HIV/AIDS. This is often done through trainings to health service providers in public OI/ART clinics with civil society playing a role in curriculum development, funding and oversight.

Networking, Coordinating and Improving CSOs Engaged in the Response to HIV/AIDS

With over 100 civil society organizations engaged in the response to HIV/AIDS, it is critical for a non-governmental authority to provide a structure and enabling environment. HACC performs this function, helps to build the capacity and expertise of organizations and also facilitates the sharing of information such as best practices, new policies and funding opportunities. In addition, raising awareness campaign on HIV and AIDS at major national events as well as doing advocacy for CSO are also part of HACC work. Its work is aligned with the following mandates:

- To provide opportunities for networking among members and networks on behalf of all stakeholders in the national response to HIV/AIDS
- To cooperate with members and coordinate the NGO response to HIV/AIDS at national and provincial levels
- To promote communication and the sharing of information among members and between all those involved in the HIV/ADIS response in Cambodia and internationally
- To raise awareness of HIV/AIDs and gaps in the response
- To represent NGOs responding to HIV/AIDs at national and inter national forums where they have received a mandate from their members to do so
- To advocate for the full involvement of civil society in determining policy, setting national targets, developing plans and monitoring progress in relation to HIV/AIDs.

In addition to HACC, large umbrella NGOs which oversee upwards of 60 different local implementing NGOs also provide coordination and capacity building within their own networks. These organizations, which include MEDiCAM, PSI, FHI360 and KHANA, all manage large programs in the prevention of HIV/AIDS among MARPs as well as home-based care activities and OVC supports. As a result of this management role, they are able to keep abreast of capacity building and implementation issues observed implementing partners and are also able provide immediate capacity building to deal with problems that arise.

Part 2: Assessing Civil Society's Contributions to the National Response to HIV/AIDS

Justification

Over the past years, a number of frameworks have been proposed to improve the effectiveness of development aid. The Paris Declaration Aid Effectiveness, proposed in March 2005, recommends five principals which development partners and recipient countries should abide by in order to improve the effectiveness of development aid interventions and funding. These principles are ownership, alignment, harmonization, managing for results and mutual accountability (OECD, 2010). In 2008, the Accra Agenda for Action built upon the principals proposed by the Paris Declaration and identified three critical areas for which progress towards better aid effectiveness remains slow: country ownership, building more effective and inclusive partnerships and achieving development results while also openly accounting for them (OECD, 2010).

The Royal Government of Cambodia (RGC) takes all of these recommendations into consideration in their declaration to enhance aid effectiveness. In particular, the RGC wishes to further strengthen its ownership and leadership role in coordinating aid at all levels in close consultation with development partners and civil society (RGC, 2009).

Likewise, these recommendations put forth in both international aid effectiveness charters and national development frameworks and planning was integrated into the overall research framework. For the purposes of this study, the notion of civil society effectiveness in development aid was also differentiated into quantitative and qualitative aspects.

Despite these efforts and commitments, the role played by CSOs in Cambodia has not yet been systematically assessed. Not only are the collective successes of civil society unknown, but also the potential gaps in coordination, coverage and insufficient knowledge sharing that create unknown islands of excellence (UNAIDS, 2006). In most developing countries like Cambodia, participation in processes of collective decision-making and debate at the national level are a relatively new opportunity for civil society – one that requires CSOs to develop new technical knowledge and strategic or process-oriented skills (ICRW, 2004).

Moreover, the reversal of the incidence of HIV in Cambodia is considered fragile due to persistent high prevalence and incidence rates among the most-at-risk-populations, including men who have sex with men (MSM), entertainment workers (EWs), drug users (DUs) and high-risk males (HRM) (NAA, 2010).

As such, it is therefore timely to attempt a systematic measurement of the effectiveness of CSOs in Cambodia engaged in HIV/AIDS-related activities. This falls in line with the Cambodia Coordinating Committee's (CCC) successful proposal to the Global Fund to Fight AIDS, Tuberculosis and Malaria (GFATM). In this proposal, the CCC seeks to strengthen systems of monitoring and evaluation to result in the availability of more and better quality data to assess changes in the epidemic and to monitor and evaluate the response to HIV/AIDS. Furthermore, the National Strategic Plan for a Comprehensive and Multi-Sectoral to HIV/AIDS III (2011-2015) in Cambodia (NSPIII) lists the following relevant strategies:

- **Strategy 4:** Ensure effective leadership and management by government and other actors for implementation of the national response to HIV/AIDS at national and sub-national levels
- **Strategy 6:** Ensure availability and use of strategic information for decision-making through monitoring, evaluation and research (NAA, 2010).

Furthermore, the UNGASS Declaration of Commitment for HIV/AIDS, Article 94 recommends "national periodic reviews involving the participation of civil society, particularly people living with HIV/AIDS, vulnerable groups and caregivers, of progress achieved in realizing these commitments and identify problems and obstacles to achieving progress and ensure wide dissemination of the results of these reviews" (United Nations, Declaration of Commitment on HIV/AIDS, 27 June 2001).

Rationale

With its stated responsibilities and the inherent strengths of a large networking organization, HACC has been tasked as a GFATM sub-recipient to implement an assessment of the effectiveness of HIV/AIDS-related civil society in Cambodia.

To perform such an assessment, both quantitative and qualitative methodologies were applied. A quantitative assessment is able estimate the size of the contribution of CSOs to the national response to HIV/AIDS as well as show potential geographical and societal gaps in coverage. With sufficient data, an association with relevant outcome variables may also indicate defined levels of effectiveness. Similarly, a qualitative assessment will be able to examine the perceptions and experiences of civil society actors in order to uncover overarching factors that enable and prevent the effective engagement of civil society in decision-making at the national level.

The information gathered from such a research activity can potentially improve the work of civil society, their policy and advocacy efforts and contribute to the goal a true multi-sectoral, comprehensive and responsive strategy to Cambodia's efforts to tackle HIV/AIDS, as formulated in NSPIII. More importantly, this research activity also presents the opportunity to strengthen monitoring and evaluation activities amongst all stakeholders and ensure that strategic information is truly shared and utilized to continually strengthen the national response to HIV/AIDS.

Research Objectives

This study acknowledges that the current HIV/AIDS epidemic in Cambodia has evolved to become concentrated among most-at-risk-populations. Moreover, this study also understands the inconsistent nature of data collection and monitoring and evaluation in Cambodia, described below. As a result, it is very unlikely to ascribe an association between outcome variables related to the situation of HIV/AIDS in Cambodia and variables related to the activities of civil society.

With the goal of assessing the effectiveness of civil society organizations to the national response to HIV/AIDS in Cambodia, and taking situational factors into consideration, this study seeks to accomplish the following primary

objectives:

- To gather and analyse, or perform meta-analysis of, appropriate quantifiable evidence of the size of contributions of civil society to the national response to HIV/AIDS
- To gain information on perceptions and experiences, strengths and internal and external challenges of key stakeholders related to civil society's response to HIV/AIDS in Cambodia

Secondary objectives of this study became apparent during the rollout of this study:

- To describe an attempt to quantify the extent that civil society contributes to the national response to HIV/AIDS in the areas of prevention, impact mitigation, and care, treatment and support for most-at-risk-populations (MARPs) and other at-risk-populations
- To describe key issues and limitations related to such an attempt
- To explore the potential association between HIV/AIDS spending among civil society and the national response to HIV/AIDS in Cambodia

Analytical Framework

The quantitative aspect to assess the effectiveness of HIV/AIDS related civil society is able to take both descriptive and meta-analytical agendas. A descriptive framework will measure and show the extent to which civil society contributes to the national response to HIV/AIDS in Cambodia according to the definitions of civil society activity in HIV/AIDS outlined above. To truly analyze the effectiveness of HIV/AIDS civil society in Cambodia, it will be necessary to show an association between the evidence of civil society activities and an available outcome variable. Any analytical pathway can and will only be taken if sufficient evidence is available.

Studies have explored the extent to which CSO advocacy shapes health policies and have suggested the capacity of civil society is an important influence (Spicer et al, 2011). And so, the qualitative component of this study will explore the quality of the internal and external relationships and related mechanisms that affect the effectiveness of CSOs to enrich decision-making and overall planning in the HIV/AIDS sector. Capacities that will be considered in this analysis will include leadership, networking, credibility, information and resources (Spicer et al, 2011). In addition to capacities, the environment in which CSOs operate will also be explored by examining the perceptions and experiences of CSOs. In doing so, both internal and external dynamics which affect the effectiveness of civil society can be uncovered.

The Walt & Gilson Policy Framework has been chosen as a tool to organize information related to the policymaking process (Walt & Gilson, 1994). Using this framework, the assessment can then identify and analyze the factors that influence stakeholders and policymaking processes in generating the overall content of policy in the context of HIV/AIDS in Cambodia.

Furthermore, this study will focus on specific aspects of the national response to HIV/AIDS in Cambodia according to the strategies and objectives outlined in NSPIII.

Quantitative Research Methodology

Quantitative Data Collection

A series of 15 meetings were held with international and local NGOs, multilateral organizations and national HIV/AIDS structures to understand the nature and status of monitoring and evaluation efforts for the national response to HIV/AIDS.

The NCHADS online databases were accessed to collect information related to ART, VCCT, and HBC services implemented in Cambodia.

Databases that contained programmatic information of leading organizations, development partners and government institutions involved in the national response to HIV/AIDS were accessed. These included the following sources:

Government Sources of Information:
National Institute of Statistics Commune Database
Demographic and Healthy Survey, 2010
National AIDS Spending Assessment 2006
National AIDS Spending Assessment 2007-2008
National AIDS Spending Assessment 2009-2010

NGO Sources:
GARP 2012
FHI 360 Programmatic Data
HACC NGO Database
Marie Stopes International – Cambodia Programmatic Data
Pact Cambodia Programmatic Data
Mith Samlanh
PSI Cambodia
RHAC

Donor Sources:
USAID HIV/AIDS Portfolio Evaluation, July 2011

Quantitative Data Analysis

Detailed analysis of the data was limited due to the lack of relevant and consistent data from which any conclusion can be drawn. As a result, this study was unable to draw any productive results from information available.

Qualitative Research Methodology

Sampling

Overall data collection was collected from a sample of HIV/AIDS-related civil society organizations that fulfill the following criteria:

- Willing to participate
- Based in Phnom Penh, and sub-national level
- Focus on HIV/AIDS-related service delivery (prevention, care and treatment), advocacy, MARPs and orphaned and vulnerable children (OVC), and impact mitigation

Moreover, key stakeholders, who held governmental or non-governmental roles, in the national response to HIV/AIDS participated in order to capture a holistic perspective on the role of civil society.

Over 40 requests for participation were sent via email. Follow-up was made via phone call. In total, the sample of 15 respondents participating in this section of the research captured the following qualities (Table 2):

Table 2: Participant Typology for Qualitative Research

Type of Participant	Number
Key Stakeholder	3
Civil Society Targeting At-Risk-Populations	7
Advocacy or Networking Organizations	4
Service Provider NGO	1
Total	**15**

Qualitative Data Collection:

Data collection was performed by way of semi-structured one-on-one interviews. The topics to be introduced were developed in consultation with expert organizations and relevant staff at HACC. These topics were introduced as open-ended questions related to the perceptions and experiences of CSO personnel and key informants in policymaking and planning processes.

The interviews used the following Interview Guide, informed by the Walt and Gilson Policy Framework, to elicit information on the perceptions and experiences of participants:

- Tell me about your organization's key achievements in the national response to HIV/AIDS.
- Tell me about what you think some of the biggest problems are?

What could be done better.

- Do you ever participate in the planning of national programmes with the government?
- Tell me about these experiences?
- Do you work with other NGOs? Tell me about these experiences.
- Tell me about information sharing between NGOs? And with government?
- Tell me what you think are the best factors of NGO work in HIV/AIDS are?
- Tell me what you think are barriers to NGO work in HIV/AIDS?

All interviews were audio-recorded, with consent of all study participants.

For 2 participants, it was indicated that no English was spoken. As such, a skilled translator was hired and trained to conduct the interview. This translator also transcribed and translated the recorded audio of the interview to English.

An Informed Consent and Project Information Guide were provided to all participants to introduce to them the scope and rationale of this project, as well as to inform them of the benefits and risks of participation. Consent for Audio Recording and Confidentiality agreements were prepared and signed by all participants. All names of participating individuals have been omitted from this report.

Validation Meeting

On 5 July, 2012, a Validation Meeting for this study on the Role and Contributions of Civil Society in the National Response to HIV/AIDS. This Validation Meeting convened 63 civil society members of HACC from both Phnom Penh and other provinces including Banteay Meanchey, Kandal, Prey Veng, Kampong Cham and Battambang. The purpose of this meeting was to present the findings of this research and to receive additional input and comments for a final agreement on the study.

The morning session of the Validation Meeting included the presentation of both sections of information that form this report. A Question & Answer period then allowed participants to seek further clarification on topics such as the definition of civil society and further queries on the results presented.

In the afternoon session, participants were randomly divided into 4 breakout or focus groups. These focus groups were lead by an HACC facilitator to discuss and further clarify topics taken from the original Interview Topic Guide, presented above.

Each group was then invited to present the findings of their discussions. These findings were recorded and also included in this report in order to provide a larger sample and validation for the study.

Qualitative Data Analysis

For the data collected key informant interviews – data analysis was be conducted by allowing key themes to emerge from data (Huffman et al, 2011). This is called a Grounded Theory Approach, which allows for themes to arise, organically, from the collected data. To do this, the data was first transcribed and translated into English. Codes were formed corresponding to key themes in the data. From these codes – data will be categorized by common themes emerged from these key informant interviews.

Results

The experiences of civil society in the national response to HIV/AIDS is many and varied as the scope and target of their interventions lead to varied experiences within the structure of the response as well as diverse perceptions

of their work. The major themes that emerged from the qualitative data were divided according to perceptions, experiences and proposed solutions. It is through these different lenses that will allow the real-life characteristics of the stakeholders, contexts and process of the national response to HIV/AIDS to be clarified.

Perceptions

"if no NGOs – then we have a big problem"

All participants stated that without the meaningful participation of civil society in the response to HIV/AIDS, the situation in Cambodia would be much worse. The following noted achievements by civil society in the HIV/AIDS response in Cambodia were repeated by participants:

- Reduction of stigma and discrimination faced by PLHIV
- Preventing the incidence and reducing the prevalence of HIV by facilitating behaviour change and harm reduction through innovative information, education and communication strategies, such as through peer educators and harnessing the mass media
- Reducing the rates of morbidity and mortality related to HIV/AIDS through the improvement of access to VCCT and OI/ART services and facilitating the early detection of HIV or early treatment of opportunistic infections
- Improving the lives of PLHIV and MARPs whether it is through self-help psychosocial support groups or improving livelihoods by building capacity for income generation

Moreover, all communicated that their role in the response to HIV/AIDS in Cambodia, was to fill in the gaps where government could not reach. In this way, they saw themselves as the front-line workers who possessed the knowledge, skills and ability to reach the at-risk populations through prevention measures, and to facilitate and support the access to care and treatment of PLHIV.

From this first-hand knowledge, understanding and membership to vulnerable populations, respondents also feel that civil society is able to enrich government decision-making processes. Through their inclusion on national Technical Working Groups, coordinated by the NAA, some participants reported that they are indeed participating in government planning structures, especially in the budgeting and activities on research on at-risk-groups such as prostitutes.

Participants also believed that there is not sufficient recognition of civil society in the national response to HIV/AIDS. While the Royal Family and government departments like NCHADS have been internationally lauded for their efforts to reduce, halt and reverse the spread of HIV/AIDS in Cambodia, some members of civil society believe that they also played a strong part to produce this outcome and wish to be recognised.

"civil society is innovative, flexible, responsive, and takes initiative"

Moreover, civil society and key informants also expressed that the value of civil society was their ability to spearhead and pilot innovative programming.

The Continuum of Care and Home Based Care programs first piloted by KHANA, were given as key examples of best practice interventions that were eventually chosen for scale-up across the country.

Civil society was also described to be passionate and not only observe and uphold the Standard Operating Procedures and other government guidelines, but to go beyond these thresholds to develop higher standards through new, effective and innovative strategies.

Furthermore, civil society is able to respond faster to epidemiological changes in the Cambodian epidemic. Respondents believed that this was a result of civil society's focus on strategy and goals, rather than merely following standards, protocols and guideline. For example, the international organization and service provider, Marie Stopes International Cambodia (MSIC), found that garment workers employed in the factories they partnered with were now engaging in sex work. Accordingly, MSIC and other related organizations have modified and expanded their EW prevention education and outreach activities to meet this new demand. It is this awareness of demographic and epidemiologic changes and the flexibility to respond to them, which make civil society a necessary and important part of the strategy to confront HIV/AIDS.

"civil society cannot work without the government"

Likewise, civil society is not able to accomplish its stated missions and goals without the cooperation and coordination of the government. Participants emphasized that civil society cannot work without an enabling environment that included government stakeholders at the national and sub-national levels as it is only through these mechanisms that they can advocate on and influence the future plans of development in Cambodia.

Moreover, many of the civil society interventions to tackle HIV/AIDS-related issues rely on good relationships with local government and health authorities ranging from commune health care centres to the Provincial Health Department and referral and national hospitals. It is a prerequisite that civil society signs Memorandums of Understanding (MoUs) with the local governments and related departments in order to facilitate their work. For example, the facilitation high quality, free-of-charge or low cost treatment for PLHIV and STI/VCCT services for at-risk-populations, or capacity building activities to strengthen. It is through these legal definitions of roles and responsibilities that ultimately assist civil society to achieve national health and development goals related to HIV/AIDS. For example – the referral system used by civil society to facilitate the care and treatment of PLHIV and MARPs could not be strong without such relationships with local health authorities.

Participants also believed that it was the strength of civil society that helped to build the trustworthy relationship they have with the government. This strength and trust was built upon not only the high technical expertise and achievements made by civil society in the national response to HIV/AIDS, but also the strong structures built within civil society organizations themselves and the networks they formed amongst themselves. In this way, a bi-directional transmission of information could be formed between civil society and governing authorities.

"we are the voice to speak out, bringing in the issues from the community"

Another important role stressed by participants was the role of civil society as an advocate for the rights of PLHIV and MARPs – the populations which government and public services are often not able to reach. In particular, participants who represented MSM and PLHIV expressed the importance of their work in upholding the dignity and rights of their beneficiaries by ensuring that quality care was provided at the public health care level. For example, Although HIV/AIDS services for OI/ART are mandated to be free by law. However, they are often not and many CSOs find themselves providing supplemental financial assistance in order to facilitate care and treatment for PLHIV and MARPs, as well as working with health care administrators to improve the quality of care at the institution-level.

It is therefore clear that civil society is aware of their necessary involvement in the response of HIV/AIDS. Civil society respondents described themselves as committed and passionate in their efforts to prevent new HIV-infections and to provide care and support to those most vulnerable. In describing the types of interventions and activities they implemented, all expressed pride and satisfaction in their work.

Experiences

"Before the situation was good, but now there are limited funds"

Participants remarked that an important challenge to their work is irregular and unclear funding mechanisms and are facing difficulty to support their program budgets. Many found it odd that despite the international recognition received by Cambodia's success to reverse and halt the spread of HIV/AIDS, funding seems to have decreased in recent years and they are not able to access as much support compared to previous years. As a result, organizations have been forced to terminate programing in many communities and have found that no other services were able to replace previously regular treatment support and care interventions, allowing old related issues to resurface. Moreover, this lack of a long-term financial plan resulted in reported low staff morale, high staff turnover and the failure of plans and strategies to be executed. Participants reported that they feared this drought in HIV/AIDS funds available to them would result in a second wave of the HIV/AIDS epidemic in Cambodia.

Civil society participants report a reliance on international donor funding, with no support from the government. With this in mind, local organizations reported difficulty in accessing these international funds as a result of poor skills in proposal writing and particularly in English skills. Participants also reported that it was difficult for smaller and local organizations to access international sources of funding because these sources required high standards of management, operations and finance.

The short term scope of funding opportunities that were available was also reported to be an issues affecting the sustainability and long-term planning of civil society activities. Participants reported that contracts for funding were often short-term; with long periods of time concentrated on planning and development while only a short period of 2-3 months was allowed for implementation. This imbalance in the length of projects severely impacted the effectiveness of planned activities.

Local organizations that focus their interventions on MARPs are especially concerned about the situation of limited resources. They report hat funding is critical and without it, it is likely that the HIV epidemic can rebound. Moreover, they report greater competition for what funds do exist and are becoming increasingly uncertain about the sustainability of their activities

"we need real support from the government stakeholders"

The experiences of civil society, particularly those who work with MARPs, are reported to be mixed. Some groups indicate that they have positive relationships at the sub-national level in coordinating the provincial response to HIV/AIDS and helping to prepare budgets and coordinate activities. At the national level, some stakeholders that represent MARPs also reveal participatory and inclusive decision-making within TWGs at the NAA.

On the other hand, participants also raised a number of key challenges in developing a meaningful and cooperative relationship with government authorities. At the national level, key informants from the civil society repeatedly raised the concept of a hierarchy among civil society organizations the notion of "high" and "low" classes among civil society and its relations with the government. CSOs who worked directly with MARPs referred to themselves as "low class" and that this reflected their power, or lack thereof, to lead the reform of laws such as the Law on Human Trafficking and Sexual Exploitation and the Commune and Village Safety Law.

At the sub-national level, participants also described that meaningful engagement with local authorities was limited because organizations did not have the financial resources needed to support the per diem payments that are often necessary to attract stakeholders. And that without these per diem payments, local authorities did not have the incentive to participate in civil society activities.

Participants also reported that commune-level engagement was also limited. Commune HIV/AIDS Committees were reported to not be functioning and that commune investment plans often did not take HIV/AIDS-related proposals seriously because of a focus on developing infrastructure rather than social or health issues such as HIV/AIDS. As a result, local NGOs and CBOs were often looked to provide such support, instead of a true community-based response to HIV/AIDS.

Furthermore, a key informant described the power of civil society in decision-making processes at the national level as only being 'influential,' and not being able to form true partnerships with government, nor being able to independently mobilize traction on issues felt to be of importance and relevance. A hierarchy of decision-making power existent in certain committees and working groups explained this inertia in civil society participation. In this hierarchy of decision-making power, group leaders and chairpersons were observed to more likely accept the input of national government, DPs and donors, but often ignore the input of civil society. This type of behaviour no doubt reinforces the notion of high position and low position.

In this way, it is not surprising that civil society participants reported that many local authorities do not provide real support to MSM activities because they do not yet truly believe it themselves. And so, it can be said that authorities only pay 'lip-service' to relevant issues and until these misconceptions about MSM are truly reversed will government be truly able to support MSM and populations who are often the victims of stigma and discrimination.

"the government has good intentions, but they should understand that their actions affect vulnerable people"

Major obstacles to civil society efforts in the national response to HIV/AIDS are the Law on Suppression of Human Trafficking and Sexual Exploitation (2008) and Commune and Sangkat Safety Policy (2010). Since the implementation of these laws, civil society prevention, care and support efforts targeting MARPs have been hampered. According to participants, this has not only affected their ability to sell and distribute condoms in communities and entertainment establishments, but have also caused EW, IDU and MSM populations to go into hiding, making them even harder for outreach efforts to reach.

With regard to the Commune and Sangkat Safety Policy, participants observed that while leadership understood the policy well, the subordinates who put the law into action often did not enforce the policy properly. As a result, the implementation of the Commune and Sangkat Safety Policy "was not consistent with reaity. The major observation of this improper enforcement concentrated on the targeting of injection and non-injection drug users rather than the drug dealers, who were also criminals, themselves. Participants reported that many of their beneficiaries who were IDU/DU went into hiding or stopped attending support groups because law enforcement authorities would often target these events to make arrests. Moreover, a lack of harm reduction services was described to be connected to this law.

In addition to these laws, civil society participants also report that advocacy efforts are often challenged by rigid legal structures, which misunderstand community-level education activities. For example, municipalities prohibit any public information campaigns or events because they are afraid of political issues or any other problems arising. This is underscored by the belief that the dissemination of information can only be for protesting government. However, civil society in the national response to HIV/AIDS does not intend to protest government policies or incite politics but instead seeks to implement advocacy efforts of civil society to educate communities and reduce discrimination against PLHIV and MARPs . As a result of the rigid implementation of laws against public demonstration, civil society is often forced to perform these activities within their own facilities, where they are not able to reach out to communities. Stigma and discrimination serves as a barrier for meaningful civil society participation (Kalla, 2006). Without concerted efforts to end stigma and discrimination against PLHIV and MARPs among communities, civil society interventions cannot be completely effective.

While organizations such as HACC and other legal aid organizations have made public the adverse public health consequences of these laws and attempted to engage in their reform with the government and Ministry of Interior at the national-level, no improvement has been observed. At the sub-national level, local authorities informed study participants that they themselves, were powerless to change the law and were forced to follow it, despite the negative repercussions.

"overlap of NGOs and parallel reporting systems creates confusion for civil society and government"

All study participants reported a frustrating amount of overlap and duplication of activities at both the national and sub-national level. Civil society participants did indeed report participation in sub-national coordination processes with the Provincial AIDS Office, as well as planning activities at the national level. However, respondents in all areas of the response also reported that a major challenge to their work was the repeated duplication of activities in the same geographic area or targeting the same at-risk-population. Respondents described that although MoUs had indeed been signed among development partners and civil society working at the sub-national level, organizations often did not follow these documents, resulting in conflict, intimidation or other problems between organizations.

There was also a division in coordination capacities between health and non-health activities. Key informants remarked about the high level of awareness and capacity of Provincial AIDS Offices, the sub-national authority of NCHADS, in the planning and coordination health-related activities. However, the Provincial AIDS Committee, the sub-national authority of NAA, was often described as non-functioning and unable to coordinate the non-health response to the epidemic. This was considered a major issue for all coordination partners as it was described to leave a "big hole" of information and served as an obstacle to a harmonized and coordinated multi-sectoral response.

Moreover, respondents surmised that this was the result of multiple donors often funding similar interventions. A common relationship cited was that both USAID and GFATM would both fund NGOs to implement prevention activities targeting similar MARPs in the same geographic area. Respondents described that monitoring and evaluation staff often handled multiple similar projects with different systems of data entry and different indicators and definitions in order to generate multiple parallel reports to donors. This not only creates scenarios of "double dipping" and "double counting" in efforts to document interventions, but also causes a "waste in resources" and all participants agreed that this was not cost-effective use of HIV/AIDS resources.

Another reason contributing to issues of overlap and duplication was poor governance within and among organizations themselves.

"we should focus on the livelihood and income generation activities and improve the lives of PLHIV and MARPs"

An observation made by civil society participants was the need to evolve the nature of their work and activities to focus on the non-health component of the response to HIV/AIDS and the relationship of the socioeconomic health of

beneficiaries to their physiological health. They understood that while prevention activities among MARPs would be an ongoing necessity, they also proposed that activities to support the livelihoods of PLHIV and MARPs should be expanded. The rationale for this was the observed poverty among PLHIV beneficiaries and how poverty ultimately affected the ability of beneficiaries to access health services which were often located long distances away from their homes. Participants described how PLHIV often decided to travel long distances to find work and not being able to access OI/ART services as a result of the poverty they experienced in their own communities.

Participants also believed that not enough effort was being made to provide psychosocial support and to engage PLHIV as active members of the local economy because most activities were dedicated to maintaining their health. An example of an activity to do this is the Self-Help Support Groups that are supported by CCW at the community-level. These Self-Help Groups are lead by trained women PLHIV and encourage independent income generation among participants. Moreover, these groups also provide psychosocial support by helping PLHIV find their "Bam Norng," which means their purpose in life. In this way, such activities help PLHIV to look into the future, beyond their HIV-positive status and to achieve their personal goals and pursue livelihoods and continue to support their personal and family income.

Furthermore, respondents described the continued need to support activities that provide psychosocial support to MARPs. These activities include the protection of EWs, psychosocial support to MSM to understand their sexuality, and evidence-based best practice support for rehabilitation can care for drug users who intended to stop their drug use. All of these activities are considered to be important in the national response to HIV/AIDS, but were described as inconsistent as a result of unclear funding mechanisms and a common focus on urban centres instead of other high-risk areas. In the evolving HIV/AIDS epidemic in Cambodia, MARP populations were now moving beyond urban locations. For example, respondents reported that garment factory workers were now engaging in commercial sex work in order to supplement their decreased income from garment factory wages.

Participants also justified the need for these described services from their observed decline of HIV/AIDS resources and the resulting need to build a sustainable and truly multi-sectoral response to the epidemic.

Solutions

"we want to become a strong organization, like international NGOs"

In order to access greater amounts of sustainable funding, a key informant mentioned the need to build a strong foundation in documentation, monitoring & evaluation and writing that was comparable to large international and local organizations like RHAC, KHANA, FHI, PSI and RACHA, who had managed to secure large amounts of funding and responsibility for HIV/AIDS prevention activities. Only in this way would they be able to compete for a more sustainable tranche of funding. At the moment, many of these

organizations rely on foreign consultants to do this. One proposed way to access larger amounts of funding was to behave like the large umbrella organizations, like PSI and KHANA, who distribute and oversee grants to local organizations. Participants described that civil society organizations should coordinate amongst themselves to engage with donors, since they were the local implementers of activities. Participants also described that this joint coordination amongst themselves should also extend to the formulation and writing of joint proposals to donors. In this way, local civil society would be able to build capacity amongst itself in order to reach aspirations of becoming a strong and coordinated body.

While aspirations to develop capacities similar to these organizations may seem like a long-term goal, it is also acknowledged that smaller steps towards generating strong capacities in core management, documentation and evaluation skills should be the immediate focus. A common observation was that civil society is "doing a great job in service delivery and implementation of projects, but they are not able to document properly what they do or write proposals properly." Management skills are also a necessary as many organizations often implement more than 1 program and are funded by many donors with different monitoring and evaluation mechanisms. Therefore, improved leadership and management skills are required in order to ensure that resource mobilization and implementation are able to proceed smoothly. HACC was uniformly proposed as the organization that should lead these types of capacity building activities.

Furthermore, respondents also reported a lack of operational capacity among small local organizations working at the district and commune level. Some NGOs do not have computers and rely on sending mail in taxis in order to share information. This will no doubt affect outreach, coordination and information sharing activities. Respondents also mentioned the need to strengthen the basic education of their sub-national staff and especially peer educators and peer facilitators, who may have never completed basic education. And so, activities to improve the operational and managerial capacities of civil society would not only improve the response to HIV/AIDS, but also contribute to the development of an educated and skilled workforce.

"there needs to be a more cost-effective and rational way to do our work,"

In this era of reduced financial resources for HIV/AIDS civil society, participants agreed that new strategies that combine cost-effectiveness and impact needed to be developed in order to achieve a rationalized response to HIV/AIDS.

At the national level, participants discussed the possibility for donors to reconsider the way in which projects are funded. Participants proposed that local civil society should take a larger role as financing agent in order to reduce unnecessary expenditures. It was believed that local civil society would be able to put these funds in a more cost-effective manner by directing resources to activities to the target groups who were most vulnerable in this concentrated and evolving HIV/AIDS epidemic in Cambodia. For example – funding could be used to improve the livelihoods of MARPs and PLHIV and ultimately help to further reduce the spread of HIV amongst vulnerable populations.

As mentioned above, this kind of response could be facilitated by the joint

coordination of civil society amongst themselves in engagement with donors, and the formulation and writing of joint proposals.

"Sometimes people don't understand the strength of civil society. The more you engage them, the more they form a stronger team"

All stakeholders interviewed believe that civil society organizations all have a vision and mission to respond to HIV/AIDS and development issues in Cambodia. However, they often work by themselves and do not cooperate with other organizations. This often results in geographic overlap and conflict between organizations. A common solution proposed by participants was the frequent and meaningful collaboration of civil society to share their objectives, plans, and budgets in order to pursue a truly cost-effective response to the issues faced by their beneficiaries. It was also proposed that HACC should be the organization to facilitate these processes.

Participants agreed that while HACC does perform these duties and the situation has greatly improved in the past decade, more work should be done. In particular, HACC should be improving their work at the sub-national level to ensure that organizations respect the defined roles and responsibilities found in MoU documents drafted between partner organizations and Operational Districts.

"HACC is a good network to share information among its members"

HACC was lauded for its ability to share information among its members. However, many stated that there remains room for improvement – especially in the sharing of information with the sub-national level.

Respondents reported that community-level organizations were often completely unaware of national-level decisions made in Phnom Penh. Moreover, access to electronic information is limited at the community level, and English literacy is nearly non-existent among communities and especially among MARP groups.

These issues exacerbate the sharing of information to sub-national stakeholders and respondents emphasized the need to create innovative methods of information sharing in order to effectively involve communities in the national response.

"HACC should be the voice for civil society working on HIV/AIDS"

Advocacy skills among civil society were presented as a key area for capacity building. Groups representing PLHIV, MARPs and communities stated that they felt that it was difficult for them to provide meaningful participation in decision-making at both sub-national and national levels and ultimately to ensure that the needs of their beneficiaries were met. To explain this experience, participants discussed that they may be perceived as "low" in the underlying hierarchy that defines the national response to HIV/AIDS. As a result, difficulties in addressing the Commune and Sangkat Safety policy were reported.

The factors driving this problem are cultural as Cambodians largely follow Asian traditions of respect for hierarchy and age (Kumar, 2008). Even high-level decision-making processes such as the GFATM Country Coordination Committee report CCC members feels that government is dominant constituency and controls decision-making, that civil society representatives have reservations about whether their voice is being heard and included or influencing decision-making (Kumar, 2008). Moreover, the passive nature of communication that is described among participants causes strong advocates to be looked down upon or seen as the enemy. Individuals, perceived to be a "strong voice," are reported to be dismissed for supporting or initiating activities, which are seen to be disruptive. The laws that prohibit public information dissemination activities, and their steadfast implementation are also representative of this. For example, participants reported that when efforts were made to organize community-wide awareness raising events, permission from local authorities was not given to them. As a result, informational dissemination and education campaigns were localized within their own offices and drop-in centres, where they were not able to reach a wider audience.

Despite these barriers to effective advocacy, all participants raised the need for HACC to step up to be the clear and consistent voice for civil society organizations in the national response to HIV/AIDs. They recognized that HACC should represent the voices at the community-level who did not possess the power to advocate for themselves. A common criticism of HACC, therefore, was that they have limited capacity or skills to perform this function and it was proposed that a technical advisor for advocacy should be hired in order to build this role.

Limitations

Quantitative

Although great effort was made to achieve a strong quantitative analysis to assess the contribution of CSO to the national response to HIV/AIDS, a lack of or insufficient access to relevant information prevented a preferred level of analysis.

Obtaining an adequate measure of the contribution to HIV/AIDS by NGOs over a 10 year period requires a wide range of data that was simply unattainable given the short time period contracted and the limited resources. Focusing on specific indicators was in itself unsuccessful because of the lack of relevant information spanning the required period of assessment (2002 -2012). Much more time is required to gather such vast volumes of data as well as reviewing and drawings conclusions.

Furthermore, review of the databases that were obtained revealed that indicators were not standardized and much of the methodologies described lacked adequate detail, thus inhibiting any reliable analysis. The potential for double counting, given the overlap of donors and implementing partners presented in Figures 5 and 6, was also high.

Accessing data pertaining to all the stakeholders of HIV/AIDS response has proved to be not only highly challenging, and verging on impossible. This is amenable to a lack of an operational national monitoring and evaluation framework.

Qualitative

Limited time frame for conducting the fieldwork sometimes made data collection difficult for sub-national respondents. All assessments were conducted in the capital city, Phnom Penh. Moreover, the respondents who replied to participate in this study were all local implementing organizations within the USAID subcontractor network. As a result, findings may not adequately described civil society experiences and perceptions outside of these environments. Additional surveys should be conducted to include more CSOs and government offices operating in rural areas.

Also, topics of the survey have the potential to be politically sensitive. This may have prevented participants from talking openly and honestly. Moreover, except for 2 of the interviews, all were conducted in English, which served as a second language of participants. As a result, information may have been lost as participants may not have been able to find the vocabulary and phrases to describe their feelings.

Recommendations

Strengthening and Harmonizing M&E Systems for Evidence-Based Programming

Throughout the history of the national response to HIV/AIDS in Cambodia, the lack of a national monitoring and evaluation framework or system has hampered efforts to critically assess the contributions of all stakeholders and the effectiveness of the response to the epidemic. The National AIDS Authority is mandated to be the coordinator of the harmonized and multi-sectoral response to the epidemic. According to NSPIII, they are responsible for the coordination of one single, integrated monitoring and evaluation framework to track the epidemic and monitor the national multi-sectoral response. From the experience of collecting data for this research, it is clear that such a system does not exist. Moreover, NAA does not possess the capacity, staffing and funding to make this a reality. This was most evident when efforts were made to gather evidence from the NAA Planning, Monitoring, Evaluation and Research Department, only to find that the data was merely a collection of secondary resources.

Furthermore, robust and comprehensive program data was indeed available from NCHADS' strong Data Management Unit. However issues of coordination and politics prevented access to this supposedly public data.

Both respondents and literature report that USAID efforts in HIV/AIDS in Cambodia are effective, but not sustainable. This particular tranche of donor funding has created networks of civil society organizations and monitoring and evaluation systems that are parallel to national efforts. In this way, the efforts of HACC and NAA are hampered as a stronger network is formed to the detriment of pre-existing ones.

This situation serves as a major barrier to any proper assessments and evaluation on the national response to HIV/AIDS. Hence it is essential and should be a high priority for the government or civil society to facilitate this aspect. A good monitoring and evaluation system is also necessary to clearly illustrate the impact and results achieved by NGOs in HIV/AIDS.

Potential Solutions and Best Practices

While national systems do not yet possess the capacity or systems to perform such national assessments, it is possible to look to the best practices of development partners and civil society to inform potential tools for scale up.

For example, USAID, the second largest contributor of financial resources to HIV/AIDS in Cambodia, performs evaluations of its programs on a regular basis. Using a team of qualified researchers and quantitative analytical tools to explore the contribution of the USAID HIV/AIDS program, they were able to identify the following:

- Total number of people provided with at least 1 care and support service through USAID partners in FY2010 was 23,206
- 102,989 people in 2010 received testing and counseling services

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and obtained their results from service providers supported by USAID, almost 20% of all persons accessing VCCT services in Cambodia (541,080) that year.

Source: Lowe et al, 2011

At the civil society level, KHANA performed an assessment of the effectiveness of their European Union-funded Integrated Care and Prevention Program (ICP) using the Social Returns on Investment (SROI) research tool. The SROI measures and accounts for the value created by a program or series of initiatives (KHANA, 2012)

This tool examines the impact of a program beyond the financial investment of development programming, but rather considers the social, health and future impacts of interventions using a participatory and beneficiary-led approach. For example, the study was able to show that for every $1 invited in the program, $1.73 was generated in social, health and economic values (KHANA, 2012).

The SROI is a useful tool, with a community-led approach, to quantify the economic and social value of HIV/AIDS-related programming. As it is a community-based approach, it is a useful tool for possible scale-up.

The Road to a Truly Harmonized and Aligned National M&E Framework

The national response to HIV/AIDS in Cambodia is characterized by a number of complex, overlapping and parallel systems for coordination, funding and monitoring and evaluation. Clearly, this is not a cost effective use of scarce resources. One study participant involved in planning activities of the national response to the epidemic remarked that it is this complex system, which inflates spending on HIV/AIDS-related program management and administration to 33% of national HIV/AIDS resources while the regional average is 12% (NAA, 2010 and Commission on AIDS in Asia, 2008). This is no surprise, given the amount of donor and implementing partner overlap presented in Figures 5 and 6.

This massive gap in the national response to the epidemic therefore presents the opportunity for government structures, international donors, development partners and civil society to cooperate and put together a comprehensive, robust and ultimately system of monitoring, evaluation and reporting for the national response to HIV/AIDS. There are already many best practices and strong tools that have been developed by individual stakeholders to do this. It is therefore necessary to find some forum of communication and system of agreement to help stimulate the first steps towards a truly harmonized and aligned national monitoring and evaluation framework.

The Role of HACC

HACC has the mandate to bring together NGOs working on HIV/AIDS, facilitate coordination and information sharing. However, a lack of capacity and staffing to fulfill these functions has been reported since 2006 and continued

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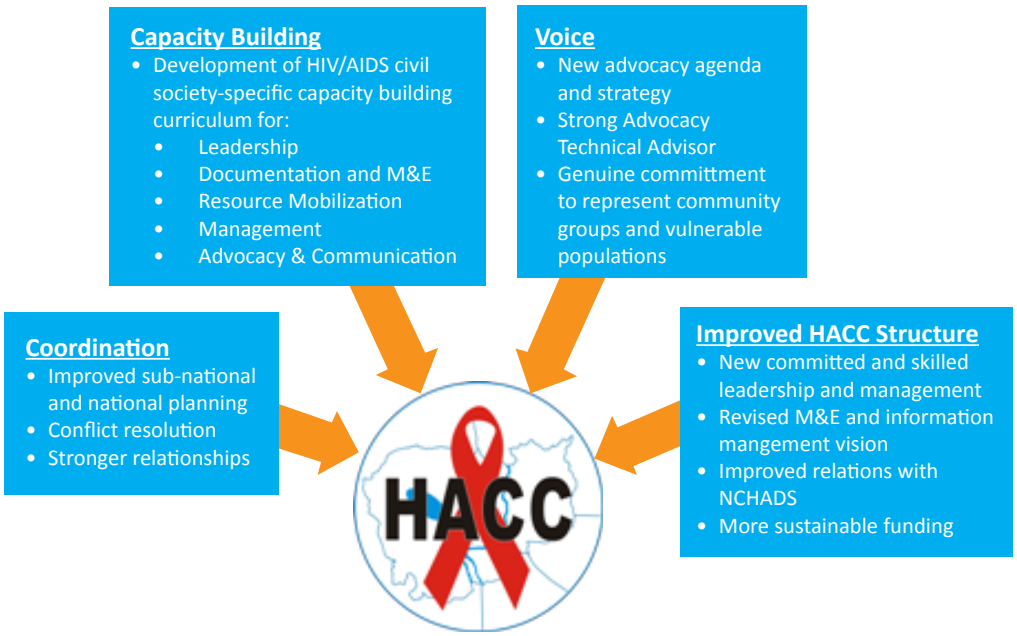
to be observed in 2012 (Kalla, 2006). Moreover, HACC is not perceived by key stakeholders to be a strong organization, and does not possess commitment, nor resolve to define a key role for itself in the national response to HIV/AIDS. This has contributed to a low confidence in and lack of relevance for HACC as reported in this research and by past literature.

In order for HACC to stand as a strong and true network and coordinator for the civil society response to HIV/AIDS, the following interconnected recommendations are made (Figure 6).

Figure 8: Framework for HACC Restructure and Revision



Capacity Building

Civil society organizations repeatedly reported gaps in key management and operational skills, with a focus on:

- Documentation
- Management
- Leadership
- Monitoring and evaluation
- Resource mobilization
- Advocacy and communication

Moreover, with individual NGOs often funded by multiple donors, this also often created confusion among proper monitoring and evaluation.

This presents a clear opportunity for HACC to further strengthen its brand and confidence among its members. In this way, it is recommended that HACC should step in, to develop curriculum in these areas and offer to provide capacity building activities to amend these gaps.

Coordination

The number of civil society organizations implementing HIV/AIDS-related activities is likely larger than the 123 enumerated by HACC, especially at the sub-national level. Reports that groups often bypass or undermine sub-national coordinating structures are not surprising (Rushdy & Ley, 2010). Their fragmentation and lack of their coordination needs to be addressed. With their stated role in coordination of civil society in the national response to HIV/AIDS, HACC needs to address this.

HACC currently employs 1 Regional Coordinator to supervise 5 Regional Officers, who are placed at the sub-national level, to oversee coordination and manage issues related to HIV/AIDS civil society. This is clearly not sufficient to manage this responsibility. Despite having technically strong, committed and passionate staff to do this, it is recommended that HACC seek additional funding to hire more staff to facilitate this. This will ultimately build, reinforce and strengthen a sustainable HACC sub-national network to which government authorities can work together with.

At the national level, HACC also needs to build stronger relationships with both NAA and NCHADS to ensure true civil society and community-level participation in planning and decision-making activities. It is through this combination of top-down and bottom –up approaches with government and communications should be the basis of promoting strong partnerships (Kalla, 2006). And it is through the cultivation of these strong partnerships that better use of HIV/AIDS resources and a more coordinated and cohesive national response to the epidemic can be formed.

Conflict Resolution

Internal civil society power struggles and conflict that were reported in this research can be resolved if HACC is willing to serve as a mediator among civil society at both the national and sub-national level.

HACC should find the resolve and strength to reinforce the need for civil society organizations to define their roles and responsibilities, to commit to these obligations and provide interventions if issues arise. In this way, HACC should serve as both a watchdog and as a provider of planning and conflict resolution for issues that are specific to HIV/AIDS-related civil society.

Voice

Advocacy is key to empowering civil society and to enable civil society to advocate on its own behalf. It will help to educate all citizens on what their government has committed to, so that they can create demands for resources, encourage governments to remain committed and introduce legal, policy and programmatic reforms (Kalla, 2006)

Formal systems of government and civil society partnership must be developed in order to institutionalize civil society as authorities and voices for the most vulnerable populations. These systems are considered part of long-term development goals but are not effectively implemented. To this end, HACC should serve as the mediator to help formalize the relationship between civil society and government.

In particular, HACC should put its efforts to reinforcing the strength and voice of community groups – the rights-holders who should have a greater voice in the planning and decision-making of the national response. HACC should help to create enabling environments, such as public forums, or the facilitation of community and stakeholder meetings, in order to truly engage rights-holders.
Lack of participation in policy development, due to the cultural structures, hampers effective relationship building with senior government officials. In 2006, research revealed that the overall capacity of civil society to participate effectively in the UNGASS Review and other national processes is low (Kalla, 2006). HACC should also continue building the capacity of it members to engage in these processes.

It is clear that HACC needs to develop a new advocacy agenda and strategy that not only reflects the needs and requests of its members, but also is implemented to their confidence. To do this, it is recommended that HACC access resources to hire a strong advocacy advisor that can lead them in the right direction to accomplish these goals.

When all of these issues in capacity, coordination and voice are amended, HACC can work to be a true network and facilitator for HIV/AIDS civil society in Cambodia. HACC needs to serve as an effective mediator for dialogue and advocacy. It is possible for this to be done, working within cultural constraints, as HACC occupies a respected and "high" position in the hierarchy that describes civil society in Cambodia. In this way, civil society can be strengthened by the capacity to coordinate with each other and when they are able to synthesize and access evidence to engage in dialogue with government and development partners.

Other Recommendations:

HACC is an important and necessary organization in the national response to HIV/AIDS in Cambodia. Staff are not only passionate and committed to their work, but also possess high technical knowledge about the issues.

However, it is recommended that HACC also pursue internal restructuring and strengthening of its both its office and data management in order to facilitate its work. The following suggestions are made:

- HACC should improve its knowledge on how civil society, working in the national response to HIV/AIDS, is geographically distributed across the country. For example, a GIS-mapping exercise will help to do this.
- The current HACC library is not very accessible and serves. It would be useful if a formalized library of HIV/AIDS-related infor mation was created.
- The HACC Monitoring & Evaluation Team possesses the technical capacity to perform its duties but general monitoring activities were limited to the numbers, distribution of civil society, and basic knowledge of their activities, rather than monitoring of civil society outputs
- Most of HACC core staff were relatively new, with key program staff only being hired just 3-6 months prior to this study. This staff turnover has indicated issues related to low confidence and agree ment with upper management and sustainable funding.

An important factor affecting the manifestation of the issues listed above, is the lack of committed and meaningful leadership in HACC. Strong HACC management and leadership is a pre-requisite for the resolve, the vision and the clarity to not only tackle its own internal operational issues, but also to truly support, and make effective the role of civil society in a harmonized, aligned and multi-sectoral response to HIV/AIDs in Cambodia.

The Way Forward

There is no single solution to amend the diversity of issues experienced by civil society reported in this study. This final section suggests pathways, which can be taken to ensure that long-term coordination and communication goals are reached.

Leading vs. Following

Civil society needs to find the coordination, voice and resolve to self-mobilize efforts to fill in the gaps they experience rather than relying on government initiatives and international donors to set the environment and the priorities. In particular, the civil society should differentiate between the duty-bearers and the rights-holders and form an effective strategy to self-mobilize each group.

Moreover, civil society should be more proactive to build capacity among its staff before issues arise. This may mean that major umbrella organizations (Eg. FHI, PSI, KHANA) that provide sub-grants to local implementing partners should perform capacity risk assessments prior to engaging in partnerships.

Another solution would be for HACC to assess the capacity building needs of its members and subsequently work with large capacity-building-specific organizations, such as VBNK. In this way, core, user-specific, curriculums can be developed and offered by trained HACC regional officers and capacity-builders, to local civil society at the sub-national level.

A Sustainable and Cost-Effective Response

Dependency and uneven access to resources hampers the sustainability of the national response to HIV/AIDS, especially for civil society.

A study on the Long Run Costs and Financing of HIV/AIDS in Cambodia found that the long-term success of Cambodia's response depends greatly on the ability of the government and development partners to plan and manage their long-term allocation of resource. This means that activities that show the greatest cost-effectiveness and efficiency should be emphasized in the national response to HIV/AIDS (Vanthanak et al, 2010).

A better way to ensure that long-term goals are reached can be to restructure the mechanism in which HIV/AIDS interventions are financed. For example, a sector-wide management approach (SwAP) to the mobilization of HIV/AIDS resources can be used to finance both the health and non-health aspects of the response. By placing the responsibility for the management and allocation

of these resources in the hands of those who possess the evidence, it is possible to promote the most efficient resources and investment in the activities that show the greatest cost-effectiveness for an national epidemic that is concentrated among risk-groups.

Rethinking and Restructuring

A major priority indicated by this study was the restructuring of both the civil society response to HIV/AIDS and for governmental structures who have been mandated the responsibility to harmonize and align the response.

While civil society was one of the first institutions to respond to the emergence of HIV/AIDS in Cambodia, it did so in an environment of a weak or non-existent state. After decades of conflict, which resulted in the erosion of government structures, HACC arose to network and help to coordinate the civil society response to the emerging epidemic of HIV/AIDS, spreading quickly through Cambodia. However, with two decades of development assistance, Cambodian institutions are on their way to becoming capable to support the governance structures necessary for a truly harmonized and multi-sectoral response to HIV/AIDS.

It is therefore necessary to rethink, restructure and rationalize the authorities governing the response to the epidemic. NAA, NCHADS and HACC are structures both developed during a period when the HIV/AIDS epidemic most severely affected the country. However, HIV/AIDS is now concentrated among the most vulnerable sections of the population. The prevalence has been reduced to 0.8%, but key stakeholders believe that this situation is fragile and risks rebounding if the response does not respond directly to these needs.

This means that a truly concentrated, cost-effective, harmonized and multi-sectoral response must be initiated. The Boosted CoPCT initiative, working with stakeholders related to prevention, care and treatment and impact mitigation and based at NCHADS, is one of the first steps to do this. Moreover, NCHADS has proven itself capable enough to set conditions for civil society and select which organizations to contract. However, NCHADS is not able to cover all of the multiple sectors, which have a part to play in the national response. For example – the Ministry of Social Affairs, Veterans and Youth (MoSAVY) is responsible for the care and support of OVCs, while the Ministry of Education, Youth and Sport have responsibilities for prevention activities among Most at Risk Young Persons (MARYPs). NAA is responsible for the coordination and alignment of line ministries for HIV/AIDS activities, yet does not possess the capacity or resources to do this. Moreover, HACC should be taking stronger roles in its mandated activities in coordination, capacity building and advocacy.

These factors taken together indicate the need to restructure the response to HIV/AIDS such that all parties benefit – from direct beneficiaries, to the government and civil society entities implementing activities at both the national and sub-national level.

While overnight change to address all of these issues is not possible, steps can be taken to make improvements. In particular:

- HACC should act upon the above recommendations in order to

reinforce its role in the national response to HIV/AIDS through resource mobilization to NGO and NGO capacity building development.

- International donors and development partners should re-think the way in which HIV/AIDS programs are funded and how resources are mobilized in order to pursue greater national ownership, avoiding overlap and the creation of cumbersome reporting structures
- Due to decrease of funding support from development partners, Government should increase the allocation more national budget to work on HIV and AIDS. In addition, private sectors should also actively funding support to CSO as well as allowing CSO to provide HIV and AIDS education and providing care and support to their staff. Furthermore, the Government should work with CSO to review existing law and policies which are the barrier in providing HIV and AIDS education and providing care and support to vulnerable groups.

References

Bourdier, Frederic (2011). The Participation of the Civil Society in Cambodia Against the HIV/AIDS Epidemic. Research Institute for Development (IRD).

Buhler M, Wilkinson D, Roberts J and TAP Catalla Jr. (2006). Turning the Tide: Cambodia's Response to HIV/AIDS 1991-2005. National AIDS Authority

Cooperation Committee of Cambodia (2012). CSO Contributions to the Development of Cambodia 2011. Phnom Penh, Cambodia. 2012.

Huffman SA, Veen J, Henink MM and DA McFarland (2011). Exploitation, vulnerability to tuberculosis and access to treatment among Uzbek labor migrants in Kazakhstan. Social Science & Medicine. 1-9.

ICRW. Civil Society Participation in Global Fund Governance: What Difference Does it Make? 2004

Kiley EE and AJ Hovorka (2006). Civil society organizations and the national HIV/AIDS response in Botswana. African Journal of AIDS Research. 5(2):167-178.

Kalla, Kristin (2006). Analyzing Civil Society Participation in Country-Level HIV/AIDS UNGASS 2006 Reviews. Care International. Brussels, Belgium.

KHANA. "Doing more with less:" Social Return on Investment, Evidence Based Operational Research on KHANA Integrated Care and Prevention Program in Cambodia. KHANA, Alliance. March 2012.

Kober K and W van Damme (2003). The Early Steps of the Global Fund in Cambodia.

Kumar, S (2008). Technical Support Consultant's Report; Country Coordinating Mechanism: Governance and Civil Society Participation: Cambodia. HIV/AIDS Technical Support Facility, Southeast Asia and the Pacific. GFATM. October 2007.

Loewenson R (2003). Annotated Bibliography on Civil Society and Health: Civil Society-State Inter-relations in National Health Systems. Civil Society Initiative World Health Organization. April 2003.

Lowe D, Himelfarb T, Roberts J, Pick B and S Berk. HIV/AIDS Portfolio Evaluation. USAID/Cambodia. Public Version. July 2011

Morineau G, van Pelt M, Bourdier F and RC Wolf (2006). Cambodia's Response to the HIV/ADIS Epidemic: Dealing with an Emergency while Building a Health System? In Beck EJ, Mays N, Whiteside A and JM Zuniga (eds). Dealing with the HIV Pandemic in the 21st Century: Health Systems' Responses Past, Present and Future. Oxford. 2006, Oxford University Press:270-280.

National AIDS Authority. Cambodia Country Progress Report – Monitoring the Progress Towards the Implementation of the Declaration of Commitment on HIV/AIDS. Reporting Period: January 2008-December 2009. March, 2010.

National AIDS Authority (2010). The National Strategic Plan for Comprehensive & Multi-sectoral Response to HIV/AIDS III (2011-2015) in Cambodia. September 2010.

National AIDS Authority Planning, Monitoring, Evaluation and Research Department (2011). National AIDS Spending Assessment III 2009-2010. Kingdom of Cambodia.

OECD (2010). Civil Society and Aid Effectiveness: Findings, Recommendations and Good Practice. Better Aid, OECD Publishing.

Pollard A and J Court (2005). How Civil Society Organizations Use Evidence to Influence Policy Processes: A Literature Review. ODI Working Paper 249. Overseas Development Institute, London UK.

Rau B (2006). The politics of civil society confronting HIV/AIDS. International Affairs. 2:285-295.

Rushdy S and Kem Ley (2010). Functional Task Analysis for the Coordinated and Harmonized Response to HIV and AIDS in Cambodia. Final Report of the Consulting Team. May 10, 2010. Phnom Penh, Cambodia.

Spicer N, Harmer H, Aleshkina J, Bogdan D, Chkhatarshvili K, Murzalieva G, Rukhadze N, Samiev A and G Walt (2011). Circus monkeys or change agents? Civil society advocacy for HIV/AIDS in adverse policy environments. Social Science and Medicine. 73:1748-1755.

UNAIDS. 2006 Report on the Global AIDS Epidemic, Chapter 09: The Essential Role of Civil Society. 2006.

UNWOMEN (2012). Building skills, finding voices: HIV-positive women in Cambodia. April 5, 2012. http://www.unwomen.org/2012/04/building-skills-finding-voices-hiv-positive-women-in-cambodia/

Vonthanak S, Chhea C, Heng S, Ung L and S Ros (2010). The Long Run Costs and Financing of HIV/AIDS in Cambodia. Results for Development.

Walt G and Gilson L (1994). Reforming the role of the health sector in developing countries: the central roles of policy analysis. Health Policy and Planning. 9:353-70.