TWG Network Meeting on Development Effectiveness

27-28 February 2012

GDJ TWG HIV and AIDS

Team:
H.E. Prof. Kao Try , NAA's Vice Chair, Chair of GDJ TWG on HIV/AIDS
H.E. Dr. Tia Phalla , NAA's Vice Chair
H.E. Dr. Teng Kunthy , NAA's Secretary General
Mr. Flynn Fuller , USAID's Mission Director
Mrs. Heng Sokun , CDC's deputy secretary general
Dr. Ros Seilavath , NAA's Deputy Secretary General
H.E. Dr. Sim Kim San , NAA's Department Head of Communication, Resource Mobilization
Ms. Lory , USAID

To achieve Political Declarations Commitment and MDGs (results) in an **efficient** and **sustainable** manner in 2015.

I- RESULTS

Target Populations	Men having multiple partners	Spouse of Men having multiple partners	Infection of HIV infected mother to child	Number of Entertainment Workers	Number of MSMs	Number of IDUs	Adult & Children on ART / OI registered in the MOH system	Number of Children Affected by AIDS(CAA)
Total	**52,600**	**31,500**		**37,025**	**16,098**	**1,500**	**53,876**	**40,968 (30,391)**
Additional	**??**	**??**		**?**	**???**	**??**	**25,512**	**OVC**
Coverage			50%	80-90%	30%	15%	92%	MPS

Current problems	1,521 new infections (4 new infections a day)	2,608 death (7/Day)
Strategies & Targets	NSPIII 0 New infections 0 Death 0 Stigma and Discrimination	
Budget expenditure : 4USD/ Year	Prevention: 10 M USD	Care and Treat: 12 M USD Impact Miti.: 10 M USD
	Program Mgt. and Training : 20 M USD Enabling Environment : 3 M USD M&E : 0.7 MUSD	

I - RESULTS

A1. Does the sector have a results framework? If yes, what is its relationship to the following:

Ans. Yes (as we have NSP on HIV/AIDS, GARP, UA, MDG 6)

a) Sector policy/strategy yes
b) Annual workplan and Budget Strategic Plan yes (annual work plan as one of all implementing agencies, but not as leading national agency
c) NSDP yes
d) JMIs yes
e) TWG workplan yes (but still need improvement)
f) Results frameworks of major development partners active in the sector? Yes (yes for health sector and social sector for some extend and gender very little)

A2. Is the JMI derived from the sector strategy and an associated results framework?

Ans. yes

A3. Are there any arrangements for joint (sector-wide) monitoring and discussion of results based on the sector strategy/plan?

Ans. Yes (eg. Joint annual plan review, GARP, UA)

A4. How do current aid coordination arrangements (PBA, TWG, bilateral consultations) support the promotion of results-based work?

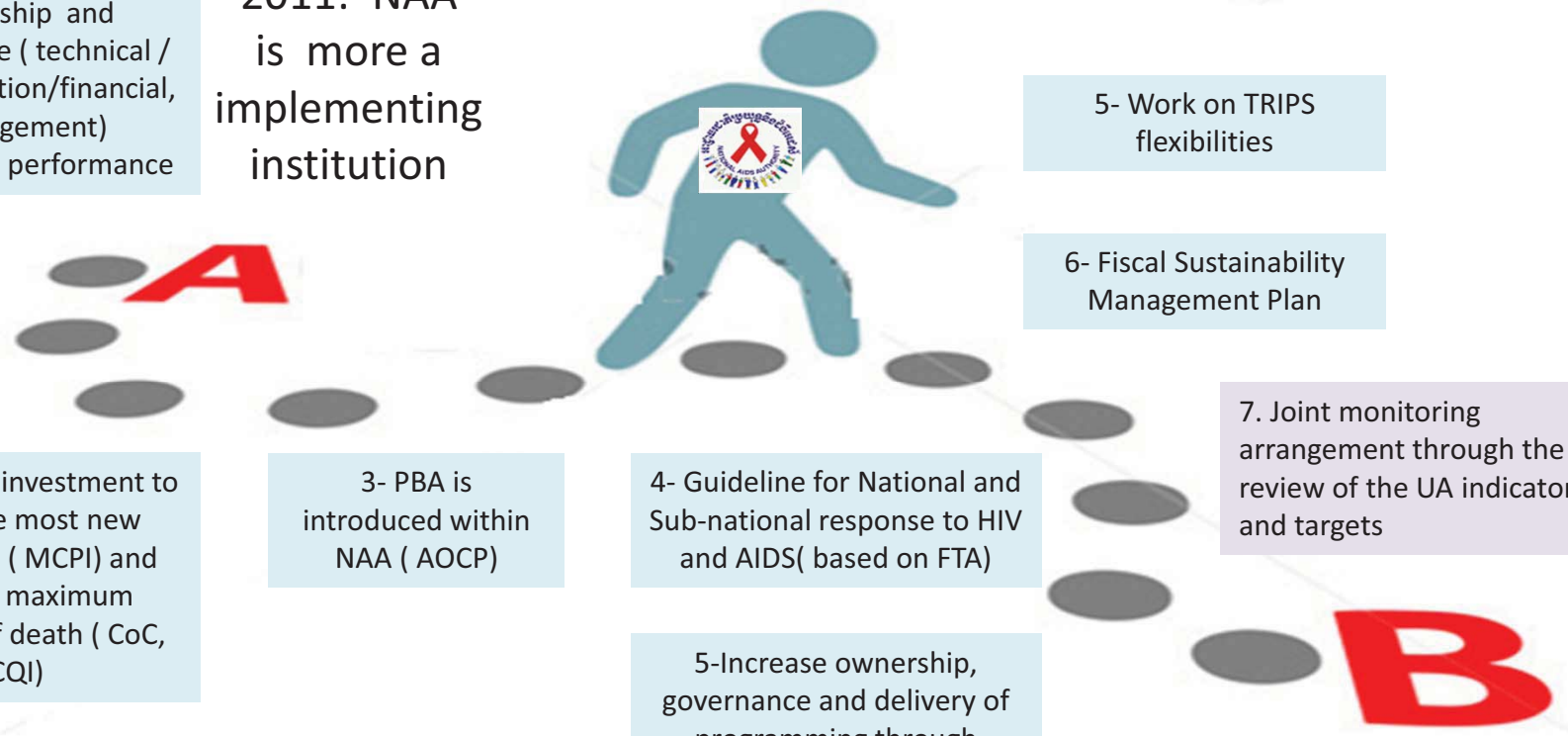
Ans. Yes in the health sector (care/treatment), PBA for an AOCP need to be developed to assure effectiveness and efficiency and sustainability for the response.

I- RESULTS

Issues for discussion and further action

1-Strengthening the leadership and governance (technical / Administration/financial, Management) to increase performance

2011: NAA is more a implementing institution



5- Work on TRIPS flexibilities

6- Fiscal Sustainability Management Plan

7. Joint monitoring arrangement through the review of the UA indicators and targets

2- Improve investment to avert the most new infections (MCPI) and prevent maximum number of death (CoC, CQI)

3- PBA is introduced within NAA (AOCP)

4- Guideline for National and Sub-national response to HIV and AIDS(based on FTA)

5-Increase ownership, governance and delivery of programming through improved capacity of key national institutions

NAA is fully a national leading institution for HIV and Response in Cambodia

I- RESULTS

A6. Has the JMI recently been up-dated? If not, would it be timely to do so based on 2012 operational plans and performance targets? Could a new JMI be developed in line with a sector results framework? In what ways could the JMI preparation and monitoring process itself be improved?

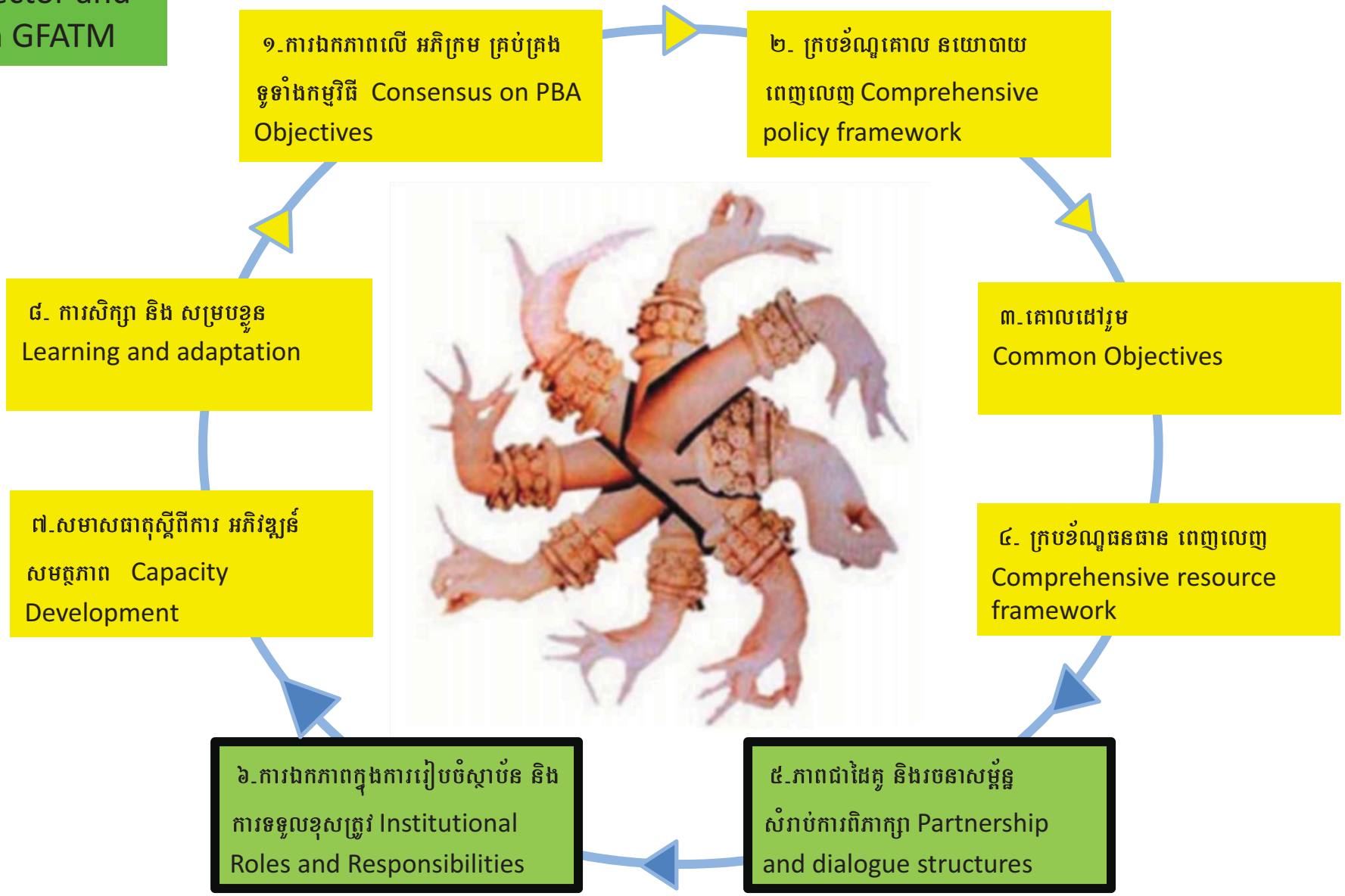
Ans.
-Yes: revised and updated.
-Yes.
-Three out of the 7 above proposed JMI indicators will be selected: (1). Strengthening the mechanism, (2). PBA and (3) secure resources internally and externally.

A7. Are monitoring targets (outcomes and outputs) effectively linked to the process of programming resources (budgets, annual plans, Budget Strategic Plans etc? (Consider the main strengths of the current arrangements – inter-departmental cooperation etc – and the areas in which the resource-results relationship can be improved).

Ans. Yes linked mostly in the health sector (care/treatment where data and planning are better linked) but in other sectors (prevention and impact mitigation), room for improvement is still in need using lesson learnt from the health sector.

PBA in Health sector and in GFATM

II- Program Based Approach (PBA)
GPiRkm RKb;RKg TUTaMg kmµviFI



II- Program Based Approach (PBA)

Ans. We have done only some following: (5) Partnership and dialogue structures, and (6) Institutional arrangements: FTA, 7 national WG establishment and some administrative orders have been done.

Ans. The rational of having PBA is **not well understood both by the government and DPs sides**, so the commitment to have consensus on objectives of PBA has not been established.

Ans. The result is seen in the health sector where PBA has been done. **Reform program need to be done according to the PBA process**

Ans. Yes, in the area of **ODA (official development assistance) and capacity development at sub-national level.**

Ans. **Technical assistants for 5 key national WGs** who steer the response of HIV/AIDS: prevention, care/treatment, impact mitigation, coordination and resource mobilization.

III- Partnership

C1. How well has TWG performed over last year in terms of the following:

a) Structured work around an annual plan with indicators linked to sector/thematic plan?

Ans. Seem to be well done in the health sector field (prevention among MARPs to some extent, PMTCT, care/treatment), but annual plan on prevention and impact mitigation under other sectors is not well coordinated.

b) Strengthening coordination across Government with other relevant ministries/agencies?

Ans. Not well, non health sector not very well coordinated such as MoWA, MoEYS, MoLVT, MoI (police, public security and local administration), MoD and MoSAVY.

c) Identifying partnering opportunities with South-South partners, private sector & civil society?

Ans.

-With south-south partners:

There's collaboration between Vietnam and Cambodia to provide intervention to Vietnamese casinos workers in Bavet. No initiation for the migrant workers with Thailand. There's regional (GMS) MoU on HIV/AIDS recently signed in GMS summit in Nay Pyi Tiew, Myanmar last year.

-With private sectors:

Social corporate responsibility need to be improved through coordination of NAA and CBCA.

-With civil society:

Good collaboration, all civil societies are encouraged to join in national AIDS response system, but their roles need to be improved.

d) Dialogue and agreement on issues that relate to effective development (in terms of achieving sector and national development goals?)

Ans. Dialogues have been done but not fully inclusive and conclusive; no agreement has been done (because different views on the roles and mandate of NAA: as an implementing agency vs coordination institution).

III- Partnership

C2. Do RGC and DP members share the same views on TWG performance (if not, on what issues do they differ?)

Ans. As an outcome of this very workshop, RGC and DP members agree on the issues within the performance of the TWG and ready to open further dialogues for improving the partnership: better understanding on the TWG performance and agree on key steps indentified to enable mutual accountability for an effective and efficient response.

C3. What are the major issues to address in order to consolidate and strengthen partnerships at sector level and in the TWGs?

Ans. Communication, transparency, mutual accountability, alignment, harmonization

C4. Is there any additional support – from CRDB/CDC or other agencies – that could support effective dialogue and coordination?

Ans.

-Orientation and technical support on PBA: training on PBA.