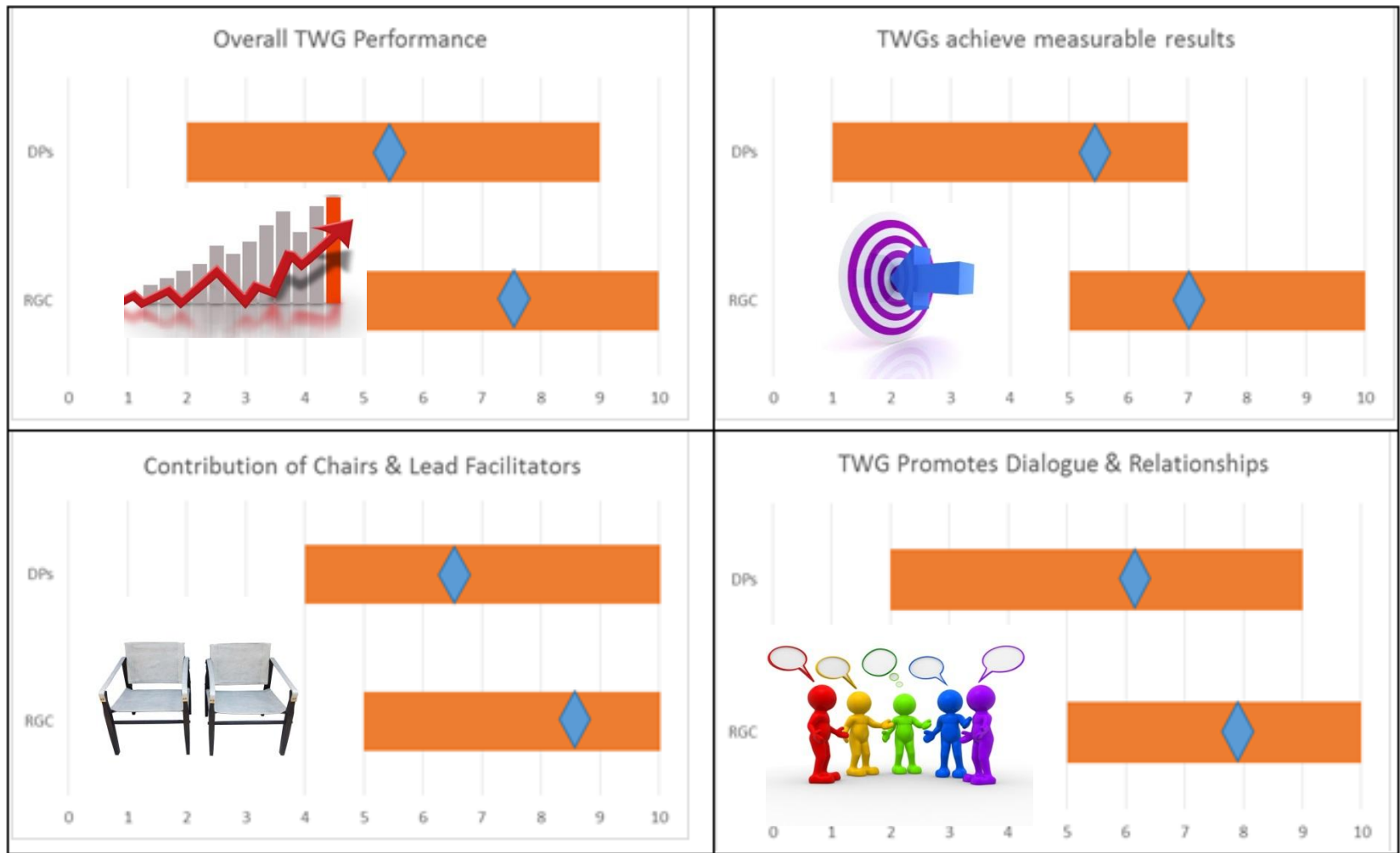


ពិនិត្យមើលពីការអនុវត្តការងាររបស់  
ក្រុមការងារបច្ចេកទេសចម្រុះរវាងរាជរដ្ឋាភិបាល និងដៃគូ  
អភិវឌ្ឍន៍រយៈពេលកន្លងមក

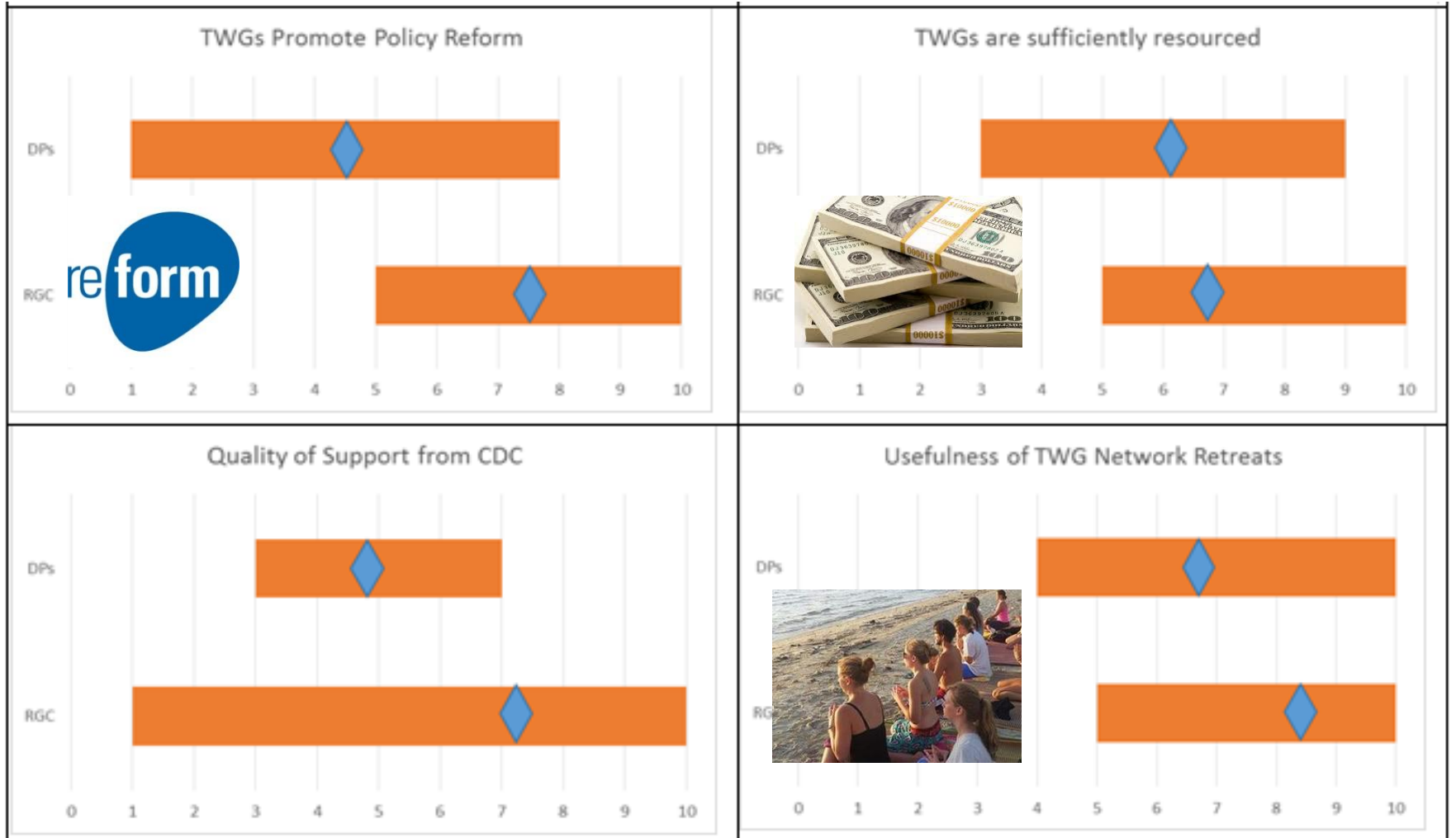
Review of GDJ-TWG performance: Technical  
Working Group Strengthening Exercise

# TWG Performance Review: Survey Scoring Summary (December 2014)



TWG Chairs and Lead DP Facilitators were asked 8 questions related to TWG performance and support. Responses were provided confidentially but the following charts show the averages and the range of responses across the 14 TWGs for which both RGC and DPs data was provided.

# TWG Performance Review: Survey Scoring Summary (December 2014)



# **TWG Performance Review: Survey Scoring Summary (December 2014)**

- (i) based on averages across 14 TWGs, RGC tends to rate TWG performance higher on all criteria;
- (ii) the range is quite high across all questions, meaning that TWGs have diverse perceptions and experience; and
- (iii) RGC perceptions generally fall in the upper half of the range (i.e. 5-10) while the variance for DPs is larger and more often extending to the lower half of the scoring range.

# Technical Working Group Strengthening Exercise

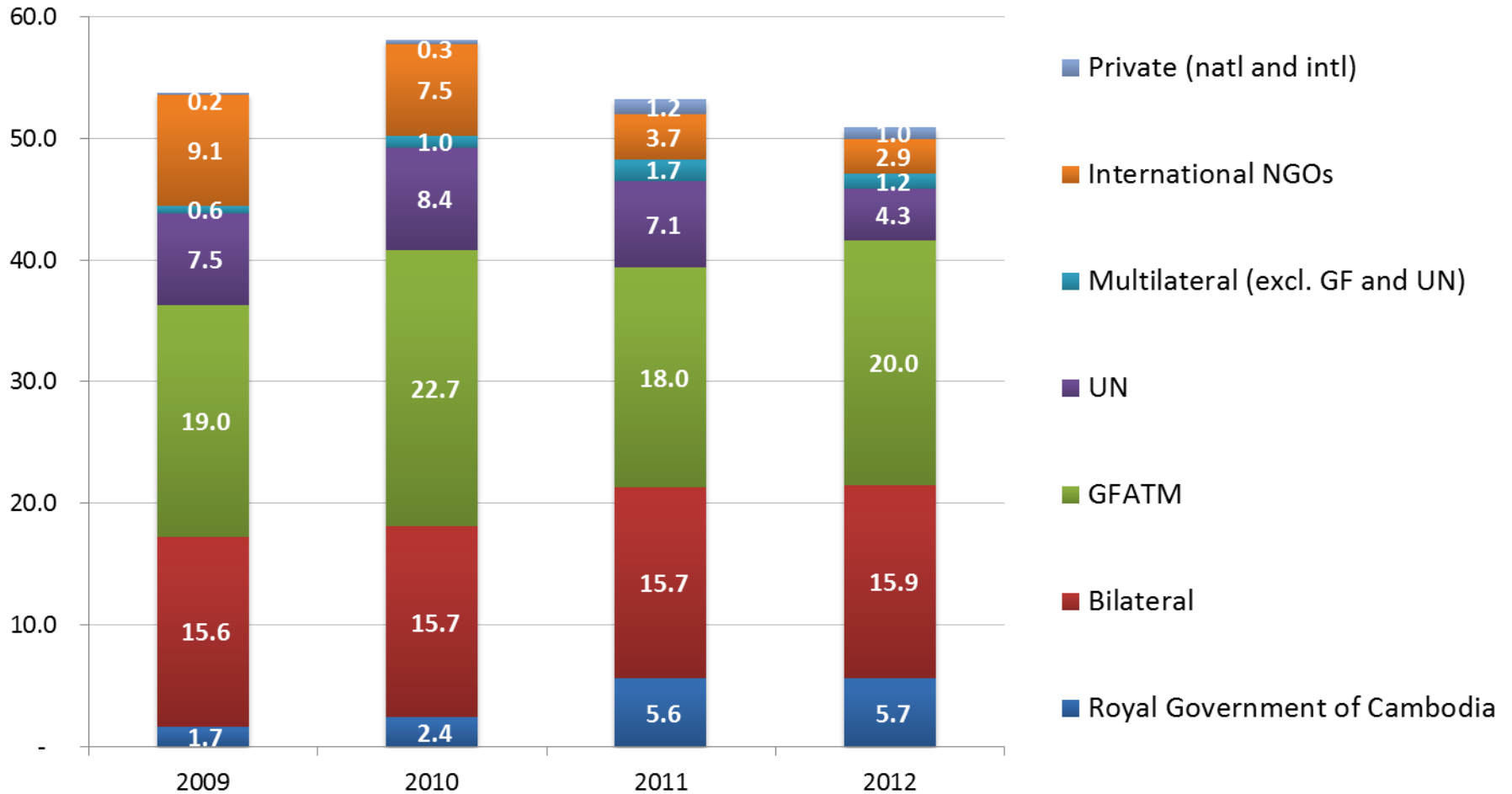
- Based on the 2014 TWG Performance Review
- TWGs are invited to confirm the validity of these findings **in the context of their own TWG** and then identify actions that will promote performance and results.
- This effort is to be led in the first instance by TWG Chairs, secretariats and (co-)lead development partners with the full support of the TWG membership.
- This template is based on the TWG Guideline (Oct 2010) and draws from the findings of the TWG Performance Review (Nov 2014).
- It is designed to inform TWG dialogue on steps that can be taken to strengthen their performance and **to focus on the achievement of development results in line with their own sector/thematic plans and the NSDP.**

# Performance issues to consider

TWGs are requested to review the findings of the TWG Performance Review and to consider measures that can be taken according to the following criteria in order to promote their performance:

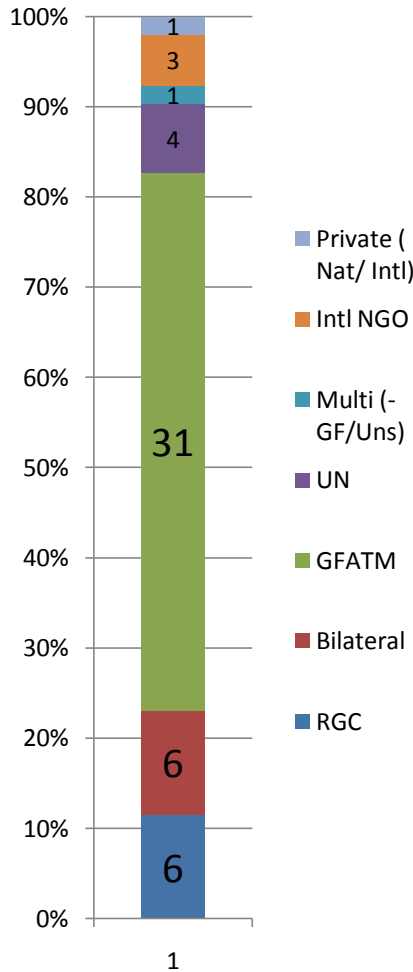
1. **Composition of TWGs: Membership and participation**
2. Size of TWG and requirement for focused sub-groups
3. Capacity and resourcing of secretariat
4. **Roles and Functions of TWGs**
  1. NSDP linkages and sector alignment
  2. Sector/Thematic Strategies and policy dialogue
  3. Financing and resource mobilisation
  4. Capacity Development and systems strengthening (including main reforms)
  5. Partnerships and Aid/Development Effectiveness
  6. Reporting and Review (including use of the JMIs and other M&E)
5. **Conduct of Meetings (leadership, preparation, follow-up)**
6. **CDC support**
7. **Issues beyond the scope of the TWG that affect performance**

# HIV/AIDS Spending by Financing Sources, (millions of USD)



# 1. Composition of TWGs: Membership and participation

Party	Organisation	Name
Gov	NAA	HE. Ieng Mouly
		HE. Dr. Tia Phalla
	MoEYS	H.E. Kim Sethany
		Mr. Kim Sahn (alternate)
	MoInt	HE. Em Sam An
		Mr. Pen Vibol (alternate)
	ICHADS	Dr. Ly Penh Sun
		Dr. Lan Vanseng (alternate)
	MoWA	HER. Kok Maryas
		Dr. Hou Nimitta (alternate)
	NACD	HE. Meas Virith
		Gen. Neak Yuthea (alternate)
	MoLVT	HE. Huy Hangson
		Dr. Pok Vanthath (alternate)
	MoSVY	HE. Amat Yaya
		Mrs. Bou Sithat (alternate)
	NAA/OSG	HE. Dr. Teng Kunthy
		Dr. Hor Bunleng
		Dr. Ros Seilavath
	CRC	HE. Dr. Sok Long
Mr. Va Sophak (alternate)		
NAA/CRM	H.E Dr. Sim Kimsan	
	Dr. Tep Navuth (alternate)	
CARD	H.E. Dr. Soy Ung	
CDC/CRDB	Mr. Ul Nak	
NMCHC	Prof. Dr. Tung Rathavy	



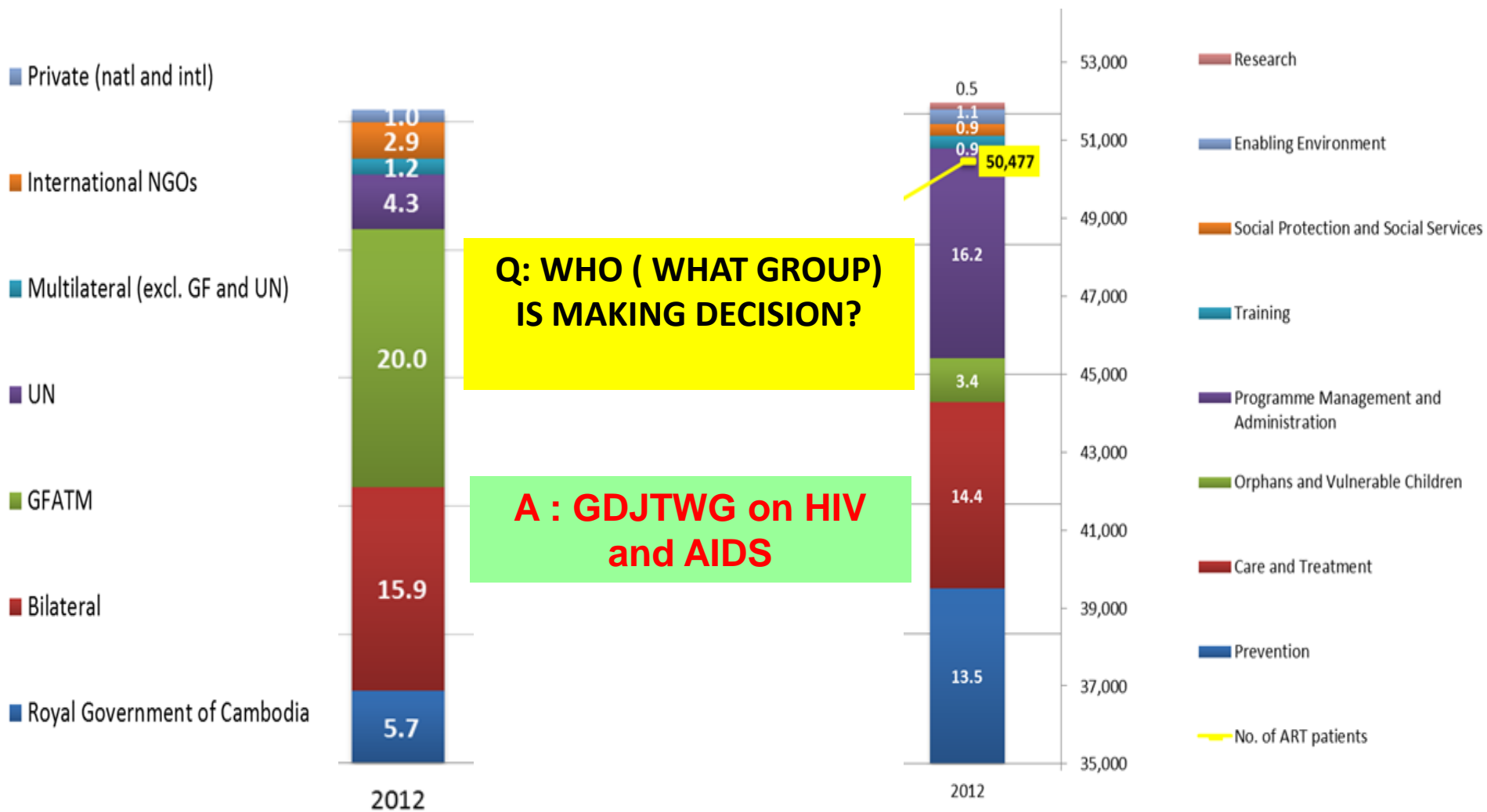
**USAID**  
FROM THE AMERICAN PEOPLE



Party	Organisation	Name
Bilateral		Carrie Whitlock
		Christina Lau
Government (Embassy)		William Perry (alternate)
	France (French Embassy)	Tiphaine Ferry
Others		Hubert Barennes
	CHAI	to be announced
		Kira Gustafson (alternate)
		Parag Jalan (alternate)
UN System	UN RC office	Kristina Diotima Von Knobelsdorff
	UNDP	Amara Bou
	UNAIDS	Marie-Odile Emond
		Saleem Muhammad (alternate)
	UNESCO	Nimol Soth
		Santosh Khatri (alternate)
	UNFPA	Mrs. Catherine Breen Kamkong
		Vandara Chong (alternate)
	UNICEF	Etienne Poirot
		Sedtha Chin (alternate)
	UN Women	Sarah Knibbs
		Silja Rajander (alternate)
		Ghizlane Achaoui
	UNODC	Olivier Lernet
		Monica Ciupagea
	Sopheavy Yim (alternate)	
	Dessa Shuckerow	
	Zhao Pengfei	
	Masami Fujita	
	Dany Eng (altrenate)	
	Richard Howard	
	Chuong Por (alternate)	
	Dr. Oum Sopheap	
NGOs	KHANA	
	HACC	Mr. Tim Vora
	CPN+	
	FONPAMs	

# Composition of TWGs: Membership and participation

## Budget allocation



# Purpose of GDJ TWG on HIV and AIDS

**A : GDJTWG on HIV  
and AIDS**

CBCA ???

- The purpose of the GDJ-TWG on HIV/AIDS is to provide a forum for the NAA and its government, civil society, and development partners to coordinate and monitor the implementation of the national multi-sectoral plan responding to HIV/AIDS in a consultative and cooperative manner.

- Linkage to NSDP .... Through the existing member such as CARD on social protection
- Sector thematic Strategies and policy dialogue
  - NAA and line ministries that form NAA e,g. MOEYS, National social protection... with policy dialogue ... for synergies ( e.g PB )
  - Financing/ RM: JMI Costing / R mobilization plan; after 2017 more national budget contribution as external support is declining

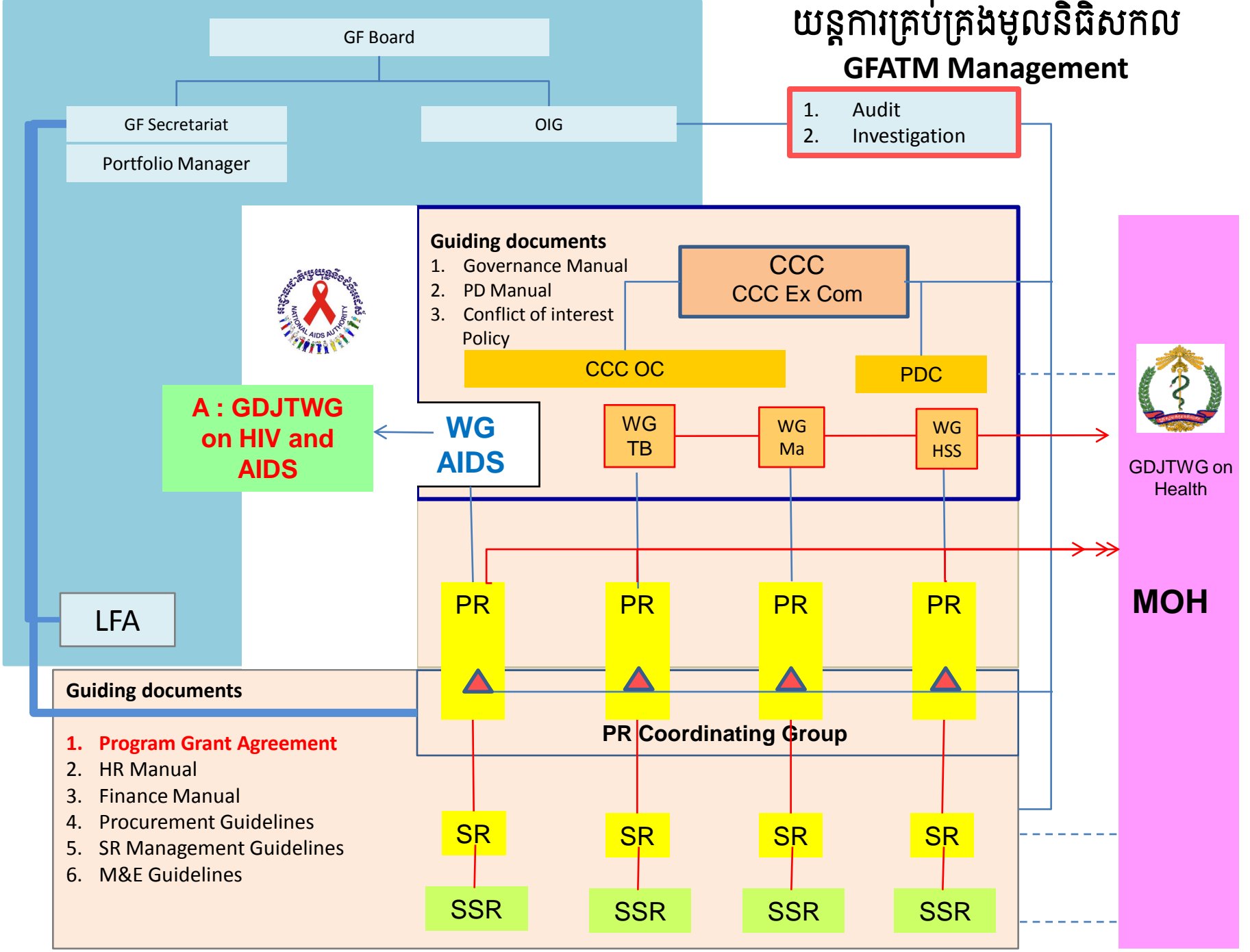
- Capacity building and system strengthening
  - More on dialogue and partnership
  - Advocate for capacity strengthening and system strengthening at sub-national level/  
Decentralization ( local authority)
  - Advocate for enabling environment support for hot spots only
  - Strengthening Sub-TWG

- Partnership and aid effectiveness/  
Development effectiveness
  - CN on HIV and AIDS only 17% for Program Management
  - Avoiding duplication
  - Based on NASA and ODA database
  - Investment Case ( modeling with different scenario for next 5-10 years)
  - Making use of existing forum

- Reporting and review : JMI and other
  - GARPR annual basis ; share it with other technical working group
  - NCHADS M&E framework of the HIV health sector SP
  - Update online reporting
  - Involvement in the CDHS 2014 ( knowledge and behavior)
- ...Next round in CDHS should consider HIV/AIDS

- Conduct of meeting  
(leadership, preparation, follow up)
  - Quarterly meeting
- CDC support
  - Technical support : retreat, TA for coordination, short course on management
- Issues beyond the scope of TWG that affect performance
  - Less participation of development partners

# យន្តការគ្រប់គ្រងមូលនិធិសកល GFATM Management





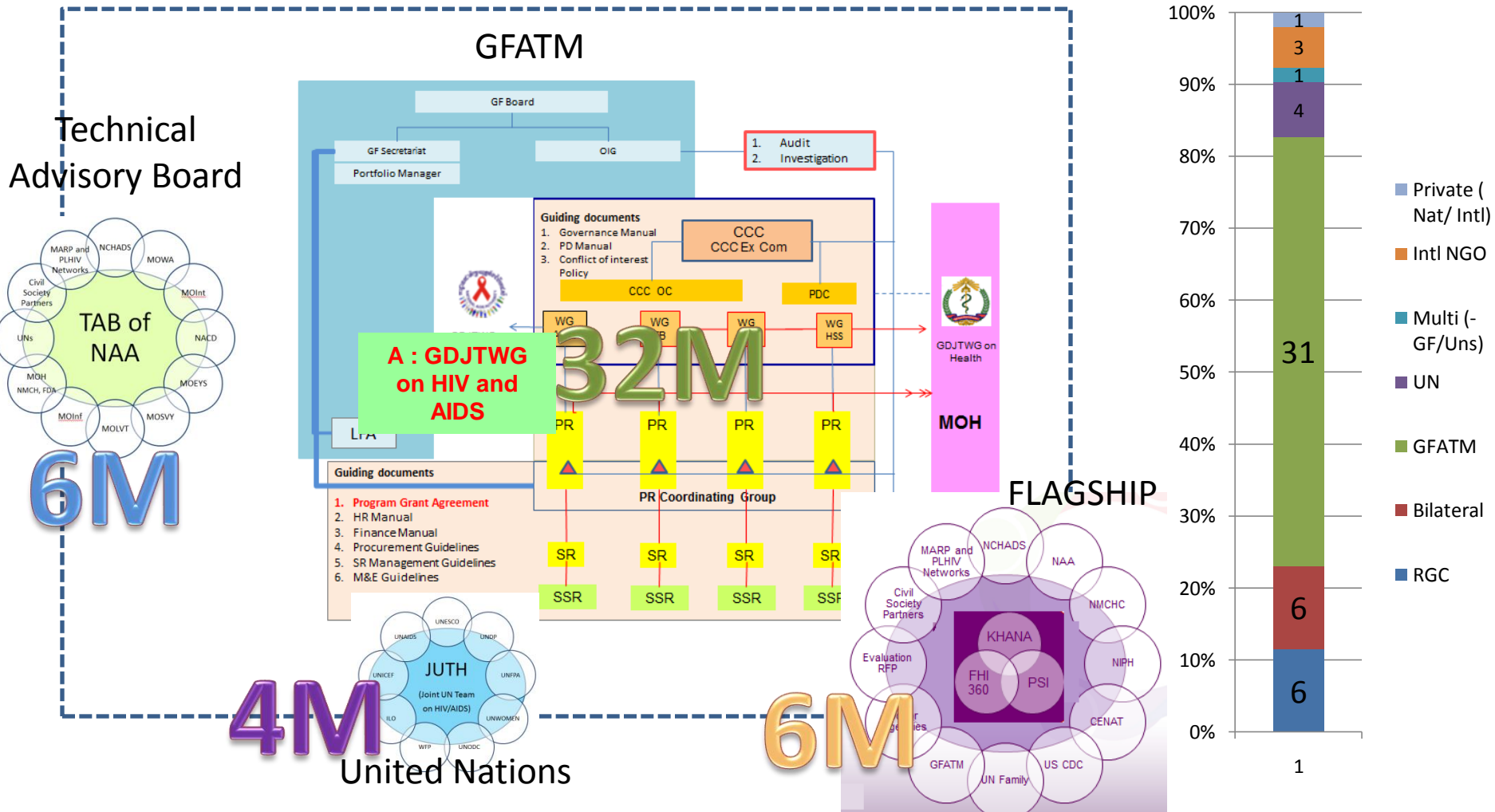
GDJTWG on HIV and AIDS

តើស្ថាប័នណាដែលទទួលខុសត្រូវក្នុងការប្រញាប់មូលនិធិសំរាប់ការឆ្លើយតបនឹងជំងឺអេដស៍?

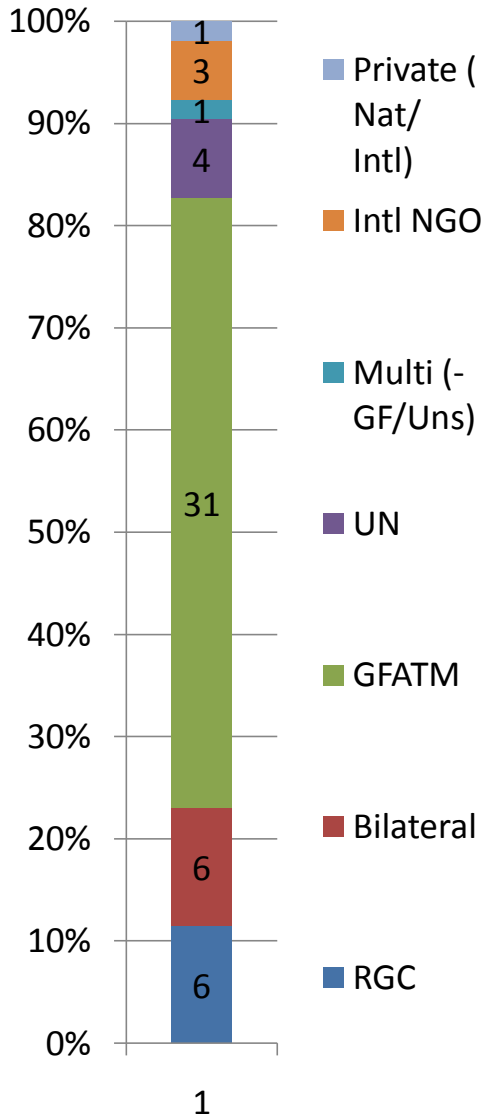
What is the line of accountability?



GDJTWG on Health



## 2. Size of TWG and requirement for focused sub-groups

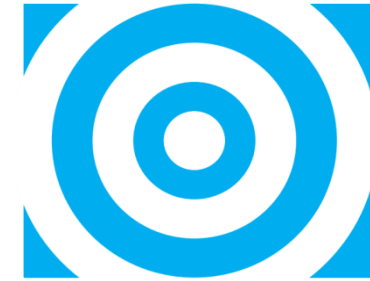


I- Financial



II- Management

សំរេចគោលដៅបីស្នូល  
 ០ឆ្លងថ្មី ០ស្លាប់ ០រើសអើង



III- Program

# Capacity and resourcing of secretariat



**NSDP linkages and sector alignment**

Phnom Penh, September 2013

**Reporting and Review**  
(including use of the JMIs and other M&E)

**Sector/Thematic Strategies**  
and policy dialogue

**Roles and Functions of TWGs**

**Capacity Development and systems strengthening**  
(including main reforms)

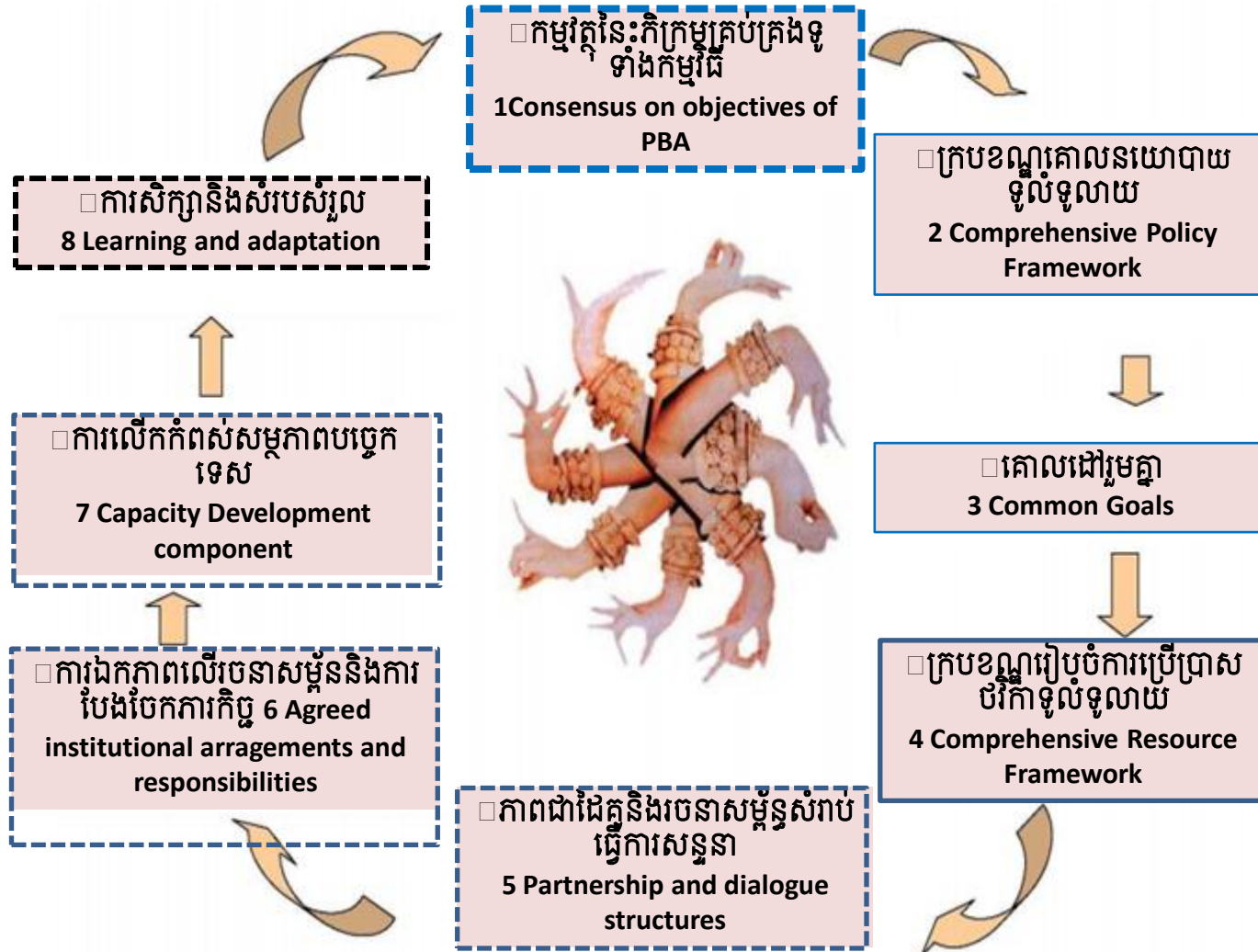
**Partnerships and Aid/Development Effectiveness**

**Financing and resource mobilization**



# អភិក្រមគ្រប់គ្រងទូទាំងកម្មវិធី

## Program Based Approach



ការកែសម្រួលសមាជិកភាព តួនាទីភារកិច្ចរបស់  
ក្រុមការងារបច្ចេកទេសចម្រុះរវាងរាជរដ្ឋាភិបាល  
និងដៃគូអភិវឌ្ឍន៍ ឆ្នាំ២០១៥

Membership and Improvements for the GDJ-TWG  
(ToR paper attached with suggested amendments for the improved  
functioning of the Group)

# Roles and Functions of TWGs

- **Role of the GDJTWG:**
- There is a critical need to bring together in one place key strategic decisions about funding, priorities and implementation of the HIV response. The GDJTWG carries out this role.
- However the HIV epidemic in Cambodia has been changing from a general epidemic to a concentrated one, while the treatment regimes have also changed radically. In reviewing the National Strategic Plan in 2015 it has become clear that many of the delivery issues that affect the HIV response also affect other diseases and conditions.

# Proposed Revised Terms of Reference for the Government Donor Joint Technical Working Group (GDTWG) on HIV and AIDS.

- **Key principles**

1. To improve good governance of funds and resources.
2. To reduce duplication of effort, by reducing the number of meetings.
3. To improve programme management efficiency by streamlining the implementation arrangements between stakeholders (reducing further the 29% of resources for HIV spent on programme management and administration, so that it can be spent on service delivery)
4. To improve programme effectiveness by ensuring that co-ordination of effort is optimised.
5. To provide a location at which consensus and compromise can be achieved.
6. To enable the Cambodian owned priorities to be clearly articulated so that all stakeholders can both adhere to their own priorities while contributing the national HIV response. This is in line with the Paris Declaration, and subsequent Busan agreements on donor effectiveness

- a) Roles and Functions of TWGs
- b) NSDP linkages and sector alignment
- c) Sector/Thematic Strategies and policy dialogue
- d) Financing and resource mobilisation
- e) Capacity Development and systems strengthening (including main reforms)
- f) Partnerships and Aid/Development Effectiveness
- g) Reporting and Review (including use of the JMIs and other M&E)

## **Proposed Revised Terms of Reference for the Government Donor Joint Technical Working Group (GDTWG) on HIV and AIDS.**

1. RGC representatives will inform the work of the GDJ-TWG on HIV/AIDS on policy and strategy developments and direction of the RGC with respect to the National HIV/AIDS response and attainment of programme objectives and targets of the NSP. NAA on behalf of the GDJ TWG will inform the Government Donor Coordinating Committee (GDCC) of the Council for Development of Cambodia/Cambodian Development and Rehabilitation Board (CDC/CRDB) and Cambodian Development Cooperation Forum (CDCF) on annual plans and progress achieved by the GDJ TWG on HIV/AIDS.
2. Multilateral, Bilateral, GFATM and International NGO representatives will be responsible to inform the work of the GDJ-TWG on HIV/AIDS on broad positions of the international community, consistent with international good practice, as well as their contribution to the attainment of objectives and targets of the NSP.
3. Civil Society, Private Sector, network of MARPS and PLHA representatives will be responsible to articulate the positions of their constituencies in respect of the strategic direction of policies, programme priorities, resourcing and other issues pertinent to the community response and their contribution to the attainment of objectives and targets of the NSP.

# ***Key focus areas of GDJ TWG on HIV and AIDS***

1. Promote good governance, policy and strategy coherence across sectors and with respect to RGC funding and Official Development Assistance allocated for the implementation of the HIV Law and the current National Strategic Plan (NSP).
2. Facilitate harmonisation and alignment of RGC funding and Official Development Assistance agreements on existing, emerging and planned goals and priorities, in line with the NSP, ensuring that programmatic gaps, where identified, are adequately addressed.
3. Promote consistent approaches and strategies of government and development partner support to the national response, in line with RGC policies, the NSP and international good practice.
4. Oversee progress and assess impact of the HIV Law, other relevant legislation and policies and National Strategic Plan through a common portfolio of national and international indicators, based on global benchmarks .

# ***Key focus areas of GDJ TWG on HIV and AIDS cont'***

- 5) Review allocation of resources for the implementation of the HIV Law and NSP; identify resource gaps and support efforts to address the gaps identified, mobilise new funding or recommend re-allocation of existing funds to meet relevant goals and needs.
- 6) Provide strategic input into the annual reviews of the NSP.
- 7) Peer review new Official Development Assistance for the national response to HIV/AIDS to ensure consistency with agreed national policy, strategies and programme approaches and priorities and to avoid overlap and duplication.
- 8) Promote, facilitate and harmonize relevant multi-sectoral approaches and operational alliances where appropriate.
- 9) Foster and promote information sharing between Senate and National Assembly, line Ministries and their agencies, Provincial AIDS Committee /Provincial AIDS Secretariat, State Institutions, International Multi and Bi-lateral Organisations, civil society and private sector partners, International NGOs and vulnerable groups.
- 10) Develop and promote shared accountability amongst GDJ-TWG and HIV/AIDS Partners.

តើតម្រូវការបែបណា ក្នុងការរៀបចំការពង្រឹងស្ថាប័នដើម្បីអនុវត្តផែនការយុទ្ធសាស្ត្រជាតិលើកទី៤ស្តីពីការប្រយុទ្ធនឹងជំងឺអេដស៍ សម្រាប់រយៈពេល៥ឆ្នាំបន្ទាប់?

To implement the NSP IV, what institutional arrangements should be needed for the next 5 years?

# NSPIV ផែនការយុទ្ធសាស្ត្រជាតិលើកទី៤

- **Strategy 1.0 – Prevention Initiatives that focus on increased Coverage, quality and effectiveness**
- យុទ្ធសាស្ត្រ 1.0 - គំនិតផ្តួចផ្តើមបង្ការដែលផ្ដោតលើការបង្កើនការគ្របដណ្តប់, ដែលមានគុណភាពនិងមានប្រសិទ្ធភាព
- **Strategy 2.0: Treatment, Care and Support that focus on maintaining current level of coverage with boosted and comprehensive services addressing quality of comprehensive and integrated treatment needs of a concentrated epidemic**
- យុទ្ធសាស្ត្រ 2.0: ការព្យាបាល, ការថែរក្សានិងការគាំទ្រដែលផ្ដោតលើការរក្សាកម្រិតបច្ចុប្បន្ននៃការគ្របដណ្តប់ជាមួយសេវាកម្មបង្កើននិងទូលំទូលាយសំដៅដោះស្រាយគុណភាពនៃតម្រូវការការព្យាបាលដ៏ទូលំទូលាយនិងរួមបញ្ចូលគ្នាជាមួយការរីករាលដាលនៃមេរោគអេដស៍ដែលមានលក្ខណៈប្រមូលផ្តុំប្រមូលផ្តុំ

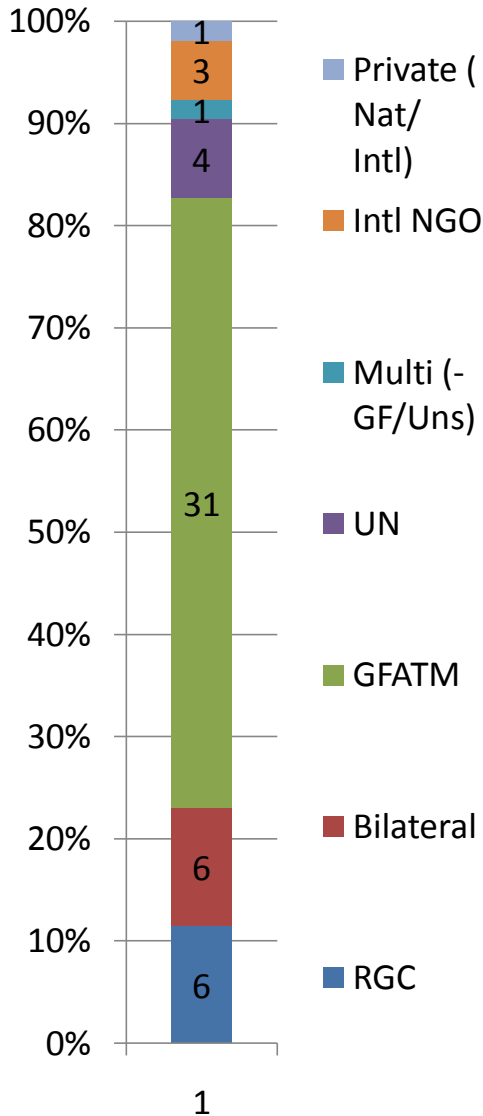
# NSPIV ផែនការយុទ្ធសាស្ត្រជាតិលើកទី៤

- **Strategy 3.0:** Mitigate the impact of HIV AIDS through increased coverage, quality and effectiveness of interventions
- យុទ្ធសាស្ត្រ 3.0: កាត់បន្ថយផលប៉ះពាល់នៃមេរោគអេដស៍ដំងើអេដស៍តាមរយៈការបង្កើនការគ្របដណ្តប់គុណភាពនិងប្រសិទ្ធភាពនៃអន្តរាគមន៍
- **Strategy 4.0:** Leadership and Coordination of Stakeholders for Financial Resource allocations (*Crosscutting*)
- យុទ្ធសាស្ត្រ 4.0: ភាពជាអ្នកដឹកនាំនិងការសម្របសម្រួលនៃអ្នកពាក់ព័ន្ធសម្រាប់ការបែងចែកធនធានហិរញ្ញវត្ថុ (Crosscutting)

# NSPIV ផែនការយុទ្ធសាស្ត្រជាតិលើកទី៤

- **Strategy 5.0: Enabling supportive Environments through better understanding and implementation of Laws and Policies**
- យុទ្ធសាស្ត្រ 5.0: ការបើកបរវិស្វាសការគាំទ្រតាមរយៈការយល់ដឹងកាន់តែប្រសើរឡើងនិងការអនុវត្តច្បាប់និងគោលនយោបាយ
- **Strategy 6.0: Boost and Advocate the NAA One-System M&E protocols for Strategic Information within the Health Sector and among Stakeholders (Crosscutting)**
- យុទ្ធសាស្ត្រ 6.0: ជំរុញនិងស្វែងរកការគាំទ្រពិធីការប្រព័ន្ធតាមដានតែមួយរបស់អជ្ញាធរលើការរៀបចំព័ត៌មានជាយុទ្ធសាស្ត្រនៅក្នុងវិស័យសុខាភិបាលនិងក្នុងចំណោមភាគីពាក់ព័ន្ធ (Crosscutting)

## 2. Size of TWG and requirement for focused sub-groups



I- Financial

- A : GDJTWG on HIV and AIDS**
- Strategy 1.0 – Prevention**
  - Strategy 2.0: Treatment, Care and Support**
  - Strategy 3.0: Mitigate the impact**
  - Strategy 4.0: Leadership Coordination Financial Resource allocations**
  - Strategy 5.0: Enabling supportive environments**
  - Strategy 6.0: M&E**

II- Management

សំរេចគោលដៅបីស្មុន្ទ្រ  
 ០ឆ្លងប្តី ០ស្លាប់ ០រើសអើង



Sub- WGs of GDJ TWG

Strategic Plan	1	1	1
	<b>Mechanism</b>		
	0	0	0
	<b>Incoherence      Duplication      Waste</b>		
	0	0	0
	<b>New infection      AIDS rel. death      Discrimination</b>		

III- Program

# JMI Progress report



# JMI indicator 2014-2018

Outcome 2014 - 2018	Output 2014 - 2015	Output indicator 2014 - 2015
<p><b>HIV/AIDS</b></p> <p>New HIV infections and AIDS related death reduced and ART coverage by 2018 at 90% (eligibility criteria to start ART will be 500cc/mm3 or less).</p>	<ol style="list-style-type: none"> <li>1. 80% Coverage interventions for MARPs</li>   <li>2. Eligible PLHIV on ARV treatment by end of 2015:               <ol style="list-style-type: none"> <li>(a) CD4&lt; 350 cc/mm3: ART coverage will be 87% for Adult and 95% for HIV infected children</li> <li>(b) CD4&lt;500cc/mm3: ART coverage will be 80% for Adult and 95% for HIV infected children</li> </ol> </li>   <li>3. Costed NSP IV using best available evidence and resource mobilization plan endorsed</li> </ol>	<ol style="list-style-type: none"> <li>1.1. Number of PWID reached by( a) needles/syringe program; b) outreach education - BCC/IEC; and c) condom distribution ): 888 in December 2015</li> <li>1.2. Number of men who have sex with men reached at least once per quarter by both these two outreach activities (a) IEC on HIV prevention (b) Condom distribution: 18,345 in December 2015</li> <li>1.3. Number of Entertainment workers reached at least once per quarter by both these two outreach activities (a) IEC on HIV prevention and (b) condom distribution: 36,782 in December 2015</li>   <li>2.1. Percentage of adults and children with HIV known on treatment by December 2015 Baseline: In 2013: ART coverage was 83% (CD4 &lt;350cc/mm3) and ART coverage was 72% (if CD4&lt;500cc/mm3)</li>   <li>3.1. Evidence-based and costed NSPIV using international standards developed and endorsed by all stakeholders</li> <li>3.2. Five year resource mobilization plan to mobilize RGC and external partners funding investment for a sustainable response</li> </ol>

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# JMI Progress report

All TWGs are requested to complete a JMI Progress report that focuses on progress and challenges in implementing JMI activities for the period Sep 2014-Mar 2015. Report are to be submitted by 10 Apr 2015

Outcome 2014-2018	Output 2014-2015	Output indicator 2014-2015	Activity 2014-2015( identify implementer)	Partnership actions required/ prerequisites
The agreed outcome is fixed until 2018	Is the selected Output still appropriate?	Progress on output indicator(if available)	Report on progress in implementing activities associated with the JMI	Briefly highlight any good practices or challenges that are relevant to the implementation of JMI activities
No reporting is required	Report any revisions that are proposed.	Is the Output indicator still appropriate and achievable?	Report any challenges in meeting the targets set int the JMIs	
		Report any revisions that are proposed	Briefly describe any new activities that are proposed	
			Any additional recommendations or any follow up actions that are required may also be reported	

# Output 2014-2015

Output 2014-2015	Output 2014 - 2015
Is the selected Output still appropriate?	1. 80% Coverage interventions for MARPs
Report any revisions that are proposed.	2. Eligible PLHIV on ARV treatment by end of 2015: (a) CD4 < 350 cc/mm <sup>3</sup> : ART coverage will be 87% for Adult and 95% for HIV infected children (b) CD4 < 500cc/mm <sup>3</sup> : ART coverage will be 80% for Adult and 95% for HIV infected children
	3. Costed NSP IV using best available evidence and resource mobilization plan endorsed

# Output indicator 2014-2015

Output indicator 2014-2016	Output indicator 2014 - 2015
Progress on output indicator(if available)	<ul style="list-style-type: none"> <li>1.1. Number of PWID reached by( a) needles/syringe program; b) outreach education - BCC/IEC; and c) condom distribution ): 888 in December 2015</li> <li>1.2. Number of men who have sex with men reached at least once per quarter by both these two outreach activities (a) IEC on HIV prevention (b) Condom distribution: 18,345 in December 2015</li> <li>1.3. Number of Entertainment workers reached at least once per quarter by both these two outreach activities (a) IEC on HIV prevention and (b) condom distribution: 36,782 in December 2015</li> </ul>
Is the Output indicator still appropriate and achievable?	<ul style="list-style-type: none"> <li>2.1. Percentage of adults and children with HIV known on treatment by December 2015 Baseline: In 2013: ART coverage was 83% (CD4 &lt;350cc/mm3) and ART coverage was 72% (if CD4&lt;500cc/mm3)</li> </ul>
Report any revisions that are proposed	<ul style="list-style-type: none"> <li>3.1. Evidence-based and costed NSPIV using international standards developed and endorsed by all stakeholders</li> <li>3.2. Five year resource mobilization plan to mobilize RGC and external partners funding investment for a sustainable response</li> </ul>

# JMI Report

## **Activity 2014-2015 ( identify implementer)**

Report on progress in implementing activities associated with the JMI

Report any challenges in meeting the targets set in the JMIs

Briefly describe any new activities that are proposed

Any additional recommendations or any follow up actions that are required may also be reported

**Partnership actions required/  
prerequisites**

Briefly highlight any good practices or challenges that are relevant to the implementation of JMI activities

Any additional recommendations or any follow up actions that are required may also be reported