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APPENDICES

APPENDIX A

UNSTRUCTURED INTERVIEW GUIDELINE FOR FIELD RESEARCH

Name of respondent:

Date interviewed:

Position:

Organisation:

I. Social Protection mechanisms, food insecurity and PLHA

a. What is the current context of food insecurity in Cambodia? What are the factors that have led to this?
b. What are the interventions towards PLHA in the context of food insecurity?
c. How do these support the government's national strategy of development?
d. What is your form and degree of collaboration with the government in this regard?
e. What have been the challenges ten years ago for PLHA and food insecurity compared to now in areas of (a) the state; (b) donor community; (c) NGO implementers and (d) community?

f. What are the types of mechanisms that have worked? In what way have they worked?

g. Is there any congruence in the national plans of the government to the interventions done on the ground?

h. In what way have the mechanisms of family households with members living with HIV-AIDS managed? How have these been sustained?

i. What have been the benefits of those family households who have been assisted with social protection mechanisms (both formal and informal) in terms of health, social and economic aspects?

APPENDIX B

LIST OF RESPONDENTS INTERVIEWED

Organisation	Name
World Food Program	Mory Heng, Programme Officer
United States Agency for International Development	Prateek Gupta
Helen Keller, International	Hou Kroeun, Program Manaer
Action Aid	Dy Many, Program Coordinator
National Aids Authority	Tea Phalla, Deputy Director
Food and Agricultural Organization	Chop Paris, Program Coordinator
Council for Rural and Agricultural Development	Srun Darith, Deputy Secretary General and Head of the Technical Working Group on Food Security and Nutrition
Cambodian HIV/AIDS Education and Care	Kasem Kolnary, Director
Cambodian People Living With HIV/AIDS Network	Kim Khong – MMM Coordinator of Siam Reap Phin Heng, Programme Officer
HIV/AIDS Coordination Committee	Tim Vora, Executive Director

UNAIDS	Phauly Tea, Adviser Tony Lisle, Country Coordinator
Voluntary Service Overseas	L. Piseth
World Vision	Richard Pooley, Senior Program Manager
Khmer HIV/AIDS NGO Alliance	Chhit Tiy
Associated with LICADHO, worked extensively with the community in Borei Keila	Kathleen O'Keefe
Independent Researcher	Sok Serey
Center of Hope	Gerlinda Lucas, Director **Vathadna Chhavelith**
Respondents from Borei Keila	Soun Lavy Lich Kimlong Three other respondents have chosen to remain annoymous

APPENDIX C

DOCUMENTATION OF FINDINGS

Respondents	Profile	HIV-AIDS theme	Social Protection themes	Food Security
		International NGOs		
Helen Keller International	HKI began work in Cambodia in 1992 when it initiated its first project to assess the extent of vitamin A deficiency (VAD). On HIV-AIDS and food security, it collaborates with local NGO partners to set up its Village Model Farms in its project areas and Homestead Production Program or backyard gardening by providing agricultural inputs and relevant technical expertise which includes the appropriate crops suited for the area and fit to be grown by those with HIV-AIDS. Emphasis is on organic farming	Focus is more on prevention and less on impact mitigation for people living with HIV-AIDS amongst donors and government The integration of food security, nutrition and HIV-AIDS needs to be better understood by the line ministries.	Concept of social protection is working with government to promote and implement appropriate agricultural policies, crop diversification and research into agricultural technology considering the inaccessibility for small growers such as farm to market roads, market barriers. Furthermore, these policies must be intrinsically linked nutrition as well as address the economic poverty going beyond cash transfer or food for work as social safety nets thereby looking at the issue of	HKI works with the Commune Councils to integrate food security, particularly amongst those with HIV-AIDS in the local development plans by capacity-building selected councilors. However, there are budget constraints when it comes to allocation. Mentality of government when it comes to food security is focused on rice and the relationship between food security and nutrition is less understood. **Challenges:** Lack of investment in irrigation

	The entry point for HKI's programs is through the home-based care teams.		sustainability	infrastructure which impedes on agricultural production. Identification and data-banking of crops local to the area that are suitable to be planted by HIV-AIDS communities is not done yet. Need to expand on demo farms. Need for strong promotion/advocacy on organic farming among NGOs Need to develop a production plan for drought resistant crops.
Voluntary Service Overseas	VSO Cambodia works in the areas of education, reproductive and child health, and secure livelihoods (forestry and fisheries).	HIV-AIDS is a cross-cutting issue in its health, and livelihoods programs. VSO Cambodia provides for international volunteers placed in local NGOs who lend their technical and advisory services for capacity building. The organization acknowledges that	VSO is not working in the area of social protection but understands the concept in terms of the health equity and social insurance provided by the government and donors. Challenges to be addressed in this sector are the	VSO is not in the position to advocate for food security. What the organization does is provide for volunteers in the area of secured livelihoods by building up the capacity of local organizations. Out of the 25-26 volunteers working in the area of livelihoods, six to

focus on HIV-AIDS work as a programmatic area is one of the ways forward they are considering taking into consideration financial constraints. It further acknowledges that there is a clear link between nutrition, food security and the medication (ARV) that HIV positive people take.	dynamics between the government and donors. The donors might have interest in a priority but it doesn't necessarily translate into funds. Currently the respondent assesses that the services provided by the public hospitals are minimal and the quality is poor and the health professionals need capacity-building. These are areas that the donors have to look at and address while also simultaneously providing for funds towards the heath equity. There is a need for strong advocacy amongst local NGOs working in HIV-AIDS in terms of prioritization of issues weather that is related to social protection in terms of health or social safety nets in terms of food security	seven organizations work directly in HIV-AIDS program areas. It realizes that the issues related to food security is bigger then just the provision of advisory and technical services to local partners. The policies related to food security and nutrition needs the political will to be implemented.

			and nutrition.	
World Vision	World Visions Cambodia supports people affected and infected by HIV/AIDS within its target areas of the nine cities and provinces. About 2,122 people and 5,000 OVC, including over 200 HIV/AIDS infected children, have received full package of care support and treatment, including socio-psychological support and food and nutritional support, plus income generation activities.	The organization is one of the largest recipients of the World Food Programme next to KHANA. World Vision acknowledges the strong co-relation between taking the ARV and nutrition that further links into food security. It believes that malnutrition rates are the better sources of measurement and partial studies conducted by its organization showed that malnutrition rates were higher in urban rather than rural areas.	The focus on social protection by donors need to consider not just the technocratic details of the policies but also balance it with support to direct public health service delivery, make investments towards education and agricultural as well as boost the economic conditions of the marginalized and most vulnerable. It should not be seen only in the context of food for work or food aid/support since the issue of sustainability needs to be addressed. The era of the Khmer Rouge has impacted the country deeply leaving a legacy of low prioritization in terms of health and education. There is no long-term program addressing the expanding number of PLHIV. In the long-run, they can be	There is difficulty in procurement logistics for PLHIV and OVCs. The supplemental food (i.e. yoghurt) used to be locally sourced in Cambodia but now have to secure the supplies from Thailand since their supplier has closed down. Nutritional guidelines vary and is not consistent with agencies (UNICEF, WFP, NAA, etc)

			incorporated into the social insurance system or the health equity funds – however these services are generic and do not address the specific needs of the PLHIV. In terms of the donors – prioritization needs to be addressed and must follow the Rectangular Strategy of the government. Capacity of the NGOs to implement the food security and livelihoods aspects of the programs also need to be built up.	
Action Aid	Action Aid provide 350 women and 500 orphans with the care and support they need to live positively with HIV and AIDS by providing advice, information, healthcare, educational and livelihood support they vitally need.	Emphasizes work with the government as a sustainability mechanism and advocates for the same with its local partners. It realizes that the home-base care program of the government doesn't fully integrate food security and, nutrition and livelihoods. It is wholly dependent on donors and	Social protection should focus on issues related to livelihoods and economic empowerment as this would greatly contribute to food security and nutrition of PLHIV. Moreover, the integration of food security and nutrition should provide for social protection policies for PLHIVs	Most donors do not prioritize the food aspect and livelihood activities which are implemented by local NGOs or partners of either larger NGOs or international NGOs depends on the capacity of the implementer in the area of livelihoods. Most partners depend on the WFP for the food aid support

international organizations to provide for this aspect that doesn't contribute to sustainability. Furthermore, Global Fund which provides for the majority of ARV treatment in Cambodia focuses a lot on the drug treatment rather than an integrative approach to the Continuum of Care (CoC). This "disconnect" between the ARV treatment and the food security and nutrition may mean probability in terms of drug resistance for those taking up the first line of regimen treatment which are cheaply produced and generic; or can cause serious side effects which would mean that the HIV positive patient would have to upgrade to the more expensive second line of treatment. Both lines	such as cash transfers and the like. But it admits that this will take time and considering the government's priorities in the context of the financial crisis, this is not possible. Other areas to look at would be support in subsistence farming or backyard farming even in a small plot of land.	aspect.

of treatment regimen are funded for by the Global Fund – however, if the issues related to food security and nutrition isn't fully addressed and integrated together with treatment, it would mean the procurement of more expensive drugs. Within the context of the financial crisis, apprehension and questions are raised as to the impact this would have on the Global Fund. Currently there are 67,000 PLHIV in the country, 32,190 of which are addressed by ARV treatment and on the first line regimen treatment. There is a concern that by 2020, PLHIV might move towards the second line regimen treatment.

Respondents	Profile	HIV-AIDS theme	Social Protection themes	Food Security
		Local NGOs		
KHANA (Khmer HIV/AIDS NGO Alliance)	KHANA's Integrated Care and Prevention Program (ICP) remains its largest. The central focus of this program is the provision of home-based care services by trained Home Care Teams (HCT) to people living with HIV (PLHIV), orphans and vulnerable children (OVC) and their families. Services provided by Home Care teams include: referrals to health services, positive prevention information, access to income generation activities (IGA), food support, and supporting school attendance for orphans and vulnerable children (OVC).	PLHIVs often sell their lands and possessions in order to secure drug treatment – consequently they lose productive assets such as land; many are forced to live with their relatives as a result. The biggest supporter of KHANA when it comes to its Home-Base Care (HBC) program is the World Food Programme. KHANA has observed that PLHIVs living in urban areas are readily able to find jobs no matter how menial when compared to those living in rural areas- particularly those with no more land and have to live with relatives. KHANA does not work with the government with regards to HBC but it does work with other	Some PLHIVs have no land and depend on the family and relatives	The challenge is that the food support provided to its beneficiaries is not enough – their situation would be made even more vulnerable once the support is cut off. Which means they would have to be taken in again once support is available. With the tight resources of WFP which is focused on areas outside Phnom Penh, it is recognized that PLHIVs are a second priority. With the limited resources of WFP and the impact of the financial crisis, they have been forced to cut back and focus on the most vulnerable which has impact on the operations of KHANA. It would have to source out additional funding for other areas previously

	NGOs of agricultural or livelihood expertise to provide for the income generating activities aspect. Disclosure is still a problem because PLHIV will not reveal their status due to the stigma involved. PLHIV with no support because they did not disclose their status means that they will not get any food support or treatment. About 20,00 (from 40,000) of PLHIVs are not supported with food.	covered under WFP. Sustainability is seen in the strong linkage of food security, regimen treatment and livelihood support depending if rural or urban; in the case of those with no land, income generating activities need to be emphasized – that is not yet possible for all PLHIV and still need support from WFP. KHANA shared that one time when the food prices were high, WFP had to suspend operations for three months last year – some of their beneficiaries had to go to Thailand to work. It estimates that currently its beneficiaries live on rented land or with relatives. In the case of their beneficiaries, the provision of micro-credit from local banks is next to impossible because no-one would

				guarantee them. Sees that micro-credit can play a role towards improving the lives of PLHIVs using the self help groups as the entry-point. KHANA is working along these lines and is working on additional trainings on financial management. Local authorizes see that support is given by NGOs and therefore do not involve in the needs of the PLHIVs. When they plan their development plans, it is still a struggle to get them to involve in the PLHIVs. Recommend that both government and NGOs in terms of policies and collaboration rather than leave the food support and treatment regimen to the NGOs.
HACC	HIV-AIDS Coordinating Committee is a	Donors need to respond and prioritize to the needs of the	When you look at sustainability, you look at the systems	Perspective of the respondents is that there is inadequate

HIV/AIDS. It leads, strengthens and supports an expanded response to the epidemic that will prevent the spread of HIV, provide care and support for those infected and affected by the disease, reduce the vulnerability of individuals and communities to HIV/AIDS, and alleviate the impact of the epidemic. The partnership between the community members and the HBC teams assisted in making the project activities reach out to increased numbers of people at minimum cost, as the cost was shared with the target group. Its food support program is supported by WFP and is a partner of KHANA.	social and development issues as well. The community provides for social support towards the PLHIVs as well as home visits. Yet CHEC understands that since PLHIVs live longer, there is a burden in the future in terms of treatment regimen provided to them and the sustainability of support given by NGOs – this is a realization given the recent financial crisis. Remote areas are still inaccessible to the access of ARV – these needs to be also prioritized by NGOs. There is also the inadequate number of HBC teams – around 300 teams servicing 30,000 PLHIVs in the country. Donors also have limited programs and NGOs rely on the treatment provided by	member but admits that it is not enough to last a month. CHEC also provides for donations at the pagoda which takes in orphaned and vulnerable children (OVCs) who are either orphaned by parents who have died from AIDS and/or who are also themselves infected. It builds assets through micro-credit that it provides for its beneficiaries such as chicken raising. The training is provided in collaboration with CEDAC for agricultural livelihoods. Maximum loan is $50/day for chicken/pig-raising, buy and sell vegetables. Also the organized the self-help groups (of PLHIVs) in the areas that they work with to pool resources and increase the amount of

		the Global Fund. The challenge for PLHIVs is transportation or accessibility to the health centers to receive their ARV each month and get weighed. HBC doesn't give the ARV. Some NGOs have transportation allocation under the HBC program but not all. One health center can cover 10,000 people and there are 46 ARV sites which are funded for by donors.		the loans – they are formed through the health centers. WFP only covers the most poorest provinces because of resource limitations – this leaves out those who are also chronically poor but not yet qualified to belong to the most vulnerable The health equity funds can serve the PLHIVs but these are for generic health needs – not related to the ARV treatment that is provided in specified health centers. There are also challenges in terms of quality of the drugs that are available. The government should take sustainability for these programs and referring to other NGOs, should strongly advocate for this.
CPN+	Cambodian People Living With	CPN+ works in organizing provincial	The respondent is not aware of specific	While CPN+ acknowledges that

HIV/AIDS Network (CPN+) was recently formed to help PLHA lead a higher quality of life through increasing access to health care; improving livelihoods by increasing employment opportunities; capacity building; empowerment and increasing solidarity whilst simultaneously combating the discrimination, violence and social stigma surrounding PLHA by advocacy and lobbying.	network organizations of PLHIVs throughout the country using the self-help groups (sometimes called MM or Friends Helping Friends). Issues of the PLHIVs are raised during provincial meetings with the government together with the NGOs – most of the issues raised are about health and food security. But government works very slowly on these issues and this sort of mechanism is still weak. The perspective of the respondent is that the government wants them to "shut up" on the issues they are raising. As a result, sustainability is hard to achieve. It has become harder (via anecdotal evidence that the respondent receives) considering the increasing food prices and economic crisis.	social protection policies towards PLHIVs and defines social protection s the informal coping strategies such as relatives taking in those with PLHIVs as well as the support given by NGOs in terms of food support.	food support is provided for via the HBC, there is still need for sufficient food. The problem with most who serve the PLHIVs is that they only work in accessible areas. PLHIVs in remote areas have difficulty access their ARV unless allocated in the budget of the NGO. He has heard of complaints from the provincial groups which need to be validated that some NGOs do not give the required amount of rice and food or charge them for the food. Oftentimes, the food support gets delayed. It is very difficult when PLHIVs have no job or income or even a small patch of land (some stay in pagodas). Currently it is working on a proposal related to income generating activities for PLHIVs

	NGOs provide for fragmented services when the services should be inter-related. It encourages that the HBC team be composed of HIV+ members The provision of the ARV regimen also has challenges because hospital staff who dispense of the medicines do not have the proper orientation and compliance of guidelines is weak. He has personally seen this when there were complaints (particularly in Siam Reap) in health centers about the quality and expiration of the drugs which are still being given out to PLHIVs. These drugs are placed in small plastic sachets rather than the mandatory boxes which easily show the expiration dates. This issue has also been raised to the government and so far,	that it is working out with KHANA. The economic crisis and increasing food prices have worried the PLHIV communities, particularly when there was talk last year that WFP had to scale back on its food support. The food support is better now compared to four-five years ago and most representatives in the provinces say that while ARV is important, what is more important is access to food. Respondent has heard about the TWG-FSN but does not know if they have policies related to PLHIVs

		investigation was done in some of the hospitals in Siam Reap but no policy response or implementation has been done. These issues are being raised but advocacy is also very slow in terms of collaboration with other NGOs. The respondent does not know about the health equity funds		
PWHO (Positive Women of Hope Organization)	Established in 2005, PWHO is a local NGO providing support for and by HIV-positive women. The organization works to improve the quality of life of women and children affected by HIV/AIDS through sustainable social and economic reintegration, and by enabling participation in social and community activities without stigma and discrimination.	PWHO operates by providing livelihood to women members by developing handicrafts for exports. Members are recruited through awareness building in hospitals with PLHIVs as patients. Interested members come to the organization and can earn a minimum of $1/month when demand is low – this is one reason why members would go find higher incomes outside of PWHO. Prior to the economic	Sees social protection as reliance on the household and community. Do not know about equity funds.	This contributes greatly to food security because members are given a share of the profits

		crisis, they ad markets in France, New Zealand and Australia. Most of their international markets, they were able to attain through their donors and linkages. But now demand is low and members have gone to look for income outside PWHO.		

Respondents	Profile	HIV-AIDS theme	Social Protection themes	Food Security
		Donors/Multilaterals		
Food and Agricultural Organization		FAO does not go into target beneficiaries but acknowledges that in the aftermath of the economic crisis – vulnerable groups such as those who are HIV+ are hit the hardest. The positive aspect that came out of these twin crises is the government's political will and commitment to invest more on agriculture.	In terms of social protection, the respondent believes it is a relatively new concept and defines it as humanitarian actions that follow a disaster. Social protection and social safety nets need to be defined clearly as well and proposes that a scoping exercise be done before any implementation is done. The respondent	There are various mechanisms (technical working groups) related to food security; for example there are technical working groups for land (it being a sensitive issue) under the Ministry of Land Management and Urbanization; technical working group on agriculture and another for water, another for rural development and the

		believes that informal coping strategies are still very important and is working well in Cambodia.	policy making body is the food security and nutrition working group. There are huge challenges in the communication and administrative process which leaves very little room for efficiency. This means that all the other working groups only monitor the food security indicators related to their area of work and ensure that they are meeting the National Strategic Development Plan. FAO doesn't have its own indicators but ensures that they are aligned to that of the NSDP. The process is the results of the monitoring are used to update the policies – however there is no monitoring body, therefore the FSN is seen as weak by the other technical working groups. The FSN Strategic Plan is

		therefore seen as ineffectual and only adds another layer to the bureaucracy since all ministries can align their food security indicators to the NSDP. The reasons for the establishment of all the working groups was because development partners found out that aid wasn't efficiently utilized with the following principles being followed (a) Ownership; (b) Alignment; (c) Harmonization; (d) Results-based Management and (e) Sustainability. The issue of results-based management is a challenge for FAO because it has core funding and pipeline projects that depend if funding is available. In the respondent's opinion, if the development partners provide resources to the government,

cannot be trusted.
As a specialized agency, it has no need for services of NGOs since its mandate is to work with government – unless its externally funded projects require the collaboration of NGOs.
The Farmer Field Schools for example is the provision of in country or local training to disseminate at the grassroots level – there is already a resource pool but they do not provide for free services related to food security. The core of the FFS is to train its government counterparts on farming and agricultural techniques and then select potential farmers with commitment and the resources – one other requirement is that the individual would have less 0.5 hectares.
In general, people own

				less than 0.5 hectares of land – this is emphasized over other indicators such as assets, employment and nutrition.
World Food Programme	WFP Cambodia has never had a full quote for all food support to its programs in the area of health. Again this is dependent on donor priorities – for example for 2009, Maternal and Child Health was fully funded meeting the targets, however, and in the area of HIV-AIDS it was only 88%, followed by Tuberculosis 77%. HIV-AIDS is a second priority for WFP in terms of health.	When you talk about social safety nets or social protection in the area of food security, need to bear in mind the health and nutritional status as well as sustainability. With its service providers, WFP has an agreement that they provide complementary activities related to livelihood – this is due to the fact that WFP is limited to only food support. The success of these livelihood programs is dependent on the expertise of the NGOs on the appropriate support to be provided in the areas that they serve as well as other funds that they can leverage.	WFP is depending o its donors very year; targets are then susceptible to rising food prices, and the donors priorities. WFP provides for support for six months and then move to other areas – it is assumed that after six months, the households will be nourished enough to support themselves. This strategy is done to cover other areas with the most need considering limited resources. But what happens for the most part is that those households fall back to the same situation and need to be taken back again. The barriers being faced by WFP are the low budget allocated

				to food – ergo priorities have to be made in the case of last year when it had to downgrade support to some areas; low capacity of government in terms of technical expertise in food security and procurement experience – WFP has difficult engaging with government because they do not provide for operational costs but rather simply food support.
United States International Development Program		USAID has started its Home Base Care and Continuum of Care since 1998. From 2000, MSF provided for the ARV and by 2003, Global Fund supplies for the treatment until now. USAID now has 56 HBCs in the whole country and 90% of its beneficiaries receive ARV now with regular home visits	The social protection concept is integrated into the HBC package – since the basic need is health support. If parents die, it works with its partners to collaborate with the local communes so inheritance can pass on to the family. The NGOs are also a form of social protection mechanism.	The income generating activities of the HBC package amounts to $30/HH only. If one team covers 100 PLHIVs, then there could be a joint enterprise. These can be for initial capital in terms of selling vegetables, and raising animals or can. However, the livelihood support aspect is dependent on

	complemented with small income generating activities. There are restrictions however since a survey is needed prior to targeting the households – the main criteria is malnourishment rate in the household. Support is given for 6 months only. $50M/year is spent on HIV assistance – a maximum of 30% covers the community activities (such as the HBC) which are implemented by NGOs. USAID encourages its partners to focus on the livelihood support since it will provide income and jobs for the PLHIVs but it has had uneven progress with its partners on this. It is considering a new approach in making PLHIVs more proactive and not just dependent on the	NGO implementation and there is a challenge in how that money is utilized.

NGO – it sees the Self Help Group as that entry point at the national and provincial level since it has seen funding decrease in this aspect by 50% in the past two years. This needs commitment at the government level. ARV treatment is ensured by Global Fund till 2011 and while there are cases of first line resistance to the ARV regiment but NCHADS has procured the second line regimen although this is not yet a big sector of PLHIVs. For now, INGOs fund for comprehensive package towards PLHIVs rather than donors but there is very little emphasis on the issue of empowerment which can be done through livelihood activities.

Respondents	Profile	HIV-AIDS theme	Social Protection themes	Food Security
		Government		
National Aids Authority		Currently 95% of the PLHIVs are able to access ARV but this doesn't translate to health since one has to take a look at the food and nutrition aspects. Furthermore, it shouldn't stop there but there needs to provide a holistic package that emphasizes on empowerment. When it comes to budget priorities of HIV-AIDS, there is very little difference from the 2007 and 2008 budget expenditures. Donors will say how much is being spent but in terms of costs and operational plan – very few of the donors will give their plans on this and although it is agreed those donors'	The respondent sees social protection and social safety nets as a relatively new concept but argues that these are fine approaches but how does it address the long-term issues of poverty and inequality? "Why build a net for the people who walk on the tightrope to fall over?" Why not build them solid roads for them to confidently walk on?	With regards to the food support, the respondent looks at how long the support for food can last? WFP has discussed this with NCHADS but the agency's expertise is on statistics and not development. This is why WFP turned to NGOs such as KHANA and World Vision to deliver the food support. When conducted a study under the OVC Task Force, it was found out that there was no systematic mechanics in terms of how much food support is delivered by the HBC team and has then proposed own criteria – which is supposed to be integrated and used by

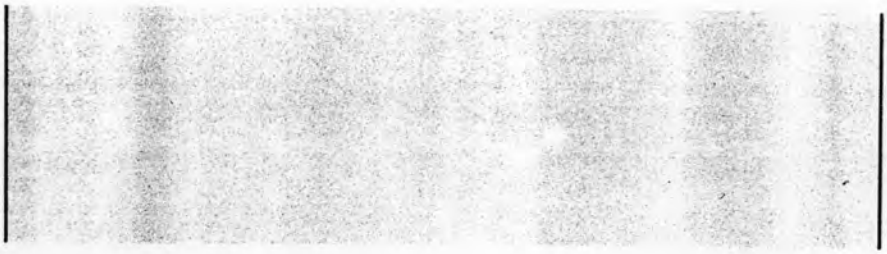
		plans have to be aligned towards the NSDP. The problem according to the respondent is that the Government-Donor Joint Technical Working Group is a stand-alone system with no watchdog groups. There are already established groups for each HIV response component but one can get lost in the maze of working groups. These need to be streamline so they can report to the GDJ-TWG as well as assess the priorities of the donors and government. Currently the Global Fund covers 30%-40% of the HIV-AIDS budget. Other stakeholders would listen to the priorities of the GF rather than NAA.	the HBC team. Some groups such as those not under the WFP umbrella have their own systems. There are severe food security problems along the Tonle Sap Region because the population is very poor and have encroached into natural forests, there is a lack of direct service delivery and due to environmental degradation. There is no strong investment when it comes to agriculture. The legacy in a post-conflict society such as Cambodia is the low social capital and trust as well as the investment needed in areas such as water, agriculture, health and education.
CARD	Council for Agricultural and Rural Development	In terms of social protection or social safety nets, the	

technical working group on food security and nutrition started mapping and scoping on the existing safety nets in the country and worked closely with World Bank and Asian Development Bank on This. A National Forum was organized last year to initiate the development of Social Safety Nets in Cambodia which was only finished last month.

The challenges towards this were implementation and fragmented approach by the players involved; and not enough funds. Also some interventions were small and either had to be scaled up or strengthened. The reason for the fragmentation was because there was no existing agency coordinating the efforts.

Already is

	commitment by both development players and government to strengthen the social safety nets. Once these discussions are done, the agency can then have a clearly picture of what social safety nets mean – clearly the definitions can encapsulate a lot of interventions. Within the Cambodian context, social safety nets are seen as assistance or support since it targets vulnerable groups. The agency does not have enough resources and there is limited capacity within the line ministries about the concepts of food security, let alone social protection. Awareness is needed with the inclusion of the development partners who believe that food security is only limited to food availability and productivity.



Respondents	Profile	HIV-AIDS theme	Social Protection themes	Food Security
		Grass-roots		
Kim Khong, MMM Coordinator for Siam Reap for 3 years.		Another concern for them is some live far from the health center and therefore inaccessible to get their ARV treatment. Sometimes this is included in the HBC treatment, sometimes not. It depends on the NGO that funds the activities. Advocacy in terms of improvement towards the treatment of PLHIV is a struggle because of the hierarchy level with government.	Due to the crisis, some PLHIVs in Siam Reap go back to outside the town proper to be with relatives and family who can help provide for them – or if they have land, they go back to that.	The big issue for PLHIVs in Siam Reap is food insecurity because PLHIVs have sold off lands and other assets, most of them are poor and generally engaged in the informal economy – buying and selling in local markets, motopod drivers, etc. The reason they sell their assets is because they are paying for the ARV treatment rather than disclose their status and indicate their names at their health center.
Focus Group Discussion: Respondents were evicted from Borei	Five respondents were interviewed for this discussion. When asked to describe their living conditions after they were evicted – the majority said that life was better in terms of their health since they were not in the city anymore whereas the rest said that had they gotten financial resources, they would rather go back to the city. Some of them have their children studying in Tuol Sambo (since there is a			

Keila and relocated to Tuol Sambo	primary school nearby) whereas others are studying in Phnom Penh or in their home provinces under the care of relatives. When asked about their food security, they indicated that their home-base care team – the Center of Hope – provides for the food support every month and has a mobile clinic that comes regularly on Fridays to check their generic health needs. However in terms of ARV treatment – a Catholic NGO provides for their transportation fee to go to the nearest health center, oftentimes they prefer to go to Shihanouk Hospital since that is where they are registered (depending as well on the health center they have registered under). Two out of the five respondents have started their own small buy and sell in the area but the only customers are the 42 other families – no-one less from Tuol Sambo wants to buy from them and there have been cases of discrimination as well. When asked where they buy their supplies, they responded that they go all the way to Phnom Penh to buy them wholesale since it was cheaper there. Sanitary wise, the people have problems with water and have to buy potable water from the nearest market that is 10 minutes away by an available motorbike, and although housing was provided by the municipality, it is made out of tin and therefore very hot. People's perceptions on weather that they are not getting any better there or if they were better off health-wise are mixed. Some answer depending on accessibility to the health center, others to the living conditions of the area they are in. Almost all agree that they have been urged by health practitioners when they get their ARV treatment to eat more nutrients. Everyone agrees that there is a need for livelihood support – three out of the five do not have work since in Phnom Penh, they were washing dishes, being motopod drivers, or buying and selling. There is no work for them in Tuol Sambo and the food support provided for them is not adequate to last a month. There are also apprehensions raised by the respondents that of the easing out of Center of Hope in the next 3 to 5 months and the introduction of a new HBC team. When asked if they have requested the new HBC team to orient the community, the respondents replied that they were told this would be done after Center of Hope is no longer in the area. There are rumors that the food support for them will no longer be provided on a monthly basis but will select 5 families per month to distribute the food to until the whole 42 families are given food.

BIOGRAPHY

Marly Anne Bacaron was born in Davao City, Mindanao, Philippines – a region known as a land of promise with rich multicultural diversity but filled with violent clashes from both Christians and Muslims. She is the product of a migrant family spanning three generations. Both paternal and maternal grandparents moved from different parts of the country to settle in Mindanao. Her maternal grandfather married her indigenous grandmother. She together with her family moved out of the country for work when she was six to settle for more than twelve years in the Middle East. Her background has given her a deeper appreciation of her mixed cultural heritage and the constant travels sowed the seeds of social development in her – starting as early as high school as a social activist.

Her areas of work have spanned gender, peacebuilding, organizational development, disaster management and health in various capacities as managing director, consultant, research associate and program officer.