



CAMBODIAN HIV/AIDS EDUCATION AND CARE (CHEC)

CHEC
Strategic plan
2013

Developed by CHEC staff with community representatives
Phnom Penh, November 2012

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Introduction

Cambodian HIV/AIDS Education and Care (CHEC) is a respected local non-government organisation, specialising in both the delivery of training for the prevention of HIV transmission and in the provision of care and support to people living with HIV and AIDS.

CHEC localised from an international non-government organisation called Quaker Services Australia, and has been registered as a local non-government organisation with the Ministry of Interior of the Royal Government of Cambodia since January, 2001.

CHEC has been a key contributor to the gradual reduction of HIV transmissions within Cambodia, through ongoing work to raise awareness of HIV and AIDS and how it is transmitted, and to reduce stigma and discrimination towards people living with HIV and AIDS. CHEC has a strong community network of home-based carers, peer educators and other community-based activists. Traditionally, CHEC has excelled in the provision of public education in communities and home based care.

This document is the fifth strategic plan for CHEC, representing its fifth cycle of positive intervention in the lives of people living with HIV and AIDS and their families. In this strategic plan, CHEC is broadening its scope and applying its expertise in home based care and public health education to benefit additional community members who are experiencing poverty and other challenges to their health and well-being, including women who are at risk of gender-based violence.

For CHEC, the period 2013 to 2016 is an exciting time of growth, learning and embracing new challenges.

The context of CHEC

After a protracted civil war and the extraordinary brutality and violence of the Khmer Rouge regime in the 1970s, Cambodia is on the road to recovery. Cambodia's economic and social development focuses on achievement of the Millennium Development Goals. The Royal Government of Cambodia has customised these goals to the Cambodian context, renaming them the Cambodian Millennium Development Goals.

To achieve these goals, the Royal Government of Cambodia has established many initiatives, including a Rectangular Strategy (Phase II) and an (updated) National Strategic Development Plan (2009-2013). The Rectangular Strategy for growth, employment, equity and efficiency aims to promote economic growth, generate employment for Cambodian workers, ensure equity and social justice, and enhance efficiency of the public sector. The National Strategic Development Plan, updated for 2009-2013, outlines the actions, programs and projects that ministries and agencies of the Royal Government of Cambodia will carry out during the Fourth Legislature (2008-2013) of the National Assembly to implement key policy priorities as laid out in Rectangular Strategy Phase II.

In addition to the Rectangular Strategy and the National Strategic Development Plan, the Royal Government of Cambodia has adopted more specific strategies for development in each of several important sectors. These include the:

- Implementation Plan (IP3) for the National Program for Sub-National Democratic Development (2010-2019)
- National Strategic Plan for Comprehensive & Multi-sectoral Response to HIV and AIDS III, which in turn is significantly informed by UNAIDS' Getting to Zero strategy (2011-2015), by committing to three zeroes: zero new HIV infections, zero discrimination and zero AIDS-related deaths
- National Social Protection Strategy for the Poor and Vulnerable
- National Action Plan to Prevent Violence on Women
- Neary Rattanak III, in relation to women's affairs

CHEC is committed to progressing economic and social development in Cambodia and, in a non-partisan manner, CHEC seeks to support the Royal Government of Cambodia to this end. Because of this, CHEC has spent a lot of time ensuring that its plans align closely with the plans and strategies of the Royal Government of Cambodia.

To further help CHEC ensure that it is truly meeting the needs of community members, CHEC commissioned an independent evaluator to prepare an external

evaluation of CHEC's programs in late 2012. The evaluator was also asked to undertake a community needs assessment and an organisational review.

The evaluation documents contain considerable information about the development trends in Cambodia, specifically those related to HIV and AIDS. The evaluation noted significant changes in the epidemiology and science of HIV and AIDS at a global level. This is accompanied by a global reduction in the level of funding available for HIV and AIDS, and development partners placing far greater emphasis on 'managing for results' and 'value for money' and greater international and national interest in integrating HIV and AIDS work into other health and social welfare interventions.

Cambodia has been relatively successful in reducing HIV infections. HIV is moving from being a generalised epidemic towards increased concentration in specific sub-populations. Parallel with this change, Cambodia is embarking on the implementation of aid and development effectiveness through the adoption of program-based approaches in all sectors including in HIV and AIDS work.

Key recommendations from external evaluation, organisational review and community needs assessment include:

- Support local networks to access relevant strategic information for planning community responses to HIV and AIDS
- Strengthen local ownership over (and assist with) local community planning
- Build synergies with and integrate with other health and welfare interventions at community level, improving collaboration and networking
- Prioritise working with young people, especially young men
- Continue and improve provision of public education in communities (to support positive behaviour change and prevent transmission of HIV and sexually transmitted infections among increasingly targeted sub-populations)
- Expand provision of home based care services
- Promote and support sustainable livelihoods that rebuild assets and reduce vulnerability
- Manage for results
- Consider adopting the 'five assets' model of understanding and addressing vulnerability

These recommendations have been seriously and fully considered as CHEC has determined how to make the most positive, significant and lasting contribution it can to Cambodia's social and economic development.

Vision

Vulnerable people, particularly people living with HIV and AIDS, have high quality of life.

Mission

CHEC collaborates with development partners, including community members, civil society organisations, private sector organisations and government, to improve the quality of life of vulnerable people, particularly people living with HIV and AIDS

Values

- **Service:** We believe that delivery of high quality programs and activities which are relevant to the needs of vulnerable people will make an important contribution to Cambodia's development.
- **Accountability:** We believe we should be answerable to the community, donors and government for the results of our programs.
- **Acceptance:** We believe that vulnerable people should be able to live in their communities, free from stigma and discrimination, and be able to include themselves in available and accessible community based programs and services.
- **Equality:** We believe that women and men should have the same opportunities to participate in, and benefit from, development.
- **Collaboration:** We believe that working together with development partners, including community members, civil society, private sector organisations and government, will achieve the best results.

Guiding principles

CHEC commits to convert its values into action. When we identify what actions we can take in order to live our values, we refer to these action statements as our guiding principles. Our guiding principles are as follows:

- **Service:** We deliver high quality programs and activities which are relevant to the needs of vulnerable people.
- **Accountability:** We answer to the community, donors and government for the results of our programs. In answering to the community, we strive to understand the diverse views of community members and allow them to shape the programs and services that we deliver.
- **Acceptance:** We support vulnerable people to live in their communities, free from stigma and discrimination, and we motivate them to include themselves in available and accessible community based programs and services.
- **Equality:** We engage with both women and men, we raise awareness of how gender impacts on the opportunities available to women and men, and we try to ensure that women and men have the same opportunities to participate in, and benefit from, development.
- **Collaboration:** We work together with development partners, including community members, civil society, private sector organisations and government, trying to achieve the best results.

Impact

CHEC has carefully considered the change that it would most like to see in Cambodia. This change is an **improvement in the quality of life of vulnerable people, including people living with HIV and AIDS**. Improvements in quality of life for vulnerable people are the impact of CHEC's work. Whilst CHEC cannot be fully responsible for achieving improvements in quality of life, CHEC can make an important contribution towards helping people to achieve an improved quality of life.

Quality of life is important for all people, no matter rich or poor. Quality of life is about being able to meet our needs. Our needs are fundamentally the same even though our circumstances may be different and the way we meet our needs may be different. For example, having a good quality of life may mean having access to independent transport. For some people, independent transport may mean being able to buy tickets for airplane travel. For others, it may mean owning a bicycle.

What does quality of life mean for vulnerable people?

Achieving improvements in quality of life is important for all vulnerable people. For people who are living with HIV and AIDs, quality of life can focus on having access to good quality care and support. For people at risk of contracting HIV and AIDS, quality of life can be about maintaining good health and not contracting HIV or AIDS. For people who are extremely poor, quality of life can be about access to housing, education and adequate nutrition.

CHEC has learnt that one of its donors, CAFOD, has a way of understanding quality of life that is helpful and relevant to CHEC's requirements. CAFOD uses a battery of life, which shows life to be like a series of battery cells, which need to be charged.

Using CAFOD's understanding of quality of life as a guide, CHEC has determined that, for its purposes, quality of life has four dimensions: mental health and emotional well-being, physical health, living standards and rights and relationships. Using these four dimensions, CHEC has nominated a suite of indicators that can show improvements in the overall quality of life of vulnerable people.

Mental health and emotional wellbeing

- *Increased life satisfaction of vulnerable people, including people living with HIV and AIDS*

Physical health

- *Improved health for vulnerable people, including people living with HIV and AIDS*
- *Reduced mortality for people living with HIV and AIDS*
- *Reduced number of HIV infections, sexually transmitted infections and tuberculosis infections*

Living standards

- *Increased access of extremely poor women, men and children and people living with and affected by HIV to basic human needs including shelter, food, water, sanitation, education, and adequate income*

Rights and relationships

- *Increased community and self-acceptance of vulnerable people, including people living with HIV and AIDS*
- *More equitable gender relations*
- *Reduced incidence of domestic violence and rape*

Diagram 1: Quality of life



A strategy for measuring impact

CHEC has developed a plan for measuring improvements to quality of life for people in communities where CHEC works. CHEC will:

- Administer a 'battery of life' questionnaire to all vulnerable people with whom CHEC engages. This will enable baseline data to be collected.
- Re-administer the 'battery of life' questionnaire every 6 to 12 months
- Analyse and document improvements to quality of life, as assessed by participants themselves, using the 'battery of life' questionnaire

In addition to tracking how vulnerable people perceive changes to their quality of life, CHEC will also collect any available national data about the suite of indicators, specific to the four dimensions of quality of life. This will enable CHEC to corroborate changing perceptions with national trends.

Who are vulnerable people?

There are many vulnerable people in Cambodia. For this strategic plan, CHEC chooses to focus on four vulnerable groups:

1. Young people aged 15-25 years who are out of school. This group is deemed especially vulnerable to contracting or transmitting HIV.
2. People living with or affected by HIV and AIDS, including pregnant women and children
3. Women, men and children who have been formally identified as living in extreme poverty and have been given an identity card verifying this (ID Poor 1 or 2)
4. Women who are subjected to, or at risk of being subjected to, gender-based violence, and their partners and children. CHEC focuses its efforts on three types of gender-based violence: domestic violence (physical, sexual, economic and emotional violence), human trafficking and rape.

Who are CHEC's volunteers?

To support vulnerable people, CHEC has recruited

- home-based care team members
- peer educators and
- community action group members.

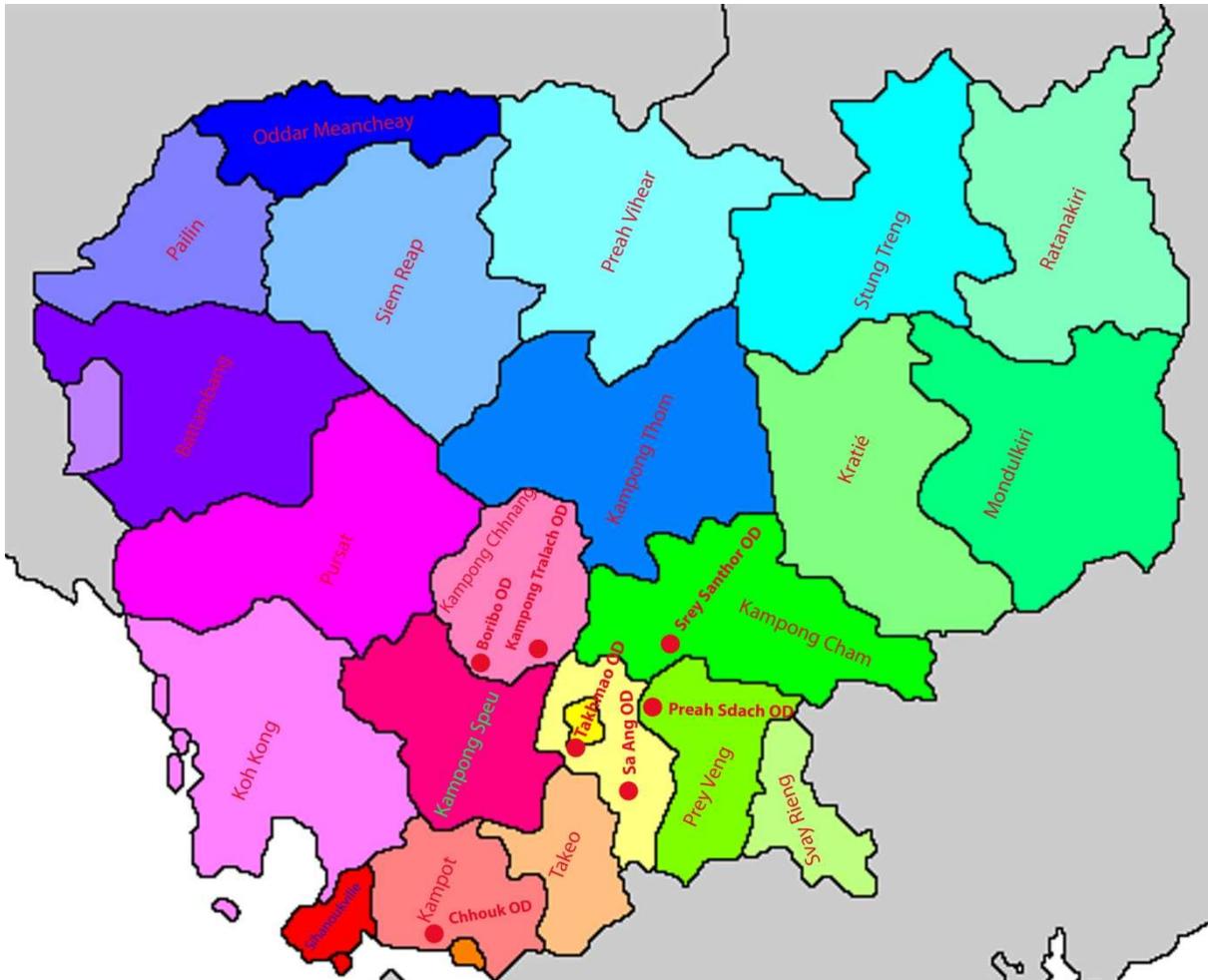
These people are collectively known as CHEC volunteers and they receive a small stipend from CHEC to assist them in performing their duties.

CHEC volunteers are variously drawn from communities which comprise civil servants, elected officials, community representatives and people living with HIV and AIDS.

Many of the people with whom CHEC engages are not easily categorised. Rather, they have multiple identities in their relationship with CHEC.

Where CHEC works

CHEC works in seven districts across five provinces. CHEC is active in the areas highlighted by red dots:



All health-related activities are organised by operational district.

All non-health related activities are organised by administrative district.

Not all activities and programs are currently implemented in all areas in which CHEC is active. However, pending appropriate funds becoming available, CHEC wishes to ensure that all activities and programs are made available to all vulnerable people in all areas in which CHEC is active by the end of 2016.

Alignment with government priorities

CHEC believes that the government should be answerable to communities for the implementation of its plans and policies. CHEC also commits to assisting the government to implement its plans and policies, wherever practicable.

The change that CHEC wants to see **and** the vulnerable groups that CHEC works with, each align to the targets of the Royal Government of Cambodia.

CHEC variously contributes to:

- Cambodian Millennium Development Goals – CHEC contributes to achieving goals 1,3,5 and 6
- Rectangular Strategy Phase II
- National Strategic Development Plan (2009-2013)
- Implementation Plan (IP3) for the National Program for Sub-National Democratic Development (2010-2019)
- National Strategic Plan for Comprehensive & Multi-sectoral Response to HIV/AIDS III
- National Social Protection Strategy for the Poor and Vulnerable
- National Action Plan to Prevent Violence on Women
- Neary Rattanak III

CHEC makes a contribution to national priorities in the areas of health and especially HIV and AIDS, poverty reduction and women's affairs, as follows:

Health, HIV and AIDS

CHEC makes an important contribution towards achieving Cambodian Millennium Development Goal 6, to combat HIV/AIDS. CHEC's priorities closely align to the National AIDS Authority's **National Strategic Plan for Comprehensive & Multi-sectoral Response to HIV/AIDS III**, known as NSPIII.

- CHEC's strategic goal 1 to promote knowledge and understanding is directly linked to NSPIII's strategy 1 (prevention) and strategy 4 (leadership).
- CHEC's strategic goal 2 to provide home visits, support and referrals is directly linked to NSPIII's strategy 2 (treatment, care and support).
- CHEC's strategic goal 3 to collaborate to build supportive networks is directly linked to NSPIII's strategy 3 (impact mitigation) and strategy 6 (strategic information).

CHEC also plans to ensure that its monitoring and evaluation system aligns with the national monitoring and evaluation guidelines produced by NAA.

Recognising that the National AIDS Authority and Ministry of Health support and help implement UNAIDS' vision for getting to zero, CHEC has similarly taken account of the **Three Zero approach**. The three zeroes – zero new infections, zero discrimination and zero AIDS-related deaths are each included in the suite of indicators that CHEC uses to measure quality of life:

1. CHEC's indicator of 'reduced number of HIV infections' directly correlates to zero no new infections.
2. Similarly, CHEC's indicator, 'increased community and self-acceptance of people living with HIV and AIDS' directly correlates with one of the zeroes, no discrimination.
3. Finally, CHEC's indicator, 'improved health and reduced mortality of people living with HIV and AIDS' directly correlates to zero AIDS-related deaths.

Furthermore, one of CHEC's target groups of vulnerable people is out of school youth, which the Royal Government of Cambodia has nominated as a priority target group for the Three Zero approach.

Poverty reduction

CHEC is making a contribution towards achieving Cambodian Millennium Development Goal 1, to eradicate extreme poverty and hunger, and indirectly to the National Strategic Development Plan and Rectangular Strategy. To do this, CHEC is aligning itself to the poverty reduction priorities of the Royal Government of Cambodia, as expressed in the Council for Agricultural and Rural Development's **National Social Protection Strategy for the Poor and Vulnerable**.

- By increasing access of extremely poor women, men and children to basic human needs (indicator of quality of life), CHEC helps to achieve 'improved social protection for the poor'.
- CHEC targets people who hold ID poor 1 and 2 cards, in part because these people are a nominated priority target group of the National Social Protection Strategy.

Gender

*CHEC contributes to Cambodian Millennium Development Goal 3, to promote gender equality and empower women, and also contribute to the Ministry of Women's Affairs (MOWA)'s Neary Rattanak III. To do this, CHEC aligns itself with MOWA's **National Action Plan to Prevent Violence on Women**.*

- CHEC's indicator of quality of life, more equitable gender relations and reduced incidence of gender based violence matches the National Action Plan's commitment to end violence against women.
- CHEC also shares the same priority target groups as the National Action Plan: Women at risk of gender based violence **and** their male partners.

CHEC commits to participating in the development of MOWA's forthcoming national strategy addressing violence against women and to seriously consider reviewing its new strategic plan to ensure that its activities fully align with MOWA's plan.

Goals, objectives and indicators

To deliver its mission to collaborate with development partners, including community members, civil society organisations, private sector organisations and government, to improve the quality of life of vulnerable people, particularly people living with HIV and AIDS, CHEC has nominated five strategic goals. Four of the goals are aligned with the vulnerable groups served by CHEC while one goal is the enabling goal. The goals are written with a focus on results. Progress towards the goal will be measured using impact and outcome indicators.

For each strategic goal, there are corresponding objectives. These objectives will be detailed further in CHEC's operational plan, where they will be rendered highly specific, measurable, achievable, realistic and timebound. Progress towards the objectives will be measured using indicators.

17 Out of School Youth

Goal: Within the next 3 years the quality of life of 15,462 out of school youth will be improved through the provision of accurate information on reproductive health, HIV, life skills, gender issues and support services within the 7 operational districts of Cambodia.

Impact and outcome indicators used to measure progress towards the goal:

- Improved quality of life for out of school youth.
- Improved gender equality among out of school youth.
- Reduced number of HIV and STI infections among youth.
- Increased community and self-acceptance of out of school youth.
- Increased confidence of youth out of school.

Objectives:

1. Out of school youth engage in more gender equitable behaviour related to HIV and STI transmission.
2. Out of school youth reduce their risk taking behaviour related to HIV and STI transmission.
3. Out of school youth increase their use of HIV and STI testing and treatment services.

4. Out of school youth receive increased support from parents, friends, relatives, religious leaders and local authorities.

Indicators used to measure progress towards the objectives:

- % of out of school youth who practice more gender equitable behaviour.
- % of out of school youth who reduce their risk taking behaviour related to HIV and STI transmission.
- % increase in the use of HIV and STI testing and treatment services by out of school youth.
- % of out of school youth who receive increased support from community. Resources such as parents, friends, relatives, religious leaders and local authorities.

2. People living with and affected by HIV, including pregnant women and children

Goal: Within the next 3 years the quality of life of people living with HIV and orphaned and vulnerable children will be improved through the support of the community, including improvements in mental health and emotional wellbeing, physical health, living standards and rights and relationships in 5 operational districts of Cambodia.

Impact and outcome indicators used to measure progress towards the goal:

- Improved Quality of Life for PLHIV and OVC.
- Increased gender equality within PLHIV and OVC families.
- Increased income generation activities among PLHIV and OVC carers.
- Reduced mortality of PLHIV (national level).
- Reduced number of TB infections (national level).
- Increased community and self acceptance of PLHIV and OVC.
- Increased confidence of PLHIV and OVC.

Objectives:

1. Families living with and affected by HIV engage in more gender equitable behaviour.
2. People living with and affected by HIV have improved income generation activities.
3. People living with HIV practice behaviours to help them stay healthy, including compliance with ARV treatment, treatment of opportunistic infections, TB testing, prevention of mother to child transmission, and good practices in reproductive health, nutrition, sanitation, safe water and life skills.

4. HIV negative spouses and children of people living with HIV increase their use of voluntary confidential counselling and testing (VCCT) services.
5. People living with and affected by HIV have increased support from community resources (parents, friends, relatives, religious leaders) and local authorities.

Indicators used to measure progress towards the objectives:

- % of families affected by HIV that increase gender equitable behaviour.
- % of PLHIV and OVC carers that improve their income generation activities
- % of PLHIV compliance with TB testing, OI/ARV and PMTCT.
- % of HIV negative spouses and children who increase their uptake of HIV testing.
- % of people living with and affected by HIV who receive increased support from community resources such as parents, friends, relatives, religious leaders and local authorities.

17 Extremely poor women, men and children with ID Poor 1 or 2

Goal: Within the next 3 years extremely poor women, men and children will have increased quality of life through improvements in health, education, income, access to basic human needs and increased support from the community and local authorities in 7 operational districts of Cambodia.

Impact and outcome indicators used to measure progress towards the goal:

- Improved quality of life for extremely poor families.
- Increased gender equality within extremely poor families.
- Improved health of extremely poor families.
- Increased access of extremely poor families to basic human needs.
- Increased confidence of extremely poor families.
- Increased community and self acceptance of extremely poor families

Objectives:

1. Extremely poor families engage in more gender equitable behaviour.
2. Extremely poor families practice improved behaviours related to nutrition, hygiene, sanitation, maternal & child health and primary health care.
3. Children from extremely poor families have improved school performance.
4. Extremely poor families have more sustainable livelihoods / income.
5. Extremely poor families receive increased support from community resources (parents, friends, relatives, religious leaders) and local authorities.

Indicators used to measure progress towards the objectives:

- % of extremely poor families who practice more gender equitable behaviour.

- % of extremely poor families who practice improved behaviours related to nutrition, hygiene, sanitation, maternal & child health and primary health care.
- % of children from extremely poor families with improved school performance.
- % of extremely poor families with more sustainable livelihoods / income.
- % of extremely poor families who receive increased support from community resources (parents, friends, relatives, religious leaders, etc) and local authorities.

17 Women who are subjected to, or at risk of gender based violence

Goal: Within 3 years women and girls aged over 15 years in 4 operational districts will have improved quality of life through reduced incidence of gender based violence and increased support from the community.

Impact and outcome indicators used to measure progress towards the goal:

- Improved quality of life for women and girls in 4 operational districts.
- Improved gender equality within families and the community.
- Reduced incidence of gender based violence.
- Improved health and wellbeing of women subjected to, or at risk of, gender based violence.

Objectives:

1. Reduced acceptance of gender based violence within the community.
2. Increased utilization of support services by women and girls subjected to, or at risk of, gender based violence.
3. Women and girls subjected to, or at risk of, gender based violence receive increased support from community resources and local authorities.

Indicators used to measure progress towards the objectives:

- % reduction in the number of women, men, girls and boys who believe the gender based violence is acceptable in any situation.
- % increase in the utilization of government and NGO support services by women and girls subjected to, or at risk of, gender based violence.
- % of government authorities (health centres and CCWC) that improve the support services they provide to women subjected to, or at risk of, gender based violence.

17 Enabling Goal

Goal: Within the next 3 years CHEC improves the accountability, sustainability and effectiveness of its programs in 7 operational districts, which leads to improve quality of life for all vulnerable people involved in CHEC programs.

Impact and outcome indicators used to measure progress towards the goal:

- Improved quality of life for vulnerable people.
- Improved accountability and sustainability of CHEC.

Objectives:

1. CHEC improves its organizational systems for governance and monitoring.
2. CHEC staff improves the quality of their work.
3. CHEC has increased funds, equipment and resources.

Indicators used to measure progress towards the objectives:

- Improved organizational systems for governance and accountability.
- Improved quality of staff work.
- Increased funds, equipment and resources.

Strategies

CHEC will use the following four strategies to achieve its goals and objectives:

1. Promote knowledge and understanding of health, HIV and AIDS, and women's and men's rights
2. Provide home visits, personal and material support, transport and referrals to existing services to vulnerable people
3. Collaborate with development partners including community, civil society, private sector organisations and government to build networks and coalitions that benefit vulnerable people
4. (Enabling strategy) Strengthen CHEC's accountability and sustainability

Annexes

1. List of communes in which CHEC is active
2. Current organisational structure
3. Description of process used to develop strategic plan
4. SWOT analysis
5. List of supporting documents

List of communes in which CHEC is active

Number of Commune and Villages in 7 Ods

N	Ods	Name of Commune	Number of Villages
1	Kg. Tralach	Ta ches	133
2		Kos Thkoave	
3		Chhok Sor	
4		Ampil Teuk	
5		Orusey	
6		Seb	
7		Set they	
8		Kampong Tralach	
9		Long veak	
10		Pea Ny	
11		Thmor Et	
12		Svay	
13		Chres	
14	Srey Sonthor	Kang Taning	133
15		Reay Pay	
16		Orkaar	
17		Sdoa	
18		Preak Kuy	
19		Khchao	
20		Orrey Srok	
21		Mean Chey	
22		Pteas Kandal	
23		Pram yam	
24		Baray	
25		Svaysachphnom	
26		Tong Tralach	
27		Say Por	
28		Preak Dambok	
29		Koss Annderth	

30		Preak Por	
31		Chipal	
32		Khnasor	
33		Preak Romdeng	
34	Chhouk	Lor ang	155
35		Dang Tong	
36		Angkormeas	
37		Khchay khang cheung	
38		Srer Chea khang cheung	
39		Dom nak sokrom	
40		TorTong	
41		Mean Rith	
42		Chhouk	
43		Lbek	
44		Noreay	
45		Mean Chay	
46		Tro Meng	
47		Ba Nover	
48		Beuong Nimol	
49		Ta Ken	
50		Don Yoy	
51		TrorPang plang	
52		Krang Sbaov	
53		Sat Pong	
54		Tra Pang by	
55		Krang Snay	
56		Srer samrong	
57		Chress	
58		Chum pou want	
59		Srer Cheng	

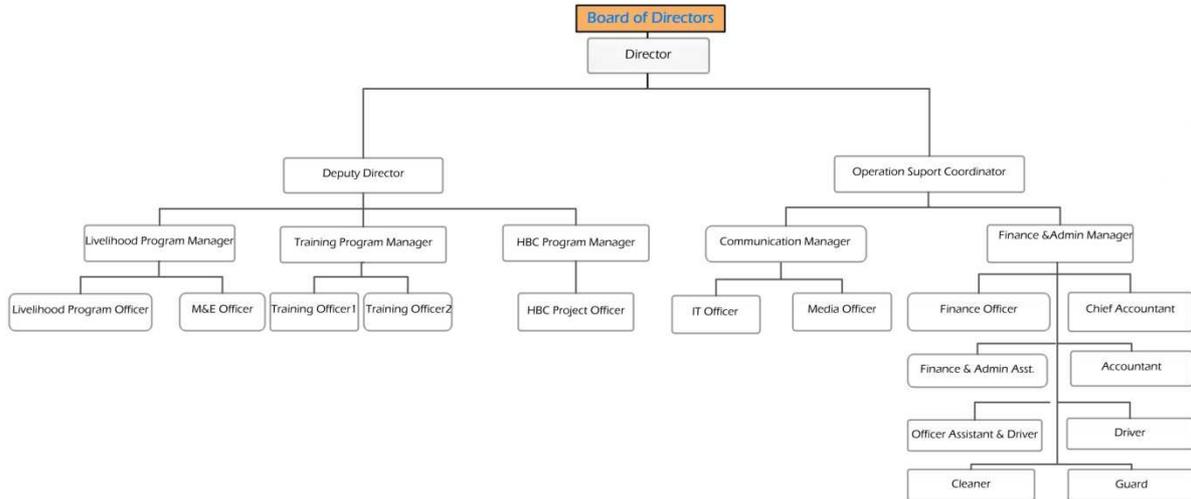
60		Snay Chith	
61		Tror Pang rieng	
62		Srer Khnong	
63		Thes Chor Acpivath	
64	Preas Sdach	Preas Sdach	119
65		Chay Kampok	
66		Beuong Doul	
67		Sena reach odom	
68		Buntheychackrey	
69		Angkor Reach	
70		Rear thor	
71		Krangtayoung	
72		Koss Sampov	
73		Rurrey Srok	
74		KampongBrasath	
75		Angkor Ang	
76	Sa Ang	Treuy Sla	86
77		Saang Phnom	
78		Koss khsach tonnle	
79		Svay Protal	
80		Koss Kel	
81		Ta Lounn	
82		Teuk Vil	
83		Preak Ambil	
84		Krang Yov	
85		Preak Koy	
86	Ta Khmoa	Cheung Keb	76
87		AmpovPrey	
88		Kandok	
89		Preaput	
90		Siem Ream	
91		Roka khpos	
92		Set bo	

93		Svayrolom	
94		Kamong Samnagn	
95		Prea ho	
96		Ta kdol	
97		Ta Khmoa	
98		Deum Mean	
99		Preak Rursey	
100		Chheur Tal	
101		Kampong svay	
102		Koss Annlongchin	
103	Boribo	Phsar	128
104		Melom	
105		Anngang rong	
106		Prosniem	
107		Tropangchan	
108		Chek	
109		Picchangva	
110		Punlay	
111		Porpel	
112		Khunrong	
113		Chhnoktru	
114		Pongror	
115		Bunthaypral	
116		Krang lovear	
117		Svay Chhrum	
118		Krang Skear	

N	OD	AD	# Com	# villages
1	Sa Ang	- Sa Ang	10	86
2	Ta Khmoa	- Ta Khmoa - Kean Svay - Kandal Steng	17	76
3	Preah Sdach	- Preas Sdach - Peam Chor	12	119
4	Srey Santhor	- Srey Santhor - Kang Meas	20	133
5	K. Tralach	- K. Tralach - Chhol Kiri - SamKi Meanchey	13	133
6	Boribo	- Boribo - Teuk Phos - Rolea Phoear	16	128
7	Chhok	- Chhouk - Dong Thong - Chum Kiri	30	155
Total	7 Ods	17 Ads	118	830

CHEC organisational structure (current)

CHEC ORGANIZATIONAL STRUCTURE



Description of process used to develop strategic plan

The process of creating CHEC's strategic plan was comprehensive and participatory. An explanation of the steps that were followed is below:

- A well-respected external consultant, Dr Tia Phalla, was commissioned to prepare an evaluation of CHEC's existing program, as well as to undertake a community needs assessment and organisational review. Findings and recommendations from his assessment informed the development of the current strategic plan.
- Cord Cambodia was engaged to facilitate two workshops for staff. In advance of the first workshop, all staff completed analyses of the strengths, weaknesses, opportunities and threats facing their ongoing work.
- The first workshop was attended by all staff and some community-based partners. Participants presented their own analyses, reviewed the vision, values and mission, selected themes and strategic objectives and began identifying strategic actions. The workshop involved solving puzzles, brainstorming, voting exercises, small group discussions and large group discussions. Dr Tia Phalla was a guest speaker at the workshop.
- Informal consultation with the board and feedback from senior staff about the achievements of the first workshop helped to shape the agenda for the second workshop.
- A second workshop was attended by senior staff, board members and representatives of donors and government. Participants reviewed and clarified work completed at the earlier workshop. The workshop involved small and large group discussions and practical exercises.
- As the strategic plan became more clearly defined, senior staff began to meet to prepare a matching operational plan. The operational planning process helped to identify further opportunities to refine the strategic plan. As such, the two plans, one strategic and one operational, were developed in tandem, informing each other.
- Senior staff reviewed and commented on multiple drafts of the plan.
- The board received an initial briefing about the strategic plan in November 2012, providing further comments and making important decisions.
- The board formally approved the plan on Nov 16, 2012.
- The strategic plan was presented to community based partners in early 2013.
- The strategic plan was presented to development partners and government representatives on Nov 7, 2012.

SWOT analysis

Program	Internal Organization		External organization	
	Strength	Weakness	Opportunity	Threat
Training	<ul style="list-style-type: none"> - CHEC strongly designed the Strategic direction to integrate HIV/AIDS in investment plan of all communes in target areas. - Strong approaches in develop human resources in community responding to ownership. - Strong mechanism to strengthen ownership of authorities to implement the project of youth, household women and men in community. - Strong collaboration with local authorities to implement the project. - Strong support from district and commune focal groups to implement the project - All human resources active in implementing the project on providing education in community. - District facilitator good communicate and coordinate with local partners to improve the project. - Strong motivation for community participation. - Have the clear monitoring system and monitoring plan. - Good communication with influent partners and trainers to provide education to NGOs staff. - Staffs have enough capacity to facilitate in community. - Strong commitment to implement the project as team. 	<ul style="list-style-type: none"> - The strategy of integration of HIV/AIDS education in investment plan didn't include the plan of supervision and technical support to authorities. - Head office staffs are likely didn't deeply understand about the project system. - Restructure members of commune council and authorities at commune level after election. - Practice of monitoring plan is not comprehensive. - District facilitators have low incentive and other support to completely monitoring. - District facilitator is low capacity in providing coaching to field implementer and focal people. - Marketing strategy for income generation is not comprehensive. - Budget package for educational activities is low. 	<ul style="list-style-type: none"> - Political support to integrate HIV/AIDS activity in investment plan of commune and district level. - Local authority provided opportunity to human resource in community to participant in training program - Donor budgeted to support activities of training program 	<ul style="list-style-type: none"> - Limited human resources in commune and district office causes they can't well manage the project. - Limited capacity on Planning and management of the project among authorities. - There is more competitors of training provision including NGOs and private sectors. - More youths and male people in target areas move to urban areas or oversea to find job. - Some community people need the benefits for their participation. - Poverty. - Focal group of community has been changed due to the result of Cambodia community elected.
Home-Based Care	<ul style="list-style-type: none"> - HBC TL Clear understand of Indicator have to be don't in each target areas. - Good communication with all PLHIV and other stakeholders - Most of PLHIV has improved of family economic through income generation. - Have an existing network of HBC training providers who have already provided skills on animal raising. - Have existing Self Help Groups where have been saving money. - HBC Teams have skills to provide the counseling to HIV positive women and their families for both living and health care through home-visits. - CHEC staff now have experience using standard instruments to assess beneficiary 	<ul style="list-style-type: none"> - Many of PLHIV are Illiterate - Limited of capacity of HBC for Leading and Organizing - Supporting from Community for OVC are limited - Community peoples unbelief with SHG for Saving money 	<ul style="list-style-type: none"> - Linkage with Social protection for improving of HBC program - AIDS committee has all Level from Province to commune that provide us opportunity to support and Monitor the project - Strong system of Cambodia red cross in all level 	<ul style="list-style-type: none"> - Flooding and other natural disasters which can destroy HBC activities. - Migration of beneficiaries in search of work prevents them from completing the program. - Political issues related to land rights and evictions can remove beneficiaries from their land, which damages their livelihood activities. - Narrow coverage area of social protection
Livelihood	<ul style="list-style-type: none"> - Have an existing network of livelihoods training providers who have already provided skills on 	<ul style="list-style-type: none"> - CHEC and project partners and HBC teams focus on health issues and so do not have the 	<ul style="list-style-type: none"> - HIV positive women could potentially improve their livelihoods by 	<ul style="list-style-type: none"> - Flooding and other natural disasters which can destroy livelihood activities.

	<p>agricultural issues to 1300 HIV positive women.</p> <ul style="list-style-type: none"> - Have existing network of partners that are able to cover target areas in 12 provinces, and who work well with CHEC, and have been able to distribute micro-grants effectively. - Have existing Self Help Groups where women have been saving money. - Good communication with all project partners and other stakeholders - HBC Teams have skills to provide the counseling to HIV positive women and their families for both living and health care through home-visits. - CHEC staff now has experience using standard instruments to assess beneficiary poverty level, and baseline data is available. 	<p>technical agricultural skills to support beneficiaries during problems and challenges with livelihood development activities.</p> <ul style="list-style-type: none"> - SECLO project not integrated into CIP or CDP. - Selection criteria for women in the program do not include poverty level, so women at very different poverty levels are receiving the same support, which is not always appropriate or fair. - Limited scientific evidence available on the effectiveness of livelihood programs, micro-grants, and savings groups for reducing poverty. 	<p>implementing modern agricultural methods rather than traditional methods.</p> <ul style="list-style-type: none"> - Women living in poverty who do not have HIV could benefit from a livelihoods program – potential to expand beyond HIV. - There is the potential to cooperate with the District Agriculture Office and other organizations specializing in livelihoods for technical livelihoods support, rather than relying on health focused staff who do not have the skills required. - Implementation of the National Social Protection Strategy and ID Poor system will make it easier to target people living in extreme poverty, and will eventually provide support through sustainable government systems. 	<ul style="list-style-type: none"> - Migration of beneficiaries in search of work prevents them from completing the program. - Political issues related to land rights and evictions can remove beneficiaries from their land, which damages their livelihood activities. - Inability to secure additional funding – training, grants and self-help groups are not financially sustainable without donor funds, and are not covered by CHEC's repeat, long term donors.
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List of supporting documents

- External Evaluation, Need Assessment and Organizational Assessment Report
- Strategic Plan for the period July 2010 to June 2013
- Annual Reports
- Battery of Life Report