

# CHEC's Strategic Plan 2022-2025

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Developed by:



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## Abbreviations

Acronym	Description
ART	Antiretroviral Therapy
BfDW	Bread for the World
CAG	Community Action Group
CC	Commune Council
CCs	Commune Councilors
CCWC	Commune Council for Women and Children
CDP	Community Development Plan
CD4	Cluster of Differentiation 4
CHEC	Cambodian Health and Education for Community
CIP	Commune Investment Plan
CSOs	Civil Society Organizations
DF	District Facilitator
DNH	Do No Harm
DV	Domestic Violence
GBV	Gender-Based Violence
GPP	Governance and Professional Practice
HBC	Home Based Care
HCs	Health Centres
HIV	Human Immunodeficiency Virus
ICT	Information Communication and Technology
IEC	Information, Education, Communications
LAs	Local Authorities
LGBT	Lesbian, Gay, Bio-Sexual, Transgender, Intersex and Queer
M&E	Monitoring and Evaluation
MoH	Ministry of Health
MoWA	Ministry of Women's Affairs
NAA	National AIDS Authority
NAPVAW	National Action Plan on Violence Against Women
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NGOs	Non-Governmental Organizations
NSP IV	National Strategic Plan for HIV/AIDS
OD	Operational District
OVC	Orphan Vulnerable Children
PHD	Provincial Health Department
PLHIV	People Living with HIV
RH	Referral Hospital
SCIAF	The Scottish Churches for International Aid Fund
SDGs	Sustainable Development Goals
TAs	Targeted Areas
TWGG-GBV	Technical Working Group Gender – Gender-Based Violence
WCCC	Women and Children Consultative Committee

## Introduction

CHEC is a local NGO and has been localized from a training project of the Quaker Service Australia (QSA) since 2001. CHEC has been championed in HIV/AIDS work and has been expanded its reputation among NGO actors, development partners, and government counterparts in Cambodia. This project contributes to 3 SDGs namely SDG 3 (health and well-being), 4 and 5. In Goal 4, CHEC has been working with youths out of school youths by increasing awareness of reproductive rights through community youth peers.

At present, CHEC continues to work with youth in order to ensure that they are enriched with knowledge motivated, and guided towards safe behaviors and attitudes in an effort to ultimately prevent HIV transmission and improve their reproductive health. Through CHEC training and capacity building for youth peers, these youth can then alter others' perceptions towards gender discrimination and create safer living environments within families and communities. CHEC's Youth Program has created new opportunities for Youth Leaders and Youth Peers in target areas to promote collaborative learning in communities, as youth share information and ideas on reproductive health, HIV/AIDS, and STIs. Moreover, Youth Leaders and Youth Peers mentor, share experiences, and develop relationships with these youth. CHEC also built a young leadership and their partnership among all youth groups in the community level where CHEC work.

CHEC's Strategic Plan 2019-2022 has contributed to several government strategies and policies at national and sub-national levels in three thematic areas: youth, gender-based violence, and community-based care of people living with HIV (PLHIV). CHEC has been working in 5 target provinces: Kandal, Kampong Chhnang, Kampong Cham, Prey Veng and Kampot.

According to the 2019's Monitoring Progress report, The Government of Cambodia has been a global leader in addressing HIV/AIDS for the past 25 years. In 2013, Cambodia announced its intent to eliminate new HIV infections by achieving the 90-90-90 targets by 2020 and going further to achieve 95-95-95 (and fewer than 300 new HIV infections annually) by 2025 – coming close to achieving an AIDS Free Generation. The provision of Care and Treatment services have been revised and redesigned to effectively eliminate new HIV infection by 2025. Human Resource and logistic support especially ART have been given as the top priorities to enable the implementation and the expansion of the Boosted Integrated Active Case Management (BIACM). As of December 2017, Cambodia had diagnosed approximately 85% of the estimated population of PLHIV, placed all diagnosed PLHIV on ART, and has documented significant viral load suppression of PLHIV on ART.

Cambodia has been given the award of achieving the 90-90-90 before its target and currently, the government strongly hope to achieve its 95-95-95 by 2025 under the committed budget support from the government.

Cambodia had developed strategic investment priorities towards achieving this goal while strengthening the foundations for a transition to increasing domestic financing of a sustainable response. During this transition period, however, continued, predictable funding will be needed to sustain and build on the gains made to date.

However, insufficient financial resources remain a main barrier to achieve the targets. Although civil society organizations (CSOs) have been playing an important role in fighting HIV/AIDS in Cambodia, the number of NGOs working in this area has dropped significantly

from over 100 NGOs before 2015 to just under 30 in 2020. According to various studies, PLHIV in some areas are restrained by insufficient financial resources and cannot travel to the closest hospital for taking ART.

To deal with these challenges, **CHEC has initiated a social accountability project in which the PLHIV representatives are advocating for the budget allocation from the Commune Investment Fund (CIP).** This initiative would help patients to have adequately financial resources for their travelling to receive ART from the hospitals. Facing these issues, CHEC is one of the champion organizations who actively works to eradicate HIV/AIDS, despite a shortage and limited fund portfolio on HIV/AIDS at the global level and in Cambodia. For this reason, CHEC has received an award from the National AIDS Authority for "fighting AIDS and for creating an innovative program implementation in November 2019. This award was very important for the organization and staff to boost their morale. CHEC received the award while surrounded by hundreds of other NGOs working in HIV in Cambodia.

Because of its reputation in HIV/AIDS work in Cambodia, **CHEC has expanded its capacity for developing gender-based violence (GBV) projects in 4 target districts across 4 provinces.** The scope of its work makes CHEC the first national NGO integrating GBV and HIV/AIDS together. What the organization does is to provide means and solutions to address GBV in Cambodia. At the national level, CHEC is a member of Technical Working Group Gender – Gender-Based Violence (TWGG-GBV) under the coordination of the Ministry of Women's Affairs (MoWA) for the implementation of National Action Plan on Violence Against Women (NAPVAW). At the sub-national level, CHEC has increased awareness among youth and citizens about the adverse effects of GBV. Likewise, the organization has connected people who are at risk of GBV and GBV's survivors with the District Office of Women's Affairs, Women and Children Consultative Committee (WCCC), and Commune Council for Women and Children (CCWC).

CHEC's programs continue to work towards reaching the UN's Sustainable Development Goals in Cambodia including Goal 3, Goal 4 and Goal 5 which a link with indicators.

Goal 3: indicator 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations. Over the past ten years, CHEC has supported PLHIV in 5 Operational Districts, in 4 provinces, to have access to ART and enhance their livelihood through community based care.

Goal 4: indicator 4.6.1: Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex. CHEC has been working with youth, targeting those young people who are out of school and increasing their awareness of reproductive rights through community youth peers.

Goal 5: Indicator 5.2.1: Proportion of ever-partnered women and girls age 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age. CHEC has been providing solutions and approaches for eliminating the number of GBV cases, by working cooperatively with local authorities (District Office of Women's Affairs, and CCWC).

Having assessed and reviewed the effectiveness of the organization against the country's context, this strategic plan (2022-2025) will focus on two thematic programs that concern responsive health governance, GBV and youth engagement. The plan will report the short-term and long-term impact of these interventions as well as their vision and mission.

## Vision

Our target communities are living with health, dignity, well-being and equal participation.

## Mission

CHEC aims at empowering youths, GBV survivors and PLHIV through collaboration with local stakeholders to sustain equal participation, well-being and dignity of target groups.

## Goal

Within the next 3 years, CHEC has promoted health, equal rights and active participation in decision-making process of their target groups in the target areas through employing effective strategies.

## Values

**Collaboration:** We believe that develop and maintain strong, respectful and mutual relationships with individuals, communities, partner organizations, donors, and other stakeholders with whom we work are the best result of cooperation and teamwork.

**Gender equality:** We believe everyone must have equal opportunities and derive equal benefits from development, regardless of gender, religion, indigenous status or disability. Women and girls cannot be left behind.

**Equal participation:** We believe all people should have a say in the matters that affect their lives, including and especially women, girls and vulnerable groups.

**Commitment:** We believe that all the resources that we invest would help reducing discrimination against vulnerable women and their children and contribute to the promotion of equal access and opportunities, free voice and choice in all decisions affecting them.

**Accountability:** We believe we answer and are first accountable to women and girls of Cambodia. We also recognize the importance of answering to the government, our donors and each other.

## Methodologies

The development process was highly participatory. All key staff of the organization, with the coordinating support of the Director and program manager, employed a variety of techniques to undergo the strategic planning process. A mixed-method of both primary and secondary data collections were conducted. The process began by agreeing on the recommendations of the evaluators with 18 recommendations and responded to the questions from the Bread for the World donor and we started to discuss the strategies and building consensus on the future direction of CHEC. Some recommendations of the evaluation have already been integrated into CHEC program activities during the remaining period of the current project implementation. These are the following items:

- The integration of community men into GBV men perpetrators groups to be peers for providing educations in communities or in bi-monthly meeting.

- The integration of LGBTIQ into project activities such as trainings and community events. Youth and GBV have linked to support LGBT who has violent and refer them to access support services.
- CHEC has integrated GBV men survivors into project activities and refer them to access support services in local areas, not only women.
- CHEC had developed Do No Harm protocol and transfer to service providers to put in practice specially CCWC.
- CHEC has promoted Non Violence Communication with service providers and community people to use in daily living.
- CHEC linkage with existing LGBT network in target areas.

However, there some recommendations on the provision of training on gender equality and Comprehensive Sexual Educations for young people that needs to out-source the skilled trainers from both the Ministry of Education and the Ministry of Women’s Affairs which both latter have contacted for submission of concept note and schedules of training. These training will be integrated into the current project implementation and the future project of CHEC.

The new strategies for the youth and GBV as well as community health responsiveness were put into the agenda of the discussion during several online meetings with both Bread for the World and Misereor donors for different project concepts and approaches. We agreed upon on the future strategies to be continue implementing within the current project areas for the BfdW funded project and same for the Misereor funded project including one more district to scale up. Please see the project strategies, objectives and its indicators.

#### Literature Review

CHEC Director and staff have studied from internal and external sources on the relevant documents of the project. Internally, the following types of documents have been reviewed: project proposal, project evaluation reports and its recommendations, program logical frameworks, organizational budgets, internal policies and other relevant documents. External sources were also studied for the purpose of context analysis, and relevancy of CHEC’s projects in particular, Barriers in access to sexual and reproductive health services among youth and women in Cambodia: A mixed –method study. A complete list of the reviewed documents can be found in the Bibliography section at the end of this report.

#### Strategic planning Workshop

A 2-day Strategic Workshop was conducted in Phnom Penh from 17-18 May 2021, engaging all CHEC’s Management Team who represented the strategic, program and operational levels. Deep discussion involved the goal, objectives, indicators and log frame. After the workshop, CHEC is involved the consultant from VBNK to assist in reviewing for the Integration of OIO’s concepts into the strategic plan development (July 2022-June 2025).

To put the whole process in brief, and based on the above-mentioned review and process, the Director drafted the revised versions of five objectives and discussed them in detail one by one with the VBNK Consultant supported by BfdW to include OIO approach into the plan which resulted in an agreed document from 8-9 July, 2021. All these items were discussed again with the CHEC Board of Directors on 23 July 2021. A few corrections were made based

on the comments received and then a clearer version of the document was produced, based upon which corresponding sub-objectives, activities and expected results were developed. The document was then discussed face to face with the whole CHEC's staff for more comments and inputs. Based on the comments received the Director refined the document and worked to develop the operational plan including the M&E framework and the cost of each activity which was then revised again taking into considerations all comments received from CHEC team.

A Validation Workshop on the Strategic Plan was conducted on 28<sup>th</sup> October 2021 at the Palace Gate Hotel & Resort, with the participation of the representatives from the National AIDS Authority, the National Centre for HIV/AIDS, Dermatology and STDs, the National Reproductive Health Program, the network of health NGOs such as HACC as well as other relevant stakeholders and CHEC Board of Directors to get comments and feedback for the finalisation of the plan.

Unlike previous Strategic Plans which adopt conventional way to formulate objectives, strategies, etc. this current Strategic Plan takes a new approach by trying to tackle the most crucial part of the mechanism where instant change is likely to occur. For instance, instead of trying to make change by way of addressing relevant policy or political commitment (which usually yields slow or no result), this new Strategic Plan rather looks at the possibility to change thing around through active communication with relevant stakeholders and funding partners.

This very approach has been applied in many sections of the Strategic Plan with a strong hope that it will help CHEC to make a drastic change despite its limited budget and staffing. More importantly, it is also expected that such new approach will also make the Strategic Plan not only strong but also it will help to create donors' interest in the Plan, hence, more likely to be financially support the Plan.

## **Use of the Strategic Plan**

The strategic plan is intended to be a high-level road map for the organization. It should be a living document which is updated annually to suit the changing context of the country. More importantly, it should be understood, embraced, and owned by all key CHEC's stakeholders, particularly CHEC's staff. In pursuing these aims, therefore, the key points of this strategic plan are communicated herein in English. This strategic plan shall be circulated entirely to all staff, and, where possible, shared with partners and development partners.

## **Country's Context Analysis**

The section below provides a brief P.E.S.T.L. Analysis for Cambodia over the last three years, a time-frame that is both directly and indirectly connected to CHEC's intervention. The analysis focuses on the political, economic, social, technological and legal aspects that could influence CHEC's new strategic plan.

### Political

Cambodia is a constitutional monarchy with a unitary structure and a parliamentary form of government. The constitution, which prescribes the governing framework, was promulgated in September 1993 by the Constituent Assembly that resulted from the 1993 general

election conducted under the auspices of the United Nations Transitional Authority in Cambodia (UNTAC). Since 2002, commune-level governments (commune councils) have been composed of members directly elected by commune residents every five years.

The government has a major decentralization strategy underway, largely under the National Program for Democratic Development at the Sub-national Level 2010-2019. Local government reform efforts focus on developing the operational capacity of districts and municipalities within a framework of oversight by national authorities with the capacity to enforce them.

Up to 2018, a reported US\$2.4 billion had been allocated by central government to the sub-national administrations. About US\$152 million was given as city/district funding (from 2013 to 2018), over US\$716 million as commune/Sangkat funding (from 2002 to 2018), and US\$1.5 billion as capital/provincial funding (from 2009 to 2018).

Key central government functions will be transferred to sub-national authorities, with resources (revenue, personnel, property, and management capacity), powers and duties. The ADB supports projects under a decentralization agenda to (among other goals) give rural populations greater access to public services. <sup>1</sup>

The RGC has committed a policy to end the spread of HIV by 2025 and set the target of 90/90/90 by 2020 and 95/95/95 by 2025. The government also holds a strong commitment to combat GBV and HIV/AIDS and promote youth engagement.

### Economic

Over the past two decades, Cambodia has undergone a significant transition, reaching lower middle-income status in 2015 and aspiring to attain upper middle-income status by 2030. Driven by garment exports and tourism, Cambodia's economy has sustained an average real growth rate of 7.7 percent between 1998 and 2019, making it one of the fastest-growing economies in the world.

The global shock triggered by the COVID-19 pandemic significantly impacted Cambodia's economy in 2020 at a time when Cambodia also faces the partial suspension of preferential access to the EU market under the "Everything but Arms" initiative. The outbreak caused sharp deceleration in most of Cambodia's main engines of growth—tourism, manufacturing exports, and construction—which together accounted for more than 70 percent of the country's growth in 2019 and almost 40 percent of paid employment. The economy in 2020 registered negative growth of -3.1 percent, the sharpest decline in Cambodia's recent history. Cambodia's economy is expected to start recovering this year, growing at 4 percent, helped by an improving external environment and un-precedent government support. The COVID-19 outbreak and slow recovery in global economic activity, alongside prolonged financial market turmoil, poses risks to Cambodia's growth outlook. <sup>2</sup>

Tourism, garment, construction, real estate, and agriculture sectors are the backbone of Cambodia's economy. About 10% of the labor force, the majority are women, are employed in the garment and footwear sector. Tourism has continued to grow rapidly, about half a million people are employed in the tourism sector. But the country remains one of the poorest

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<sup>1</sup> Open Development of Cambodia, updated 5 June 2019

<sup>2</sup> The World Bank of Cambodia, last updated Apr 14, 2021

nations in Asia. The population lacks education and productive skills, particularly in the impoverished countryside.

### Social

According to official estimates, the poverty rate in 2014 was 13.5 percent compared to 47.8 percent in 2007. About 90 percent of the poor live in the countryside. While Cambodia achieved in 2009 the Millennium Development Goal (MDG) of halving poverty, the vast majority of families who escaped poverty did so by a small margin. Around 4.5 million people remain near-poor and vulnerable to falling back into poverty when exposed to economic and other external shocks. Poverty has increased due to the COVID-19 pandemic. More than 710,000 households (2.8 million people) received cash transfers during the COVID-19 in January 2021, while only 560,000 households (2.3 million people) were eligible in early June 2020. This implies that at least 150,000 households (0.5 million people) have been identified as newly poor between June 2020 and January 2021. Cambodia still faces several development challenges, including the need for good quality public service delivery, inclusive development, better land administration and natural resources management, environmental sustainability, and good governance. Going forward, the success of addressing these challenges will rest not only on maintaining macroeconomic stability and enhancing economic diversification and export competitiveness, but also on improving the quality of public service delivery through more effective public spending that is more responsive to citizens' needs.

Youth find it hard to integrate into the labour market due to limited education and training, the lack of job-search abilities and of proper links between education and the labour market. Cambodia's youth is particularly exposed to vulnerabilities, primarily in the context of poverty, physical and mental weaknesses, violence and abuse, and migration. In terms of poverty and social exclusion, 36 percent of young Cambodians live below the poverty line. Being exposed to a wide range of physical and mental health problems, lack of access to basic needs, isolation and dangers like sexual exploitation, street children, orphans and young migrants are among the most vulnerable groups. Rural-to-urban and cross-border migration in search of economic opportunities is common among young Cambodians.

Overall, the young population is estimated to experience more violence and abuse than any other age groups, especially in terms of domestic and gender-based violence. Female youth are the most vulnerable to violence: according to CDHS, 29 percent of the interviewed females aged 15-29 were exposed to physical or sexual violence by their intimate partner in 2014.<sup>3</sup>

Society must assure adolescents of physical health, mental and emotional wellbeing, freedom from exploitation and abuse, and skills and opportunities for sustainable livelihoods. Adolescents have the right to participate in decisions and actions that affect their lives, and in being involved, to develop roles and attitudes compatible with responsible citizenship.

According to UNAIDS Fact Sheet 2019: 11% of women experienced physical and/or sexual violence by an intimate partner in the past 12 months. 36 000 or 52% of adults living with HIV

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<sup>3</sup> Ministry of Planning, CDHS 2019

<sup>4</sup> UNAIDS Cambodia HIV/AIDS Factsheets 2019

are women. In 2019, women 15 years and older accounted for 36% of adult new HIV infections. 4

Currently, with strong advocacy support, Ministry of Interior agrees to include HIV and AIDS as the 10th item of the Village Commune Safety Policy. Besides, efforts will be made to mainstream gender-responsiveness aspect into community programming and HIV activities managed by PAC/PAS/GoC.

### Technological

Cambodia's leading mobile telecommunications Operator, currently serves 8 million subscribers under the "Smart" brand. The total of phones used by Cambodians aged 15 to 65 is estimated at 10,384,837. The youth, in particular, have become the dominant user, with about 70 percent of accesses to social medias – especially Facebook. This trend has been seen by most people as a positive development for freedom of access to information. Moreover, social enterprises capitalizing on ICT are becoming more common, and in Phnom Penh, there is an entire service industry which is expanding based on these ICTs (*taxis, grocery delivery, financial payments, etc.*). Another progress in technology is the reform of government official opening their salaries from the ATM and banks, which can reduce to a certain extent corruption. Overall, Cambodia continues to be a consumer of technology rather than a producer of it, but this is changing rapidly.

### Legal

Legally speaking the country is undergoing considerable reform, which are likely to advance rapidly due to the ruling party's parliamentary majority. The tax system is being overhauled in a concerted effort to increase the government's revenue base through property and income taxes. Cyber security laws are being drafted, as well as a Law on Agricultural Land. Recent laws affecting civil society include the Law on Associations and Non-Governmental Organizations (LANGO), passed in 2015. The following year, the Law on Trade Union, affecting all the unions in the country, was also passed. Cambodia has launched Strategic and Operational Plan for Implementation of Juvenile Justice Law which entered into effect in 2017. The Juvenile Justice Law was to reform the juvenile justice system of Cambodia. It focuses on diversion as the proper response to alleged youth criminality rather than punishment, the current approach in a country that lacks a system tailored to the needs of children. It aims to improve the lives of children in conflict with the law by focusing on two objectives: to build a sustainable juvenile justice system, and to provide effective protection and support to children in conflict with the law. According to the UN, an accompanying National Youth Action Plan has also been developed in 2011.

The Royal Government has focused its attention on youth by providing them with high quality of education that aims at strengthening their capacity for engagement in labor market. At the same time, some youth still lack access to educational service and others, especially women, can get only jobs with low payment. Some youth leave their hometown to find jobs in the city and others go abroad in order to find jobs. Moreover, they face with vulnerability such as school dropout, loss of choice, drugs addiction, alcohol consumption and work-related accidents.

CHEC's intervention in the next three years will respond and contribute to a wide range of national strategies, policies and action plans. One of the most significant is that related to HIV/AIDS, which remains one of the top priorities in the Rectangular Strategic Plan, Phase IV,

of the Royal Government of the Sixth Legislature of the National Assembly. Meanwhile, the GBV and youth are also the key focus in the government’s agenda.

The following are key instruments of policies, strategies and action plan on which CHEC will focus while implementing the new strategy.

- National Strategic Development Plan (NSDP) 2019-2023
- Rectangular Strategy Phase 4
- Neary Ratanak V (2019-2023)
- National Policy on Youth Development
- National Policy on Gender Equality
- National Health Strategy 2016-2020
- National Strategic Plan for Comprehensive & Multi-sectorial Response to HIV and AIDS V (2019-2023)
- Conceptual Framework for Elimination of New HIV infections in Cambodia by 2020
- Third National Plan of Action against Sexual Violence in 2019-2023.
- Commune/Village Safety Policy
- Minimum Standard for Basic Counselling for Women and Girl Survivors of Gender Based Violence
- Guidelines on Legal Protection for the Rights of Women and Children
- National Guidelines for Managing Violence Against Women and Children in the Health system 2014
- National Strategy for Reproductive and Sexual Health in Cambodia 2017-2020

### [Link to Sustainable Development Goals \(SDGs\)](#)

CHEC does not only focus on the national policies, strategies and action plan, but it also contributes to three of the seventeen SDGs. The following table shows capacity statement of CHEC in the new strategic plan that respond to the 3 goals of SDGs.

Table 01: Capacity responding to the SDGs

SDGs	Targets	Indicators	CHEC’s strategies (2019-2025)
<b>Goal 3</b>	Target 3.3 By 2030, end the epidemics of AIDS	Indicator 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations.	CHEC is one of the champion organizations in Cambodia working on HIV/AIDS. We have been implementing the Community-based Care project in 4 target districts. We have provided counseling support to PLHIV and encourages them to have access to health care services. Our work also contributes to reduce new cases and achieving the 90-90-90 targets in Cambodia. We will continue to focus on this area and will advocate for the commune budget allocation in order to support PLHIV in accessing ART and other health services.

<b>Goal 4</b>	Target 4.6: By 2030, ensure that all youth and a substantial proportion of adults, both men and women, achieve literacy and numeracy	Indicator 4.6.1: Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex.	CHEC believes that youth are the main catalyst to make positive changes in the society, as the vast majority of population in Cambodia are young people. We have been supporting youth through youth peers in 4 administrative districts. Youth peers are playing important roles in their communities such as increasing awareness of reproductive rights, and HIV/AIDS to those of out of school youth. In the next three years, we will advocate with sub-national government to integrate youth into their formal agendas. We will also support the LGBT youth who are living in remote areas to learn more about their reproductive rights. Finally, we will connect youth from sub-national level to national youth networks in order to create a culture of sharing knowledge.
<b>Goal 5</b>	Target 5.2: Eliminate all forms of violence against all women and girls in the public and private spheres, including trafficking and sexual and other types of exploitation	Indicator 5.2.1: Proportion of ever-partnered women and girls aged 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.	We have supported GBV survivors and worked very collaboratively with national and sub-national government in combating GBV. We will continue our work and look into the advocacy work by trying to engage our women activists into the decision-making process of sub-national government. We will also promote men model so that men perpetrators would understand women's equal rights.

## Geographical Areas and Beneficiaries

Historically, CHEC is a provincially and locally based intervention non-governmental organization. We have strong partnerships with local governments at all levels in the field of HIV/AIDS, GBV and youth. For the next three years, CHEC will continue to work in 5 provinces which are Prey Veng, Kampong Chhnang, Kampot, Kampong Cham and Kandal. Therefore, CHEC will keep working in most of the current districts and will expand to 1 new district – Pear Raing - with Community Health Responsiveness project. Overall, we are working with 72 Health Centres, 90 communes, and 650 villages in the 9 districts out of 5 provinces.



Table 02: Project and Target Areas from July 2022 to June 2025

Province	Districts	Projects			# of HC	# of Communes	# of Villages
		Youth	GBV	CBC			
Prey Veng	Piem Chhor	Youth	GBV		10	10	50
	Pear Raing			CHR	11	11	84
Kampong Chhang	Boribo		GBV		5	11	64
	Kampong Tralach	Youth			8	10	103
	Samaki Meanchey			CHR	7	9	85
Kampot	Chhumkiri		GBV		6	7	37
Kampong Cham	Srey Santhor	Youth	GBV		9	14	86
	Chheung Prey			CHR	8	10	74
Kandal	Kien Svay	Youth			8	8	67
<b>Total</b>					<b>72</b>	<b>90</b>	<b>650</b>

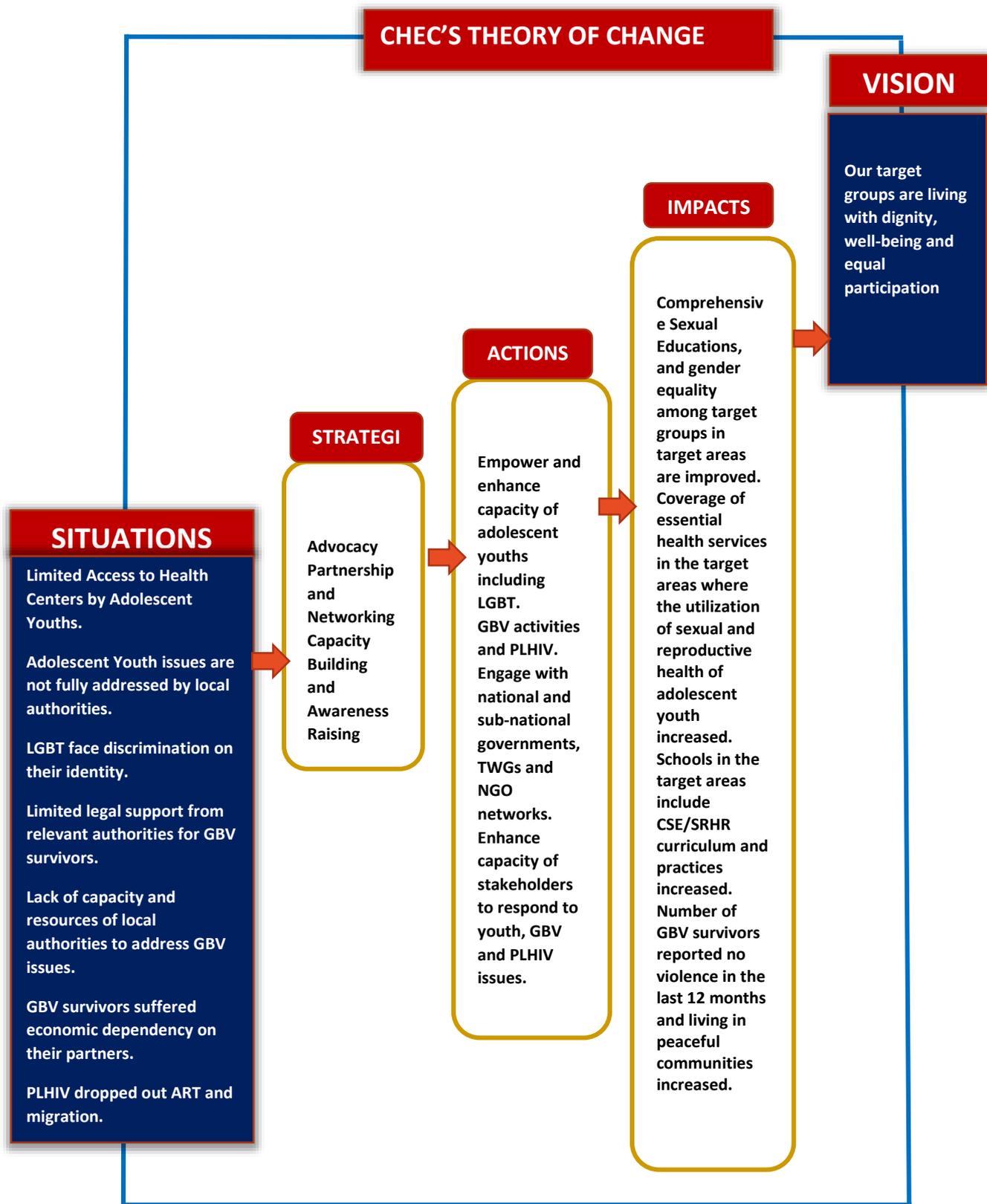
In all these geographical locations, there are 414 duty-bearers who will receive direct support from our project intervention. Through this intervention, we are expected to reach 50,000 indirect beneficiaries (of which 51% are females including women GBV survivors, PLHIVs, and LGBTs).

## Program Design

### Theory of Change

We believe that Cambodian have the fundamental rights to live with dignity, well-being and equal participation. From this belief, it follows that the ultimate goal of development should be a society in which civil, political, economic, social and cultural rights are fully respected and enjoyed. Legally, Cambodia has guaranteed equal rights and participation to all individuals: no one is subjected to discrimination or left behind. We want to make sure that people are the best agents of positive change in the society. Therefore, we believe that empowering citizen's rights in decision-making processes is one of the best solutions. An effective way is to empower the most vulnerable groups in the society so that they ask for good governance and greater accountability from national and sub-national governments. To enhance citizens' capacity for advocacy, leadership skills are paramount. This type of work can be done by using constructive advocacy and Do-No-Harm approaches.

We are supporting citizens - PLHIV, GBV survivors and youth - to advocate with duty bearers in their constituencies for having greater accountability and responsiveness in the development agenda, such as Community Development Plan and Community Investment Plan. From an economic perspective, where there is more demand there should be more supply. As a result of our intervention, we want to see duty bearers changing their attitudes in responding to better services and integrating citizen's issues into their local development agenda.



## Thematic Priorities

In the next three years, CHEC is focusing on the two prioritizing themes including GBV and Youth Engagement and Health Responsiveness.

By the end of the project in mid- year of 2025, we will achieve the following objectives:

1. Comprehensive Sexual Educations, and gender equality among target groups in target areas are improved.
2. Coverage of essential health services in the target areas where the utilization of sexual and reproductive health of adolescent youth increased.
3. Schools in the target areas include CSE/SRHR curriculum and practices increased.
4. Number of GBV survivors reported no violence in the last 12 months and living in peaceful communities increased.

## Gender Based Violence and Youth Engagement

CHEC has highly experienced in strengthening the capacity of youth, women and men to work together with local authorities in the dissemination of information and services to the wider community, youth groups and marginalized groups so that they can sustain the project activities within their own communities. So far, the intervention of the program includes production of TV debates, radio call in shows, community forums at community level have provided the opportunity for in and out of school youths and community people at all age express opinions and accept to change behaviour in relation to sexual reproductive health and sexuality. Our staff are well expertise in the provision of training to these target groups on Sexuality, Gender, Reproductive Health and Life Skills for many years and conduct interactive peer-to-peer through the peer gathering at the community level.

CHEC works towards the sustainability of the program through provision of training and community participation and mobilization to create a sense of self-reliance and ownership of their responses to HIV and Sexual Reproductive Health, gender based violence and support them to run education sessions.

CHEC also provide technical support for the Commune Council for Women and Children in their role to support women subjected to, or at risk of, gender based violence, trafficking and link with the police service.

We have strengthened networks of government authorities, NGOs and religious leaders providing support services to women subjected to, or at risk of, gender based violence including trafficking.

CHEC is the first player who leads the initiative on the linkage of GBV and HIV services.

We will continue to keep our intervention in 6 districts which are Kien Svay in Kandal, Peam Chor in Prey Veng, Kampong Tralach and Boribo in Kampong Chhnang and Srey Santhor in Kampong Cham. Based on our new strategies, we will continue to advocate at the national level through our existing strategic partners and technical working groups. We will also employ advocacy intervention concurrently with our Do-No-Harm approach in order to advocate for the empowerment of GBV survivors and/or women activists in the decision-making platform of the sub-national government in 6 target communes. More importantly, the strategy of creating “men role model” by training our selected participants in the 4 target districts have received effective response from them as many of them were deeply understand how to manage anger and some became “role models” in GBV response.

Therefore, they can share knowledge and good practices with other male perpetrators and other male groups in the community. We, therefore, assessed that the “Gender Equality” recommended by the project evaluations in August 2020 will be integrated in to the project strategies and continue to provide them further trainings in the next project cycle.

Gender equality is a human right. Women are entitled to live with dignity and with freedom from want and from fear. Gender equality is also a precondition for advancing development and reducing poverty: Empowered women contribute to the health and productivity of whole families and communities, and they improve prospects for the next generation.

Still, despite solid evidence demonstrating the centrality of women’s empowerment to realizing human rights, reducing poverty, promoting development and addressing the world’s most urgent challenges, gender equality remains an unfulfilled promise. When women are empowered in decision-making, they are more likely to negotiate safer sex, have higher HIV-related knowledge and use condoms. Additionally, the integration of sexual and reproductive health services with other health services improves access to, for example, tuberculosis and cervical cancer screening, prevention and treatment, and mitigates the impact of gender-based violence.

Beside this, it is undeniable that youth are considered as the most powerful agent in society, which could lead to positive changes. Current statistics indicate that approximately 60% of Cambodia’s total population is under 30, and project that youth (those aged 15-29) will make up a least a quarter of the population until 2020 and beyond. Faced with a dearth of employment prospects in their local communities, many of those Cambodian youth must choose between underemployment and the risky path of migration to seek work in urban areas or abroad (National Institute of Statistics 2015; KAPE 2015). Youth find it hard to integrate into the labour market due to limited education and training, the lack of job-search abilities and of proper links between education and the labour market. Cambodia’s youth is particularly exposed to vulnerabilities, primarily in the context of poverty, physical and mental weaknesses, violence and abuse, and migration. In terms of poverty and social exclusion, 36 percent of young Cambodians live below the poverty line. Being exposed to a wide range of physical and mental health problems, lack of access to basic needs, isolation and dangers like sexual exploitation, street children, orphans and young migrants are among the most vulnerable groups. Rural-to-urban and cross-border migration in search of economic opportunities is common among young Cambodians.

In the next three years, we will use our expertise and strategies to advocate for the recognition of youth issues in the agenda of the sub-national government. This will empower them to be key catalyzers which could lead to social changes, through influencing development processes at the community level. Since social norms and legal status of LGBT groups are not broadly recognized in Cambodia, we will use our bottom-up advocacy strategy at community level by networking with the LGBT groups for addressing their needs. We will continue our efforts to mobilize adolescent youth to engage with our work on reproductive health/rights and comprehensive sexual educations, in particular in freely choosing intimate partners; then, we will empower them to be capable of advocating for their rights with local authorities. We will help improve their access to education, including comprehensive

sexuality education, and to sexual and reproductive health services which is essential to supporting the autonomy and agency of women and girls.

We are going to work collaboratively with duty bearers at the sub-national level through the Letter of Agreement (LoA) and at the national level we will retain our good cooperation with line ministries through the existing Memorandum of Understanding (MoU).

### **Health Responsiveness**

Since the establishment of the organization and over the past three years, CHEC has formulated our Community Based Care (CBC) projects in different locations in Cambodia. Now this project is formulated as Community Health Responsiveness and has provided support to PLHIV in 2 administrative districts and will continue the intervention in the same target areas for the next three years as well as to move to a new district of Pear Raing. To deal with the constraint budget on HIV/AIDS at the global levels and in Cambodia, we are planning to launch our constructive advocacy approach at the community and national level.

The project has effectively disseminated the knowledge of HIV transmission among the youth and as a result they started using condoms to prevent HIV/AIDS which will have a long-term impact on their life and society. Further, due to increase in awareness, youth were accessed to HIV and STI testing. PLHIV in the target areas were becoming more concerned about their problems and issues and the HIV program has been integrated into the commune investment plan (CIP) and commune development plan (CDP) to address the problems faced by the PLHIV. Through empowering beneficiaries and building awareness in the community along with involving the local authorities as stakeholders, to a large extent the responsibility of project implementation was gradually handed over to the target group.

### **Strategic Goal**

Within the next 3 years, CHEC has promoted equal rights and active participation in decision-making process of their target groups in the target areas through employing effective strategies.

#### **Program Goal 1**

**In the next three years, adolescent youth aged from 9 to 18 years, men and women are enjoying their rights and living in a harmonization in communities.**

**Objective 1: By end of June 2025, the rights of adolescent youth are promoted and supported by relevant stakeholders.**

**Strategy 1: Advocate and support for introducing CSE in schools and out of schools**

**Strategy 2: Strengthen cooperation with relevant National and sub-national bodies and NGO network on CSE and SRHR**

**Strategy 3: Enhance capacities of target groups to response to CSE/SRHR**

**Strategy 4: Network with LGBT NGOs to response to CSE/SRHR**

### Performance Indicators

1. # target communes allocate budget and implement CSE in their CIP/CDP increase by 50% (Baseline...)
2. # of schools include and practice CSE/SRHR curriculum increase by 70% (Baseline....)
3. The utilization of sexual and reproductive health at health facilities of adolescent youth increased by 50% (Baseline... from HC data)

**Objectives 2:** By end of June 2025, Gender based Violence in project areas has been declined.

**Strategy 1:** Promote role model of men including LGBT to stop DV

**Strategy 2:** Enhance Capacity of Target Groups to Respond to GBV

**Strategy 3:** Improve coordination of LA to response to GBV issues

**Strategy 4:** Promote Leadership of men/women in decision making and participation of local forums to raise their voice

### Performance Indicators

1. 90 % of male community members supporting legal right of women and prosecution of domestic violence and rape increased
2. 90 % of GBV survivors reported living free from violence

**Program Goal 2:** In the next three years, the target groups including men, women and LGBT are enjoying their rights and living in a harmonization in communities

**Objective 1:** By end of June 2025, the support for women at risk of gender based violence and people living with HIV/AIDS are increased.

**Strategy 1:** Enhance capacity of the target groups to response to HIV/AIDS, RH and GBV

**Strategy 2:** Raise awareness on HIV/AIDS, RH and gender sensitivity and couple to couple relationship for target groups

**Strategy 3:** Improve coordination with local authorities to response to HIV/AIDS and GBV

### Performance Indicators

1. 70% of persons at risk of gender-based violence and of people living with HIV/AIDS who are reached through the project receive support from authorities or their social environment (Baseline....)
2. Over 80% of PLHIV in the project areas are detected and refer to receive ART Service and practice good adherence
3. 70 % of GBV survivors reported living free from violence (Baseline...)

## Enabling Us to Succeed

In order to enable us to succeed, we need to strengthen our own organization. That is why we have added one more strategic objective, which we call the enabling objective:

*“CHEC effectively and efficiently governs, manages and finances its programs and partnerships”.*

The strategic actions linked to the enabling objective are:

1. Continue to develop the capacity of staff in accordance with an overall capacity development framework: CHEC strives to build the capacity of our staff both individually and collectively. It aims to conduct annual capacity need-assessments to identify needs of the staff. A staff capacity development plan will be developed. Also, the staff need to develop annual personal learning goals in which they describe their learning needs for the coming years, as well as when and how to achieve those learning goals.
2. Revisit and implement a comprehensive fundraising strategy: At the strategic level, we are committed to explore more opportunities locally and overseas. Therefore, the fundraising strategies shall be updated on a regular basis by the Management Team. This will ensure that CHEC has adequate financial resources to formulate the three year’s strategy effectively.
3. Develop and leverage board resources towards strengthening the organization: CHEC is governed by a Board of Directors, which consists of 5 members. The Board meets on a quarterly basis or as needed to perform their functions and responsibilities, which are set out in CHEC’s bylaws. Members of Board of Directors can play more meaningful roles in strategic organizational direction and resource mobilization. Ensure the organizational policies and procedures are regularly updated, revised and complied.
4. Promote and strengthen inter-program collaboration, embracing programmatic interdependencies: Do-No-Harm and Rights Based Approach are our cross-cutting issues in which all programs have integrated into their interventions. Our new constructive advocacy approach at sub-national level will enhance the meaningful collaboration and solidarity among the two program goals namely Responsive Health Governance, and GBV and Youth Engagement. We will continue to integrate HIV/AIDS intervention into reproductive rights and GBV.
5. Produce a Communication strategy, staff security policy, and other policies, if required, using a participatory process: the internal and external communication strategies are set to enhance our transparency and accountability in particular to our beneficiaries and among development agencies. Since CHEC’s staff is required to travel on a routinely basis to the target communities - as we operate at provincial and local level – a staff security policy is highly needed. This policy will also include risk and mitigation strategies as well. Communication should be adapt with modern Information Communication Technology (ICT).
6. CHEC is an active member of CCC, HACC, CEDAW and NGO Forums. In particular, CHEC is also a participative member of Technical Working Group of Gender and GBV of the Ministry of Women’s Affairs and Provincial Health Departments. So far, CHEC has good collaboration with the local authorities in the target areas for project implementation.
7. CHEC has a MOU with Ministry of Health and report annually to the Ministry of Health, Ministry of Interior and Ministry of Economic and Finance.

## [Taking forward](#)

*CHEC will develop an Annual Operation Plan. This plan will provide further information about how the strategic actions outlined here will be achieved.*

## **Cross-Cutting Issues**

### **Do-No-Harm**

Recently, we have adopted Do-No-Harm into our programs and organizational strategy. There is a fine line between harming and benefiting communities. To understand conflicts at a project or community levels, CHEC has conducted DNH analysis. This type of study enabling to understand the impact of the interventions on existing conflicts is conducted for two purposes. Firstly, to learn the interaction between conflicts and projects within a particular context, with the goal to limit or prevent unintended negative effects. Secondly, in case of conflicts, it focuses on the effectiveness of peace-building practices and helps staff and volunteers to understand the complexities of providing adapted assistance to community people in responding to their ultimate needs. For example, the Conflict and Fragility unit of CHEC works on building engagement between stakeholders such as citizens and local authorities/duty bearer, with the goal to improve relations and create more responsive services. To ensure conflict is not inadvertently exacerbated by our actions, CHEC adopted and integrated Do-No-Harm into all programs and the organizational strategy, minimizing harm during implementation of the activities.

### **Right Based Approach**

CHEC is committed to work with those who are the most marginalized, excluded or discriminated in the society. CHEC believes that the most effective way of our intervention is to fulfil the rights of people, rather than the needs of beneficiaries. It is an important distinction because an unfulfilled need leads to dissatisfaction, while a right that is not respected leads to a violation. Thus, all our interventions must consider the human rights-based approach in which we are empowering our target groups, especially PLHIV, GBV survivors and youth to advocate and demand for greater accountability from duty-bearers in terms of respecting and promoting rights of citizens. We are striving to work together and enhance capacity of duty-bearers in order to meet their obligations, and at the same time empowering rights holders to claim their rights. We hope to see that our target communities will be empowered to uphold rights for their own development rather than being passive recipients of services. Their participation is central, not only to ensure they have ownership over our interventions, but also to sustain progress of development.

## **Partnership building and Networking**

CHEC has a wide range of stakeholders at national and sub-national level, state and non-state actors. At the national level, we have built good partnership with the Ministry of Women's Affairs (MoWA), the Ministry of Health (MoH), the National AIDS Authority (NAA), and National Center for HIV/AIDS, Dermatology and STD (NCHADS). We have been working with all these actors through the Memorandum of Understanding (MoU). As we are focusing on

youth activities, we are willing to seek for the MoU cooperation with the Ministry of Education, Youth and Sports.

Similarly, we are an active member of several networks in Cambodia. We are a member of Technical Working Group on Gender – Gender-Based Violence (TWGG-GBV), NGO CEDAW, Cooperation Committee for Cambodia (CCC), NGO Forum on Cambodia (NGOF), and Health Action Coordinating Committee (HACC). At the sub-national level, CHEC is working very cooperatively with ODs, Health Centres, WCCC, CCWC, and youth centres. We are also considering of engaging with private sector such as those pharmaceutical companies, media agencies and other companies who are interested in HIV/AIDS, GBV and youth issues.

This new strategy will integrate the constructive advocacy approach between right holders and duty bearers. Hence, there shall be some lessons learnt from other national networks in particular on youth and GBV. As well as that, we are committed to push for promoting culture of sharing among youth networks from national to sub-national level.

### **Strategic Funding Partners**

We can successfully implement our activities in the target areas with strong support from our strategic donors who are all supporting from overseas. Our current donors are Bread for the World (BfDW), MISEREOR, and SCIAF.

This strategic plan aims at maintaining our intervention and existing donors and, at the same time, looking for potential opportunities to expand our work which respond to our vision, mission and values.

### **Sustainability**

Sustainability is at the core part of this strategic plan. CHEC promotes sustainability both in the aims and approach of our work: developing the capability of people to address their own problems, building more sustainable communities, and demanding more sustainable development policies from the national and sub-national governments, in particular through commune development plan. Here are some of the ways through which CHEC ensures that its work is sustainable in Cambodia. Over the past years, CHEC have produced great result in improving services, improving the accountability of local authorities, bringing the issues to public discussion as well as reducing the GBV and HIV/AIDS transmissions. Various key stakeholders, both local state and non-state actors have been engaged to sustain the program.

**Participatory Approach:** CHEC uses a participatory approach in the design, implementation, and evaluation of activities. For example, the development of new strategies and projects on CBC, GBV and Youth were all consulted with relevant stakeholders and our target communities. We encourage all stakeholders to involve with us, particularly youth who are living in the remote areas of the 4 target provinces. We are keen to empower youth to become a role model and capable of advocating for the interest of their communities. Additionally, we are also engaging with professionally external consultants to review our

project performances. We are also working closely with our strategic donors by keeping them updated about the progress of our work, and, from time to time, we invite them to visit the project sites.

**Local Ownership:** In order to ensure local ownership and avoid fostering dependency, CHEC emphasizes constructive advocacy as the core approach of its intervention. We are going to provide training and support to our community youth, PLHIVs and GBV activists to advocate for the commune budget allocation. Amid the shortage of national and global budget on HIV/AIDS, our advocacy approach will be a good solution to help those vulnerable PLHIVs and OVC. We are working very closely with National AIDS Authority to formulate the SOP Guideline. Regarding the GBV project, we are training commune councils and working closely with the WCCC and CCWC in order to provide means for GBV survivors and keep raising awareness among the public.

**Youth mobilizing and Capacity Building:** Youth organizing, and capacity building are our core strategy for helping people to overcome their problems and building a society where people live healthy, with dignity and responsiveness. Mobilizing people, particularly youth at the commune and district levels will address the common issues such as reproductive rights, dropout rates and drug trafficking. Our intervention will help youth to understand the root causes of problems, and to be able to analyze them. This will enhance capacity of youth in terms of representing their community needs with the sub-national government. They will potentially become role models who can lead to positive changes in their communities.

### **Planning, Monitoring, Evaluation, Accountability and Learning (PMEAL)**

CHEC uses a participatory planning approach, involving not only staff, but also community members, and other important stakeholders in the process. Following a logical framework approach, CHEC has formulated indicators of success on several levels, which allow for monitoring and evaluation of short-term results and long-term impacts. We also monitor and evaluate unexpected changes, which result from our activities. For instance, the most significant is project impact survey report. Although we have limited number of staff resulted from the shortage of financial support, we could use our internal capacity very effectively and efficiently. We developed every three years the M&E Framework, which is used for capturing all important information and data about project formulation. Our program staff were trained by VBNK Consultant contracted by the donor BfdW on OIO Approach. Our staff have clear roles and responsibilities in formulating the M&E Framework. Our program staff prepares monthly and mid-year reports from the activities through data gathered and staff observations. These reports mainly focus on the activities and outputs level, which match with the financial report. We have a competent Program and Accountability Manager who is a focal point for supporting Program Coordinators and program staff to conduct regular monitoring and evaluation. Each program measures the achievement of the indicators at the objective level through baseline surveys, 6 months' project impact surveys, and project end-line evaluation along with the success stories. Data and information collection tools allow us to monitor and evaluate impacts. The information gathered shapes our annual report, reflection, and planning for the following years.

In monthly program meetings, we discuss progress of the different projects, as well as lessons learned, and changes needed in our programs. An annual reflection and planning retreat are

conducted each year with all the involvement of all CHEC staff, some members of Board of Directors and, sometimes, with external stakeholders.

After a period of three years following the implementation of this Strategic Plan, a rigorous external evaluation would be conducted to assess the effectiveness, efficiency, relevance, impact and sustainability of CHEC’s program and strategic goals. Findings and recommendations generated from this evaluation would be used to revise the current Strategic Plan to ensure that its objectives will relevant and meaningfully respond to our interventions, and learn from good practices and areas for improvement, all being highly beneficial for our future program designs.

## Human resource planning

Target areas	Programs	July 2022- June 2023	July 2023- June 2024	July 2024- June 2025	Remark
Kien Svay in Kandal	Youth/GBV	Youth: 1 PM, 1 Youth leader, 16 youth peers	Youth: 1 PM, 1 Youth leader, 16 youth peers	Youth: 1 PM, 1 Youth leader, 16 youth peers	
Srey Santhor and Cheung Prey in Kampong Cham	Youth/GBV and CHR	Youth: 1 PM, 1 Youth leader, 28 youth peers GBV: 1 Senior officer, 1 DF and 42 CBEs CHR: 1 PM, 20 CHVs 30 CBEs	Youth: 1 PM, 1 Youth leader, 28 youth peers GBV: 1 Senior officer, 1 DF and 42 CBEs CHR: 1 PM, 20 CHVs 30 CBEs	Youth: 1 PM, 1 Youth leader, 28 youth peers GBV: 1 Senior officer, 1 DF and 42 CBEs CHR: 1 PM, 1 FO, 20 CHVs 30 CBEs	
Kampong Tralach, Boribo and Samaki Meanchey in Kampong Chhang	Youth/GBV and CHR	Youth: 1 PM, 1 Youth leader, 20 youth peers GBV: 1 Senior officer, 1 DF and 22 CBEs CHR: 1 PM, 1 FO, 18 CHVs 27 CBEs	Youth: 1 PM, 1 Youth leader, 20 youth peers GBV: 1 Senior officer, 1 DF and 22 CBEs CHR: 1 PM, 1 FO, 18 CHVs 27 CBEs	Youth: 1 PM, 1 Youth leader, 20 youth peers GBV: 1 Senior officer, 1 DF and 22 CBEs CHR: 1 PM, 1 FO, 18 CHVs 27 CBEs	
Chhum Kiri in Kampot	GBV	GBV: 1 senior officer, 1 DF and 21 CBEs	GBV: 1 senior officer, 1 DF and 21 CBEs	GBV: 1 senior officer, 1 DF and 21 CBEs	
Peam Chhor and Pear raing in Prey Veng	Youth/GBV And CHR	Youth: 1 PM, 1 Youth leader, 20 youth peers GBV: 1 Senior officer, 1 DF and 30 CBEs CHR: 1 PM, 1 FO, 18 CHVs 27 CBEs	Youth: 1 PM, 1 Youth leader, 20 youth peers GBV: 1 Senior officer, 1 DF and 30 CBEs. CHR: 1 PM, 1 FO, 18 CHVs 27 CBEs	Youth: 1 PM, 1 Youth leader, 20 youth peers GBV: 1 Senior officer, 1 DF and 30 CBEs. CHR: 1 PM, 1 FO, 18 CHVs 27 CBEs	

## Risks and Mitigation

CHEC will continue to take a proactive approach to risk mitigation and management at all levels of the organization. The foreseen risks include internal and external factors: political, organizational, programmatic, operational risks. These risks will be catalogued and monitored through an organization-wide risk register monitored and updated by the Management Team (MT) on a regular basis. Program managers/coordinators will be in charge of managing program risks while the MT will take responsibility for monitoring organizational risks. The Board will also have more of a role to play by providing inputs to the overall risk management strategy. Risks will also be discussed as and where necessary with donors, partners, and other key stakeholders where there is possibility of securing external support to manage these risks.

## Resource Mobilization

A Resource Mobilization Strategy has been developed with the objective to provide the resources necessary for CHEC to deliver on its mandate to the target population in all the five operational provinces of Prey Veng, Kampong Chhnang, Kampot, Kampong Cham, and Kandal for the coming years. The strategy outlines how CHEC will organize the processes of prioritizing, planning, monitoring, broadening the resource channels as well as coordinating with international and national partners for mobilizing and effectively utilizing resources.

The Resource Mobilization Strategy provides an essential roadmap, detailing how resources might be leveraged to meet CHEC's resource requirements. Thus, this has been developed with the objective to provide the resources necessary for CHEC to deliver on its mandate to the target population in all the operational provinces. The strategy works on a set of assumptions and points out scoping areas of opportunity to further expand relations and open up new partnerships.

Mobilizing resources requires a focused and coordinated approach throughout the organization, using communication tools that place strong emphasis. The key elements of a resource mobilization strategy include:

- i. Checking the readiness of the organization
- ii. Reviewing the resource requirements for the program or project
- iii. Analyzing the external resource environment
- iv. Establishing goal and intended outcomes of the resource mobilization strategy
- v. Developing guiding principles for resource partner engagement
- vi. Identifying potential resource partners and match resource partners' interests with CHEC priority areas of work
- vii. Developing an action plan
- viii. Monitoring and evaluating progress of the resource mobilization strategy

The most critical strategic objective to resource mobilization of CHEC is to maintain and strengthen relationships with the existing donors, who have and will be expected to continue to provide funding to the majority of CHEC's projects/programs. Equally, by recognizing the importance of donors in the region, CHEC will extend its relations with key regional donors that may support its mandate. CHEC acknowledges the underdeveloped potential for support

in the private sector and commits to develop the systems, processes, and tools to sustain private-sector giving, manage private partners and explore untapped income streams. Critical to the success of CHEC's resource mobilization strategy is to develop a powerful and appropriate communication approach that explains the advantages of supporting CHEC. By making use of social networking, CHEC can communicate its forward-looking image to provide the most effective support to the target population.

### **Objectives, outputs, core activities and its indicators**

See the logframe in annex 3

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## Annex 1: SWOT Analysis

Internal Organization		External Organization	
Strengths	Weaknesses	Opportunities	Threats
<ul style="list-style-type: none"> <li>CHEC has changed its name from Cambodian HIV/AIDS Education and Care into Cambodian Health and Education for Community (CHEC) and retain its reputation and history.</li> <li>Active Board of Directors in providing directions and policy to CHEC</li> <li>Do No Harm protocol on GBV has been developed and applied by Community Based Educators.</li> <li>CHEC has a good management structure in CHEC's office.</li> <li>CHEC maintain the strategic directions to integrate HIV/AIDS, youth issues and GBV into CIP/CDP in target areas.</li> <li>CHEC has retained MoU with Ministry of Health and LoA with Provincial stakeholders.</li> <li>Strong networks with local authorities, HCs and ODs in target areas.</li> <li>CHEC is a well-respected NGO among of government, local authorities, and development partners on advocacy skills.</li> <li>CHEC is an active member of HACC, CCC, CEDAW and NGO forum</li> <li>CHEC has long-term commitment on HIV/AIDS, Reproductive Health, Comprehensive</li> </ul>	<ul style="list-style-type: none"> <li>Some youth volunteers leave the program for job opportunity and migration.</li> <li>Limited capacity of DFs, youth leaders and peers and CBEs on CSEs and Gender Equality.</li> <li>Limited capacity of program staff on ASRHR, LGBT, HIV, Abortion, Drug Abuse, Gender and GBV</li> <li>Fundraising skills among staff members are limited.</li> <li>District facilitators and youth leaders have low incentives and other support to complete the monitoring activities.</li> <li>Difficult to find donors for funding and many NGOs fight for funds.</li> <li>Program Staff find difficult to work with target groups and local authorities through online.</li> <li>Lack of modern technology such as tablets to run the program monitoring.</li> </ul>	<p><b>Social</b></p> <ul style="list-style-type: none"> <li>Gender based violence and adolescents are still highly relevant.</li> <li>Existing mechanism of GBV in Sub-National level (CCWC, WCCC)</li> <li>CEDAW NGO Network with more than 80 Women NGO members work to protect GBV and improve women equality in Cambodia.</li> <li>Women are empowered to participate in community development.</li> <li>LGBT is empowered to join community development.</li> </ul> <p><b>Economic</b></p> <ul style="list-style-type: none"> <li>Modern Technology (smart phones can access river of information; e.g Facebook)</li> <li>Local employment is promoted in areas of agriculture and industry.</li> <li>Ministry open regular vocational training for unemployment youths with some scholarship support</li> <li>MoWA run Vocational Training</li> </ul>	<ul style="list-style-type: none"> <li>Limited laws enforcement against GBV and local authorities never issued the Administrative orders to protect GBV survivors.</li> <li>Difficult to find shared costs with BfdW and Misereor on project budget.</li> <li>Limited donors to fund HIV/AIDS, CSEs and GBV for support legal services for GBV survivors.</li> <li>Natural Disaster</li> <li>Covid-19 outbreak</li> <li>Limited amount of disseminating messages of community education on televisions.</li> <li>New investment opportunities: modern urban areas make more people mobilizing from the country side.</li> <li>Some community people need the benefits for their participation (rewards, gifts, incentives or refreshment).</li> <li>More advertising on alcohol and rewards lead to increase men behavior on alcohol drinking.</li> </ul>

<p>Sexual Educations (CSEs) and Gender Based Violence (GBV).</p> <ul style="list-style-type: none"> <li>• CHEC has good M&amp;E guideline and framework in place.</li> <li>• All projects have contributed to the National Strategies of NAA and MoWA.</li> <li>• CHEC has received several awards from NAA.</li> <li>• CHEC has built knowledge on leadership capacity and planning to target groups and local authorities in target areas.</li> <li>• Good staff motivation</li> <li>• Good teamwork between Management Team and field staff.</li> <li>• Staff capacity has been built for program purpose.</li> <li>• Strong collaborations between local authorities, legal services, civil society organizations, and police to support project implementation in target areas on communications and referral and reporting of GBV cases.</li> <li>• Partnership with other NGOs in target areas to support the target groups such as food support and access to ART.</li> <li>• CHEC project evaluation has received highly score according to 5 criteria as below:</li> </ul>	<ul style="list-style-type: none"> <li>• Time constraint to complete the program responsibility due to many youth activities.</li> <li>• Youth Friendly Centres are not attractive due to limited materials, and knowledge building such as computer training and/or life skills trainings.</li> <li>• Limited network with youth and LGBTs groups.</li> <li>• Benefits for volunteerism are limited. Sense of volunteerism is low.</li> <li>• Challenges with volunteers to stay tune with the project.</li> </ul>	<p>Centres for poor women with limited funding support.</p> <p><b>Political</b></p> <ul style="list-style-type: none"> <li>• NAPVAW III 2018-2023 is in place</li> <li>• Youth Policy and NAPVAW are relevant to our intervention.</li> <li>• Political support to Integrate social activities into investment plan of commune and district levels.</li> <li>• Local authorities are committed to strengthen law enforcement of domestic violence</li> <li>• Policy of MoH do not charge the forensic examination.</li> <li>• National Strategy Plan V on HIV/AIDS, and MoWA on GBV.</li> <li>• Commune and village safety policy is in place which include HIV/AIDs, drug abuse and GBV.</li> <li>• Mistry of Education Youth and Sports has integrated CSEs training curriculum.</li> </ul> <p><b>Culture</b></p> <ul style="list-style-type: none"> <li>• Provide opportunities for adolescent youth to make decision to access RH services and choose partners.</li> <li>• Change of mind-set against women</li> </ul>	<ul style="list-style-type: none"> <li>• Violence increase due to alcohol and drug use by men.</li> <li>• Women remain dependent on husbands (e.g: economic, decision making)</li> <li>• Men attitudes dominate on women.</li> <li>• No training for capacity building needs from other NGOs</li> </ul>
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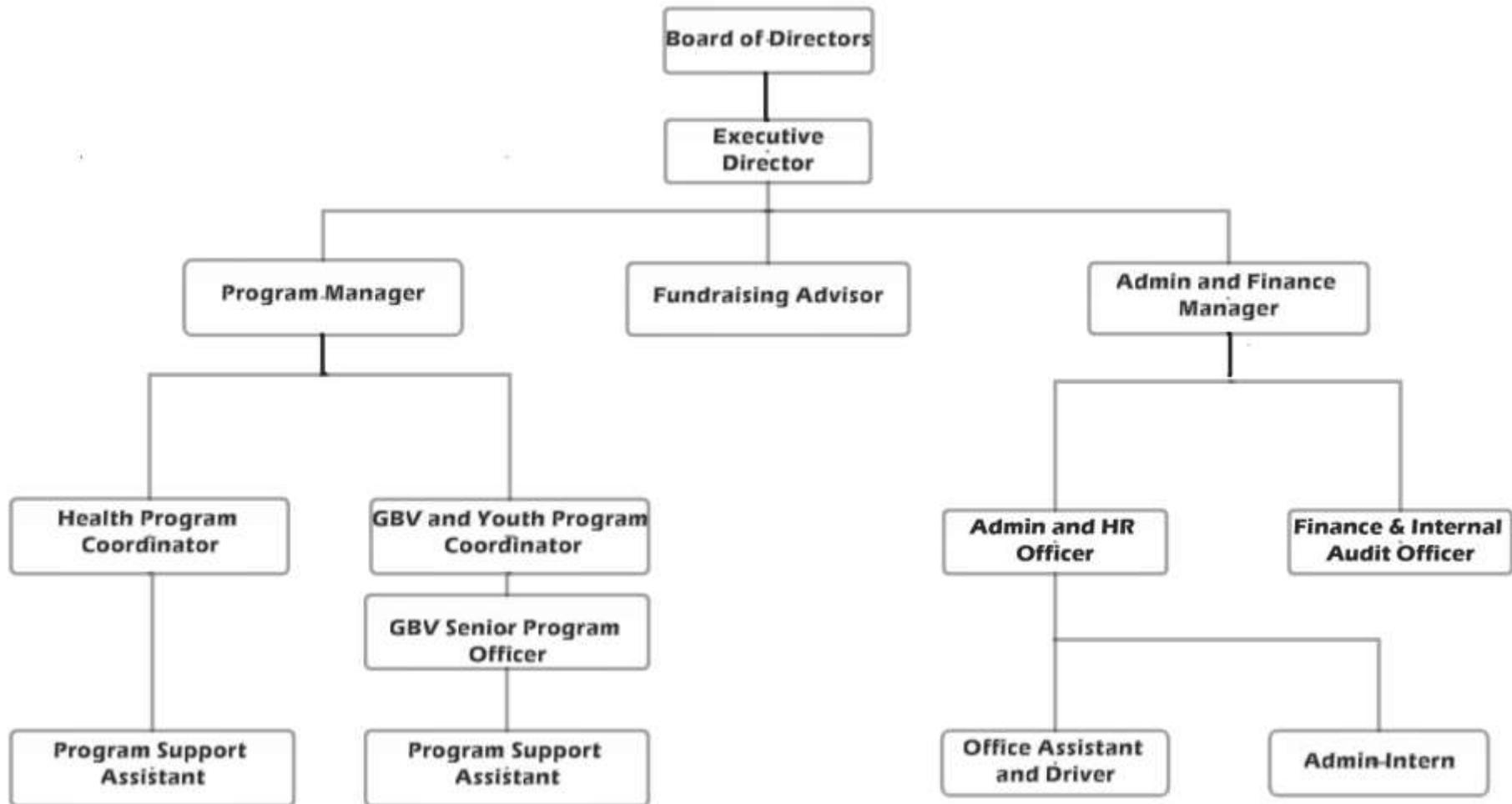
		<p>among community people.</p> <p><b>Technology</b></p> <ul style="list-style-type: none"> <li>• Open discussion on CSEs among adolescent youths through Webinar.</li> <li>• Zoom use to meet with youth peers</li> </ul>	
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### Findings

Evaluation Question	Comment	Rating
<b>Relevance</b>	The Project's activities and outputs were very relevant, valid and designed to contribute to the achievement the Project's overall goal and objectives.	Rating 5/5
<b>Effectiveness</b>	For Cycle 6 the Program achieved 4 out of 5 indicators, with only one indicator being partially achieved. For Cycle 7 the Program is on track to likely achieve 5 out of 6 indicators, with only one indicator being unsure if achievement is likely, due to unavailable baseline data.	Rating 3.5/5
<b>Efficiency</b>	The Program's budget was cost-efficient in achieving its objectives and all funds were spent in a timely manner.	Rating 5/5
<b>Impact</b>	More in-depth impact level indicators would have been beneficial to allow for the measuring of impact	Rating 4/5
<b>Sustainability</b>	The Project has a high of level of sustainability built into its design including a specific exit strategy.	Rating 4.5/5
	<b>Total</b>	<b>22/25</b> <b>88%</b>

Annex 2:

## CHEC ORGANIZATIONAL STRUCTURE



### Annex 3: CHEC Logical Framework 2022-2025

## PROJECT TITLE: SCALING UP CSE/SRHR FOR ADOLESCENT YOUTHS AGED 9-18 YEARS OLD AND REDUCTION OF VIOLENCE AMONG WOMEN AND GIRLS

**Goal: In the next three years, adolescent youth aged from 9 to 18 years, men and women are enjoying their rights and living in a harmonization in communities**

**Objective 1: The rights of adolescent youth are promoted and supported by relevant stakeholders.**

**Indicators:**

1. # of target communes allocate budget and implement for CSE in their CIP/CDP increase by 50% (Baseline...)
2. # of schools include CSE/SRHR curriculum and practices increase by 70% (Baseline....)
3. The utilization of sexual and reproductive health at health facilities of adolescent youth increased by 50% (Baseline .... from HC data)

### Strategy 1: Advocate and support the introduction of CSE in schools and out of schools

**Activity 1.1.1:**

Coordinate of CSE/SRHR stakeholders at the field level in quarterly meeting including school principals

**Tasks 1.1.1.1**

MoU with MoH & MoE

**Tasks 1.1.1.2**

Conduct Orientation Meetings on new project

**Tasks 1.1.1.3**

Select youth peers and leaders including LGBT

**Tasks 1.1.1.4**

Conduct Baseline Survey

**Tasks 1.1.1.5**

Conduct Impact Survey

**Output 1.1**

Youth leaders, youth peers and Local stakeholder and school principals gained knowledge on CSE/SRHR

**Use of output**

- Youth leaders, peers and Local authorities and school principle strongly supported and participated in practical intervention of project.

**Indicators**

- # of MoU Singed
- # of adolescent youth selected to be youth peers and leaders.

	<p><b>Tasks 1.1.1.6</b>  Conduct Quarterly meeting between youth peers, local stakeholders and school principals.</p>		<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>• Local authorities integrate CSE/SRHR and allocate budget into CIP/CDP</li> <li>• School principals conduct CSE/SRHR in schools</li> </ul>	<p># of commune integrated CSE/SRHR into CIP/CDP to support adolescent youth.  # Schools conduct CSE/SRHR</p>
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<p><b>Activity 1.1.2</b></p> <p>Conduct the community education on CSE/SRHR to community adolescent by trained youth leaders and peers</p>	<p><b>Tasks 1.1.2.1</b></p> <p>Conduct Community educations in all communes</p>	<p><b>Output 1.2</b></p> <p>Youth peers are able to conduct community educations</p>	<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>Youth leaders and peers provide community educations to community youth</li> <li>Adolescent youth practice and applied their knowledge and skills</li> <li>Adolescent youth confident to share their knowledge on CSE/SRHR to the meeting with local authorities and other forums.</li> </ul>	<p><b>Indicators</b></p> <ul style="list-style-type: none"> <li># Community education session</li> <li># of youth received educations</li> <li>% of adolescent youth use condom all time of having sex</li> <li>% of adolescent youth access safe abortion</li> <li>% of youth change behavior on safe sex, access health care services</li> </ul>
<p><b>Activity 1.1.3</b></p> <p>Collaborate with <b>Informal</b> Education Centre to choose topics including ASRHR, HIV, Abortion, Drug Abuse, Gender and GBV to run group discussion</p>	<p><b>Tasks 1.1.3.1</b></p> <p>Conduct Monthly Group Discussion with adolescent youths</p>	<p><b>Output 1.3</b></p> <p>Youth gained knowledge on ASRHR, HIV, Abortion, Drug-abuse, gender and GBV</p>	<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>Adolescent youth talk openly with their friends and family members.</li> <li>Adolescent youth practice safe sexual relationship with their intimate partners.</li> </ul>	
<p><b>Activity 1.1.4</b></p> <p>Raise awareness and create enabling environment of CSE and SRHR among duty bearers and adolescent youth including LGBT through</p>	<p><b>Tasks: 1.1.4.1</b></p> <p>Produce IEC materials for awareness raising ( T-shirt, Booklet, leaflet, Referral paper, condom )</p> <p><b>Tasks: 1.1.4.2</b></p> <p>Conduct Community debates in 4 districts on CSE/SRHR</p>	<p><b>Output 1.4:</b></p> <p>Community adolescent Youth and local authorities included LGBT gained knowledge on SRHR, and HIV</p>	<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>Adolescent youth including LGBT practice safe sexual relationship.</li> <li>Local authorities increase support to adolescent youth and LGBT</li> </ul>	<p><b>Indicators</b></p> <ul style="list-style-type: none"> <li># of community debates on SHRH</li> <li># of youth practice safe sexual relationship</li> </ul>

outreach activities /social media platform.	<b>Tasks: 1.1.4.3</b> CHEC cooperated with local authorities to organize World AIDS days campaign			<ul style="list-style-type: none"> <li>• # of cases of adolescent youth supported by local authorities</li> <li>• # of World AIDS Day events</li> <li>• # participants to the World AIDS Day events</li> </ul>
<b>Activity 1.1.5</b> Conduct Quarterly Webinar on CSE education to youth leaders and commune peers	<b>Tasks 1.1.5.1</b> Conduct Quarterly Webinar CSE Education to youth leaders	<b>Output 1.5:</b> Youth gained more knowledge on CSE with expertise from national levels	<b>Use of output</b> <ul style="list-style-type: none"> <li>• Adolescent youth including LGBT are shared updated information on CSEs</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li>• # of Webinar education</li> </ul>
	<b>Tasks 1.1.5.2</b> Meeting Interview and recording for questions and answer on CSEs with National Program Expertise.			<ul style="list-style-type: none"> <li>• # of Interview with expertise on CSEs</li> </ul>
<b>Activity 1.1.6</b> Conduct coaching and mentoring meeting with youth leaders by program staff	<b>Tasks 1.1.6.1</b> Conduct monthly coaching and mentoring meeting with youth leaders in running the youth learning centres	<b>Output 1.6:</b> Youth leaders are confident in running the program through mentoring and coaching	<b>Use of output</b> <ul style="list-style-type: none"> <li>• Youth leaders are capable to run the youth learning centres</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li>• # mentoring and coaching meetings</li> </ul>
<b>Activity 1.1.7</b> Provide counselling services by youth leader/selected LGBT	<b>Tasks 1.1.7.1</b> Provide counselling to other adolescent youth including LGBT	<b>Output 1.7:</b> Youth adolescent including LGBT knew where to access health services	<b>Use of output</b> <ul style="list-style-type: none"> <li>• Adolescent youth including LGBT are shared</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li>• # of adolescent youth including LGBT access to health centres</li> </ul>

counsellors at youth learning centres in each district	<p><b>Tasks 1.1.7.2</b></p> <p>Online counselling through mobile phone or social media such as Facebook will be conducted to youth concerned of ASRHR by program staff and youth leaders</p>		<p>information among other youths</p> <ul style="list-style-type: none"> <li>• Adolescent youth access to counselling at health centres</li> </ul>	<ul style="list-style-type: none"> <li>• # of new cases of HIV</li> <li>• # of new cases of STI</li> <li>• # of new cases treatment</li> <li>• # of female adolescent youth access safe abortion at health facilities</li> </ul>
<p><b>Strategy 2: Strengthen cooperation with relevant National and sub-national bodies and NGO network on CSE and SRHR</b></p>				

<b>Activity 2.1.1</b> Align CHEC activities with National Reproductive Health Program (NRHP) Strategy	<b>Tasks 2.1.1.1</b> National Strategies on RH will be disseminated among the target groups including LA	<b>Output 2.1</b> All target groups learnt on policies and its practices on Reproductive Health.	<b>Use of output</b> <ul style="list-style-type: none"> <li>Target groups comply strategies</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li># of National Policies compliance</li> </ul>
	<b>Tasks 2.1.1.2</b> Youth Leaders join meeting with LA and stakeholders by invitation			
<b>Activity 2.2.1</b> Cooperate with NRHP (National Reproductive Health Program) to develop recommendation to health centres to provide CSE education	<b>Tasks 2.2.1.1</b> Organize Quarterly meeting with NRHP to advocacy and to share lesson learnt and update NGOs on CSE/SRHR	<b>Output 2.2</b> CHEC exchange knowledge information including policies related to youth issues with NRHP and jointly develop recommendations to HC	<b>Use of output</b> <ul style="list-style-type: none"> <li>NRHP accepted and incorporated CHEC recommendations for HC to provide CSE educations.</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li># of recommendations developed</li> <li># of principle relating with SHRH produced and put in practices</li> </ul>
<b>Activity 2.3.1</b> Cooperate with NCHADS & NAA to support program implementation	<b>Tasks 2.3.1.1</b> Attend meeting with NCHADS and NAA by invitation	<b>Output 2.3</b> Health Policies and National Strategic Plan consulted with NGOs	<b>Use of output</b> <ul style="list-style-type: none"> <li>Local authorities applied National Policies and responded.</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li># National Policies</li> <li># Consultation meetings</li> <li>Support letters from both NCHADS &amp; NAA on CHEC Strategic Program Activities</li> </ul>
<b>Activity 2.4.1</b> Cooperate with HACC to present the program to share lesson learnt and empowering CSOs and update on CSE/SRHR	<b>Tasks 2.4.1.1</b> Attend membership meeting with HACC	<b>Output 2.4</b> CHEC Exchange lessons learnt on CSE/SRHR with other members of HACC	<b>Use of output</b> <ul style="list-style-type: none"> <li>HACC members whose involved in CSE/SRHR learned and adopted.</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li># of meetings and exchange lesson learnt on CSE/SRHR</li> </ul>
<b>Activity 2.5.1</b> Cooperate with Health Centres for provision of counselling and	<b>Tasks 2.5.1.1</b> Attend monthly meeting with HC or OD	<b>Output 2.5 A</b> Provision of counselling model adopted	<b>Use of Output</b> <ul style="list-style-type: none"> <li>HC staff provide counseling to adolescent for CSE/SRHR</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li>% of HC staff provide counseling to</li> </ul>

attending monthly meeting with OD/PHD	<b>Tasks 2.5.1.2</b> Attend monthly Pro-TWGH meeting	<b>Output 2.5 B</b> CHEC gained knowledge on program challenges and solutions from other agencies and get support from PHDs	<b>Use of output</b> <ul style="list-style-type: none"> <li>• PHD and TWG members learnt from CHEC project and supported</li> </ul>	adolescent including LGBT on CSE/SRHR <ul style="list-style-type: none"> <li>• % of adolescent satisfied to the service delivery by HC staff.</li> </ul>
<b>Activity 2.6.1</b> Organise Open day for adolescent youth to Health Centres	<b>Tasks 2.6.1.1</b> Support adolescent youth to access health centres (one day per week)	<b>Output 2.6</b> Adolescent youth knew the service deliveries for them  Confidence on access...	<b>Use of output</b> <ul style="list-style-type: none"> <li>• Adolescent youth access to HC by their own with confident</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li>• # of adolescent (male and female) access health services for HIV/STI testing</li> <li>• # of adolescent access health services for safe abortion</li> </ul>
<b>Strategy 3: Enhance capacities of target groups to response to CSE/SRHR</b>				

<b>Activity 3.1.1</b> Conduct Training for Teachers (selected by #schools) on ASRHR, LGBT, HIV, Abortion, Drug Abuse, Gender and GBV	<b>Tasks: 3.1.1.1</b> 3 days training course on ASRHR, LGBT, HIV, abortion, drug abuse and GBV will be conducted for teachers.	<b>Output 3.1</b> Teachers gained knowledge on ASRHR	<b>Use of output</b> <ul style="list-style-type: none"> <li>Trained teachers provide CSE/SRHR to students at the grade of 7,8,10 and 11.</li> <li>Adolescent youth talk openly with classmates about CSE/SRHR</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li>% of teachers provided CSE to adolescent youth in the classes.</li> <li>% of adolescent youth talk openly with classmates about CSE/SRHR.</li> </ul>
	<b>Tasks: 3.1.1.2</b> Post training evaluation will be conducted			
<b>Activity 3.2.1</b> Conduct Training for Health Staff (#HC) on ASRHR, LGBT, HIV, Abortion, Drug Abuse, Gender and GBV	<b>Tasks: 3.2.1.1</b> 3 days training course on ASRHR, LGBT, HIV, abortion, drug abuse and GBV will be conducted for HC/OD staff.	<b>Output 3.2</b> HC staff gained knowledge on ASRHR	<b>Used of output</b> <ul style="list-style-type: none"> <li>HC staff provide on CSE to other adolescent youth at health facilities</li> <li>HC staff provide counseling and provide satisfy service to adolescent.</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li>% of HC staff provided CSE to adolescent at health facilities</li> <li>% of adolescent access health facilities.</li> </ul>
	<b>Tasks: 3.2.1.2</b> Post training evaluation will be conducted			
<b>Activity 3.3.1</b> Conduct Training for Youth Peers (#communes) on ASRHR, LGBT, HIV, Abortion, Drug Abuse, Gender and GBV	<b>Tasks: 3.3.1.1</b> 3 days training course on ASRHR, LGBT, HIV, abortion, drug abuse and GBV will be conducted for youth peers.	<b>Output 3.3</b> Youth peer and leaders gained knowledge on CSE/SRHR	<b>Used of output</b> <ul style="list-style-type: none"> <li>Trained youth applied their knowledge and skills for living relating with SRHR.</li> <li>Youth peers provided community educations to other community adolescent.</li> <li>Youth confident share ideas related to CSE/SRHR to other adolescent youth in communities</li> </ul>	<b>Indicators</b> <ul style="list-style-type: none"> <li>% trained youths are enable to provided community educations.</li> <li>% of female youth discussed openly with others youth in community on CSE/SRHR</li> </ul>
	<b>Tasks: 3.3.1.2</b> Post training evaluation will be conducted			

**Strategy 4: Network with LGBT NGOs to response to CSE/SRHR**

<p><b>Activity 4.1.1</b> Discuss on the gap in knowledge of CSE/SRHR among the group members of LGBT NGOs in target areas.</p>	<p><b>Tasks: 4.1.1.1</b> Conduct meeting with <b>LGBT NGOs</b> in target areas</p>	<p><b>Output 4.1</b> CHEC exchange program objectives with LGBT NGOs in target areas.</p> <p>Topics shared Lessons learnt</p>	<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>The gap in knowledge of CSE/SRHR among group members of LGBT NGOs documented</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li># of meeting with <b>LGBT NGOs</b> in target areas</li> <li>Report on Gap in Knowledge of CSE/SRHR among LGBT members</li> </ul>
<p><b>Activity 4.2.1</b> Conduct Joint Monitoring with LGBT NGOs for the access to Health Centres/VCCT for HIV/STI testing of LGBT members</p>	<p><b>Tasks: 4.2.1.1</b> Conduct Joint monitoring on access to HC by group members of LGBT NGOs</p>	<p><b>Output 4.2</b> Monitoring data collection developed and conducted.</p>	<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>Monitoring report will be shared and used by HACC to advocated with MoH</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li># of LGBT group members access health services for HIV/STI testing and counselling</li> </ul>
<p><b>Activity 4.3.1</b> Coordinate with local stakeholders and NGOs networking for supporting LGBT</p>	<p><b>Tasks: 4.3.1.1</b> Establish Network among local stakeholders and other NGOs to provide support for LGBT</p>	<p><b>Output 4.3</b> Protocol for support to LGBT people in the target areas developed.</p>	<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>Local stakeholders applied and practiced the Protocol to support LGBT.</li> <li>LGBT access to services without discrimination.</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>% of LGBT talk openly with their group members</li> <li>% of LGBT said no discrimination from communities</li> </ul>
	<p><b>Tasks: 4.3.1.2</b> Attend meeting with LGBT network.</p>			
<p><b>Activity 4.4.1</b> Refer LGBT to local stakeholders and HC/OD</p>	<p><b>Tasks: 4.4.1.1</b> Establish a referral network of professional psychosocial counselling for LGBT</p>	<p><b>Output 4.4</b> LGBT received psychosocial counseling at HC/OD</p>	<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>LGBT access services at HC/OD openly</li> <li>No discrimination form HC/OD</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>% of LGBT satisfied with services deliveries by community sources</li> </ul>

<b>Objective 2: Gender based Violence in project areas has been declined.</b>		<b>Indicators:</b>		
		<ul style="list-style-type: none"> <li>• 90 % of male community members supporting legal right of women and prosecution of domestic violence and rape increased</li> <li>• 90 % of GBV survivors reported living free from violence.</li> </ul>		
<b>Strategy 1: Promote role model of men including LGBT to respond to DV</b>				
<b>Activity 1.1.1:</b> Coordinate of men groups in 4 districts	<b>Tasks: 1.1.1.1</b> Conduct Bi-monthly meeting of men groups in 4 districts	<b>Output 1.1&amp;2</b>	<b>Use of output</b>	<b>indicators:</b>
<b>Activity 1.1.2:</b> Coordinate of women groups in 4 districts	<b>Tasks: 1.1.2.1</b> Conduct Bi-monthly meeting of women groups in 4 districts			
	<b>Tasks: 1.1.2.2</b> Conduct Quarterly meeting between men and women groups in 4 districts			
<b>Activity 1.1.3:</b> Coordinate of parent groups on gender-sensitive parenting including aspects of LGBT	<b>Tasks: 1.1.3.1</b> Conduct Bi-monthly meeting among parent groups on GBV, rights and gender sensitive	<b>Output 1.3</b>	<b>Use of output</b>	<b>indicators:</b>
		<ul style="list-style-type: none"> <li>• Parent groups gained knowledge on GBV, rights, and gender sensitive and the aspects of LGBT.</li> </ul>	<ul style="list-style-type: none"> <li>• Parent practiced gender sensitive with LGBT children</li> <li>• Parent support the LGBT children</li> </ul>	<ul style="list-style-type: none"> <li>• # of LGBT children openly disclosed their status</li> <li>• % of LGBT openly access health facilities without discrimination</li> </ul>

<p><b>Activity 1.1.4:</b> Enhance Peer Referral Support groups</p>	<p><b>Tasks: 1.1.4.1</b> Establish Peer Referral Support Groups by GBV survivors including LGBT to access support services</p>	<p><b>Output 1.4</b></p> <ul style="list-style-type: none"> <li>• GBV survivors including LGBT know where to access support services.</li> <li>• GBV survivors including LGBT received information and referral support to access to CCWC, Police, health services, safe place and legal services.</li> <li>• <b>Information pack/list</b></li> </ul>	<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>• GBV survivors including LGBT accessed health facilities and support services openly</li> <li>• GBV survivor access to CCWC, Police, health service, safe space and legal service</li> </ul>	<p><b>indicators:</b></p> <ul style="list-style-type: none"> <li>• # DV cases were referred to support services.</li> <li>• % of GBV survivors including LGBT report that satisfaction with services deliveries by local authorities and HC staff</li> </ul>
<p><b>Activity 1.1.5:</b> Run Campaigns and community events</p>	<p><b>Tasks: 1.1.5.1</b> Run 16 days campaign /internal women days</p>	<p><b>Output 1.5</b></p> <ul style="list-style-type: none"> <li>• Communities (GBV survivors, men, women, youths and LGBT) gained knowledge on gender based violence and human/women rights</li> </ul>	<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>• Community people respond to GBV through reporting, mediating, and referring.</li> </ul>	<p><b>indicators:</b></p> <ul style="list-style-type: none"> <li>• # of community people refer GBV survivors access HC, police and CCWC</li> <li>• % of community people reporting to CCWC, Police</li> <li>• % of community people mediate during GBV happen</li> </ul>
	<p><b>Tasks: 1.1.5.2</b> Conduct community debate in project areas</p>			
<p><b>Activity 1.1.6:</b> Produce video documentation</p>	<p><b>Tasks: 1.1.6.1</b> Produce Video spots on men stop violence to promote the good men behaviour</p>	<p><b>Output 1.6</b> Men and perpetrators are able to share their past experiences and recording their practice of stop violence against their partners</p>	<p><b>Use of output:</b> Men and perpetrators share good model on family happiness and stop violence</p>	<p><b>indicators</b></p> <ul style="list-style-type: none"> <li>• # men perpetrators shared a good model to stop violence</li> <li>• # Of videos produced</li> </ul>

**Strategy 2: Enhance Capacity of Target Groups to Respond to GBV**

<b>Activity 2.1.1:</b> Train CBEs in 4 districts on Gender Equality	<b>Tasks: 2.1.1.1</b> Conduct training courses on Gender equality to CBEs	<b>Output 2.1&amp;2.2</b> <ul style="list-style-type: none"> <li>• CBE gained knowledge on gender equality</li> <li>• CBE gained knowledge on <b>National Gender Policy and NAPVAW 3</b></li> <li>• CBEs are able to prepare action plan for community educations</li> </ul>	<b>Use of output:</b> <ul style="list-style-type: none"> <li>• Community people respond to GBV through reporting, mediating, and referring</li> <li>• Local authorities make an intervention and support GBV survivors including LGBT</li> </ul>	<b>indicators</b> <ul style="list-style-type: none"> <li>• # of community education sessions conducted by CBEs</li> <li>• % of community people refer GBV survivors access HC, police and CCWC</li> <li>• % of community people reporting to CCWC, Police</li> <li>• % of community people mediate during GBV happen</li> </ul>
	<b>Tasks: 2.1.1.2</b> Conduct Post Training evaluation			
<b>Activity 2.1.2:</b> Provide refresher course for CBEs on National Gender Policy and NAPVAW 3	<b>Tasks: 2.1.2.1</b> Conduct Refresher courses <b>on National Gender Policy and NAPVAW 3</b>			
<b>Tasks: 2.1.2.2</b> Conduct Post Training evaluation				
<b>Activity 2.1.3</b> Train HC staff on Gender Equality	<b>Tasks: 2.1.3.1</b> Conduct Training on Gender Equality for HC staff in 4 districts.	<b>Output 2.3</b> HC staff gained knowledge on GBV counseling	<b>Use of output</b> HC staff provide quality counselling and service deliveries to support GBV survivors	<b>indicators</b> <ul style="list-style-type: none"> <li>• % of GBV survivors reported that satisfaction with service delivery</li> <li>• # of GBV survivors accessed Health facilities after GBV cases</li> </ul>
	<b>Tasks: 2.1.3.2</b> Conduct Post Training evaluation			
<b>Activity 2.1.4</b> Train youth in school and out of school on GBV and gender equality	<b>Tasks: 2.1.4.1</b> Conduct Training on GBV and gender equality for youth in school will be conducted in 4 districts.	<b>Output 2.4</b> Youth in school gained knowledge on GBV and gender equality	<b>Use of output</b> <ul style="list-style-type: none"> <li>• Youth share roles responsibilities in daily living</li> <li>• Youth practice gender roles in schools and at homes</li> </ul>	<b>indicators</b> <ul style="list-style-type: none"> <li>• % of youth reported that share roles responsibilities in their living</li> <li>• % of youth practiced gender roles in schools and at homes</li> </ul>
	<b>Tasks: 2.1.4.2</b> Conduct Post Training evaluation			

<b>Activity 2.1.5</b> Train men on Gender Equality and NVC	<b>Tasks: 2.1.5.1</b> Conduct Training on gender equality for men in 4 districts	<b>Output 2.5</b> Men gained knowledge on gender equality	<b>Use of output</b> <ul style="list-style-type: none"> <li>Men and women share roles responsibilities in daily living</li> <li>Men and Women practice NVC in living</li> <li>The practice of community on cultural norms relating with gender deduced.</li> </ul>	<b>indicators</b> <ul style="list-style-type: none"> <li>% of men and women reported that share roles responsibilities in their living</li> <li>% of men and women practiced NVC in living</li> </ul>
	<b>Tasks: 2.1.5.2</b> Conduct Post Training evaluation			
<b>Activity 2.1.6</b> Train women on Gender Equality and Leadership	<b>Tasks: 2.1.6.1</b> Conduct Training on gender equality for women in 4 districts.	<b>Output 2.6</b> Women gained knowledge on gender equality		
	<b>Tasks: 2.1.6.2</b> Conduct Post Training evaluation			
<b>Activity 2.1.7</b> Run home visit & counselling	<b>Tasks: 2.1.7.1</b> Conduct Home visit & counselling for GBV survivors by CBEs	<b>Output 2.7</b> GBV survivors have good relationship with CCWC and have confidence in reporting their cases	<b>Use of output:</b> GBV survivors share experiences and lesson learnt and seek supports from stakeholders	<b>indicators</b> <ul style="list-style-type: none"> <li># of home counseling provided to victims of DV and Rape by CBEs</li> <li>% of GBV survivors share experiences with relevant stakeholders</li> <li>% of GBV survivors received support from stakeholders</li> </ul>

<p><b>Activity 2.1.8</b> Produce directories/ information cards/leaflets</p>	<p><b>Tasks: 2.1.8.1</b> Develop and produce IECs and Information card for dissemination within target groups and communities</p>	<p><b>Output 2.8</b></p> <ul style="list-style-type: none"> <li>• Communities (GBV survivors, men, women, youths and inclusion) gained knowledge on gender based violence and human/women rights</li> <li>• Information card on service providers contact detail received/<b>disseminated</b> by community people and GBV survivors</li> </ul>	<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>• Community people respond to GBV through reporting, mediating, and referring</li> <li>• GBV survivors use information card to support during GBV occurrence</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• # Information card and directory of each district distributed to GBV survivors</li> <li>• # of GBV cases intervened timely manner</li> </ul>
<p><b>Strategy 3: Improve coordination of LA to response to GBV</b></p>				
<p><b>Activity 3.1.1</b> Conduct Quarterly meeting of GBV network</p>	<p><b>Tasks: 3.1.1.1</b> Conduct GBV quarterly network meeting</p>	<p><b>Output 3.1&amp;3.2</b></p> <ul style="list-style-type: none"> <li>• Local authorities and health centres aware of GBV issues and lesson learnt in addressing issues</li> <li>• Cooperation among local authorities, Health centres and police to respond GBV increased</li> </ul>	<p><b>Use of output:</b></p> <ul style="list-style-type: none"> <li>• Local authorities make prosecution GBV perpetrators without mediation.</li> <li>• RH/HC provide forensic examination to GBV survivors free of charge</li> <li>• Local authorities protect and prevention GBV survivors after reporting</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• # of quarterly network conducted</li> <li>• # of GBV cases solved by networks</li> <li>• % of GBV survivors reported that accessing HC/RH free of charges</li> <li>• # of GBV perpetrators referred to prosecution at court or provincial level.</li> <li>• % GBV survivors reported to local authorities</li> </ul>
<p><b>Activity 3.1.2</b> Conduct Monthly meeting between health centre on provision of support services and treatment</p>	<p><b>Tasks: 3.1.2.1</b> Supervision and meeting with local authorities and HC staff in 4 districts.</p>			
<p><b>Activity 3.1.3:</b> Strengthen networks of government authorities, NGOs to respond to GBV</p>	<p><b>Tasks: 3.1.3.1</b> Advocate with CEDAW/MoWA on administrative order and</p>	<p><b>Output 3.3</b></p> <ul style="list-style-type: none"> <li>• CEDAW/MoWA are informed about CHEC</li> </ul>	<p><b>Use of output:</b></p> <ul style="list-style-type: none"> <li>• Network members submitted recommendations to the</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• # of commune leader issues protection</li> </ul>

	provide provisional space for GBV survivors	project activities and issues on GBV	relevant institutions for better addressing GBVs issues.	order/description order to protect GBV survivors
	<b>Tasks: 3.1.3.2</b> Link with vocational training centre of MOWA for GBV survivors to train livelihood skills	<ul style="list-style-type: none"> <li>Cooperation among local stakeholders have been built</li> <li>Lesson learnt of GBV survivor's intervention documented.</li> </ul>	<ul style="list-style-type: none"> <li>Vocational training centers of MoWA accepted and supported # GBV survivors to attend vocational training.</li> <li>Network Mechanism is in action</li> </ul>	<ul style="list-style-type: none"> <li># of GBV survivors received vocational training from MoWA Vocational Training Centres.</li> </ul>
	<b>Tasks: 3.1.3.3</b> Attend Pro-TWGG to share the project information and support the project			
	<b>Tasks: 3.1.3.4</b> Attend the MOWA & TWG-GBV			
<b>Strategy 4: Promote Leadership of men/women in decision making and participation of local forums to raise their voice</b>				
<b>Activity 4.1.1:</b> Organize Annual reflection meeting	<b>Tasks: 4.1.1.1</b> Conduct Annual reflection among of target groups in 4 districts	<b>Output 4.1</b> <ul style="list-style-type: none"> <li>Documentation of lesson learnt</li> <li>Possible solutions for future improvement</li> </ul>	<b>Use of output</b> <ul style="list-style-type: none"> <li>Men and women apply good practice and overcome the explore issues</li> </ul>	<b>Indicators:</b> <ul style="list-style-type: none"> <li># of annual reflection conducted</li> <li>% of women reported that his intimate partner stopped exert violence against her</li> </ul>
<b>Activity 4.1.2:</b> Attend Local Authorities' forums	<b>Tasks: 4.1.2.1</b> Attend local authorities forum through invitation by men and women	<b>Output 4.2</b> <ul style="list-style-type: none"> <li>Men and women receive invitation for forum</li> </ul>	<b>Use of output</b> <ul style="list-style-type: none"> <li>Men and women dare to discuss openly about GBV and LGBT with local authorities</li> <li>Local authorities raised the GBV and LGBT issues and allocated budget to integrate into CIP/CDP</li> </ul>	<b>Indicators:</b> <ul style="list-style-type: none"> <li># times of men and women attended with local authorities forum</li> <li># of communes have allocated budget to support GBV survivors and LGBT</li> </ul>

<p><b>Activity 4.1.3:</b> Organize Annual exposure visits</p>	<p><b>Tasks: 4.1.3.1</b> Conduct Exposure visits among of good men and women between districts</p>	<p><b>Output 4.2</b></p> <ul style="list-style-type: none"> <li>• Men and women learn new skills and exchange knowledge on good practice to stop GBV</li> </ul>	<p><b>Use of output</b></p> <ul style="list-style-type: none"> <li>• Men and women including LGBT are actively participating and advocacy with local authorities to support them</li> </ul>	<p><b>Indicators:</b></p> <ul style="list-style-type: none"> <li>• # of men and women engage in social development process</li> <li>• # of men and women share good practice among groups.</li> </ul>
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## Community Health Responsiveness Program

**Goal:** In the next three years, the target groups including men, women and LGBT are enjoying their rights and living in a harmonization in communities

**Objective:** By end of June 2025, the support for women at risk of gender based violence and people living with HIV/AIDS are increased.

Indicators:

1. 70% of persons at risk of gender-based violence and of people living with HIV/AIDS who are reached through the project receive support from authorities or their social environment (Baseline...)
2. Over 80% of PLHIV in the project areas are detected and refer to receive ART Service and practice good adherence.
3. 70 % of GBV survivors reported living free from violence (Baseline...)

**Strategy 1:** : Build the capacity of target groups to response to HIV/AIDS, RH, and GBV

<p><b>Activity 1.1.1:</b> Conduct ToT for CHEC staff and FO on positive parenting skills and couple to couple relationship/approach</p>	<p><b>Tasks 1.1.1.1</b> Conduct training on positive parenting skills and couple to couple relationship to CHEC staff and FOs</p>	<p><b>Output 1.1</b> CHEC staff and FOs gained knowledge on positive parenting skills and couple to couple relationship</p>	<p><b>Use of output 1.1</b> CHEC staff and FOs are skillful to provide training to target groups including youth, Local Authorities, GBV families, men and women.</p>	<p><b>Indicators</b> # Training reports by Consultants # Training Participants # of training courses in the districts provided by CHEC staff and FOs</p>
<p><b>Activity 1.2.1:</b></p>	<p><b>Tasks 1.2.1.1</b> A Baseline survey conducted in new district</p>	<p><b>Output 1.2</b> Local authorities and community people understood CHEC Project</p>	<p><b>Use of output 1.2</b> Local authorities and community people provided support to</p>	<p><b>Indicators</b> # Baseline survey report # Orientation report</p>

Conduct Project orientation to new district of Pear Raing	<b>Tasks 1.2.1.2</b> An Orientation of project to LA in new district of Pear Raing, Prey Veng	Baseline and End-line reports produced	project implementation.	# End-line survey report
	<b>Tasks 1.2.1.3</b> An End line conducted			
<b>Activity 1.3.1</b> Select youth peers in new district of Pear Raing	<b>Tasks 1.3.1.1</b> Selection of 22 youth peers and leaders in new district	<b>Output 1.3</b> Potential youth selected in new district	<b>Use of output 1.3 &amp;1.4</b> Trained youth apply knowledge on ART, Minimum Care and Support and Counselling & Gender Equality	<b>Indicators</b> % trained youth peers provided community educations and counselling and peer support.  % trained youth peers provided home visits and counselling on ART to PLHIVs.

<b>Activity 1.4.1</b> Train youth peers and CHVs in 2 districts (one existing of Samaki Meanchey and one new Pear Raing) on ART, Minimum Care and Support and Counselling & Gender Equality	<b>Tasks 1.4.1.1</b> 2 training courses on ART, Minimum Care and Support and Counselling & Gender Equality conducted for 40 youth peers	<b>Output 1.4</b> Youth peer gained knowledge on ART, Minimum Care and Support and Counselling & Gender Equality		
	<b>Tasks 1.4.1.2</b> 1 post training evaluation were conducted with 40 youth peers and CHVs			
	<b>Tasks 1.4.1.3</b> 1440 Monthly home visits to PLHIV by youth peers and CHVs in 2 districts			
<b>Activity 1.5.1</b> Provide mentoring and coaching to youth peers and FO by Project Coordinator	<b>Tasks 1.5.1.1</b> 12 mentoring and coaching with FO and 40 youth peers.	<b>Output 1.5</b> Youth peers have confident in conducting community educations	<b>Use of output 1.5</b> Youth peers provide community educations and provide support to other community youth	<b>Indicators</b> # youth peers committed to stay and support the project activities  # community youth to reach by youth peers reported
<b>Activity 1.6.1</b> Train CBEs (including village chief, Deputy village chief and Village security guards) in 2 districts on Couple to Couple relationship	<b>Tasks 1.6.1.1</b> 2 training courses on couple to couple relationship to 40 LA	<b>Output 1.6</b> Local Authorities gained knowledge on couple to couple relationship	<b>Use of output 1.6</b> CBEs practice good relationship between wife and husband in daily living	<b>Indicators</b> % of LA practice positive behaviors for living (problem solving, assisting people during conflict.) % of community people apply couple to couple relationship for daily living # of GBV cases intervened timely manner # of post training evaluation conducted.
	<b>Tasks 1.6.1.2</b> Conduct post training evaluation			

<p><b>Activity 1.7.1</b> Train CBEs (including village chief, Deputy village chief and Village security guards) in 2 districts on Enabling Laws and Policy Support to Response to HIV and AIDS in Sub-national level for Cheung Prey and new district.</p>	<p><b>Tasks: 1.7.1.1</b> Conduct Refresher course to authority on Enabling Laws and Policy Support to Response to HIV and AIDS in Sub-national level for Cheung Prey and new district.</p>	<p><b>Output 1.7</b> Local Authorities gained knowledge on Enabling Laws and Policy Support to Response to HIV and AIDS in Sub-national level</p>	<p><b>Use of output 1.7</b> CBEs integrated cross cutting issues into CIP/CDP to support target groups</p>	<p><b>Indicators</b> #of commune in target groups integrated cross-cutting issues into CIP/CDP  # of post training evaluation conducted</p>
<p><b>Activity 1.8.1</b> Train men and women on couple to couple relationship</p>	<p><b>Tasks 1.7.1.2</b> Conduct post training evaluation</p>			
<p><b>Activity 1.8.1</b> Train men and women on couple to couple relationship</p>	<p><b>Tasks 1.8.1.1</b> 2 training courses for 50 men and 50 women in 2 districts on couple to couple relationship</p> <p><b>Tasks 1.8.1.2</b> Post training evaluation conducted.</p>	<p><b>Output 1.8</b> Trained Men and women gained knowledge on youth issues and information updated</p>	<p><b>Use of output 1.8</b> Men and women share roles responsibilities in daily living Men and Women practice NVC in living</p>	<p><b>Indicators</b> % of men and women reported that share roles responsibilities in their living % of men and women practiced NVC in living</p>
<p><b>Activity 1.9.1</b> Train GBV families in 2 target districts on positive parenting skills</p>	<p><b>Tasks: 1.9.1.1</b> 2 training courses on positive parenting skills to 50 GBV families in 2 districts</p> <p><b>Tasks: 1.9.1.2</b> Conduct 1 post training evaluation</p>	<p><b>Output 1.9</b> GBV families gained knowledge on positive parenting skills</p>	<p><b>Use of output 1.9</b> GBV families treat their children in good manner.</p>	<p><b>Indicators</b> #% of GBV family practice positive parenting with their kids # of post training evaluation conducted</p>
<p><b>Activity 1.10.1:</b> Train PLHIV in new district on ART adherence and gender equality</p>	<p><b>Tasks: 1.10.1.1</b> 2 training courses on ART adherence and gender equality to 50 PLHIV in Pear Raing new district</p>	<p><b>Output 1.10</b> PLHIV gained knowledge on ART adherence and gender equality</p>	<p><b>Use of output 1.10</b> PLHIV apply new skills and share knowledge to others PLHIV to access health service at HC</p>	<p><b>Indicators</b> #PLHIV access to health service at HC /OD for RH, HIV, STIs testing and treatment</p>

	<b>Tasks: 1.10.1.2</b> Conduct 1 post training evaluation		/OD for RH, HIV, STIs testing and treatment	% of PLHIV are living above poverty line. % of Viral load of PLHIV reduced
<b>Activity 1.11.1</b> Train HC staff on Minimum Standard of Counselling to GBV	<b>Tasks: 1.11.1.1</b> Conduct Training for health centre staffs on Minimum Standard of Counselling to GBV	<b>Output 1.11</b> HC staff gained knowledge on Minimum Standard of Counselling to GBV	<b>Use of output 1.11</b> HC staff provide counseling to GBV survivors  HC staff continue referring to outside area for treatment and medical examination  HC staff have recorded GBV cases in their books	<b>indicators</b> # of GBV survivors received counseling from HC staff # of GBV survivors referred out by HC staff for medical examination % of GBV survivors reported that they satisfy with service delivery by HC staff # of post training evaluation conducted
	Post Training evaluation conducted.			
<b>Activity 1.12.1</b> Set up groups of GBV survivors and GBV perpetrators for running quarterly meeting	<b>Tasks: 1.12.1.1</b> Run quarterly meeting with GBV survivors	<b>Output 1.12</b> GBV survivors, and GBV perpetrators gained knowledge on gender based violence, couple and couple relationship and human/women rights	<b>Use of output 1.12</b> GBV survivors and GBV perpetrators share their experience on GBV issues  GBV survivors and GBV perpetrators practice NVC and good couple and couple relationship for living	<b>Indicators:</b> % of GBV survivors reported their partner stopped violence on her  % of GBV perpetrators report that practice the NVC for lining  % of GBV perpetrator report that their partner shared role responsibilities for living

**Strategy 2: Raising awareness on HIV/AIDS, reproductive health, and gender sensitivity and couple to couple relationship for target groups.**

<p><b>Activity 2.1.1:</b> Raise awareness to communities through running community educations</p>	<p><b>Tasks: 2.1.1.1</b> 169 Community education in village level conducted.</p>	<p><b>Output 2.1</b> Community people or youth gained knowledge on HIV/AIDs, GBV and gender equality</p>	<p><b>Use of output 2.1</b> Communities practice gender equality for living  GBV survivors and PLHIV access support services in local areas openly</p>	<p><b>indicators:</b> % of women reported no challenge with GBV  % of PLHIV received home counseling</p>
<p><b>Activity 2.2.1:</b> Create of peer support groups and provide direct referrals of the <b>poor</b> GBV survivors (transportation fee) to access social, health and legal services</p>	<p><b>Tasks: 2.2.1.1</b> Counselling &amp; Referral made by peers to PLHIV  <b>Poor</b> 300 GBV cases were referred to access supported services for both polices, CCWC, HC, HIV blood testing, court, safe space and Provincial hospital.</p>	<p><b>Output 2.2</b> GBV survivors received information and referral support to access to CCWC, Police, health services, safe place and legal services from CBEs and NGOs</p>	<p><b>Use of output 2.2</b> GBV survivor/Women living with HIV access to CCWC, Police, health service, safe space and legal service</p>	<p><b>indicators:</b> # GBV survivor referred to services (by type)  # of PLHIV referred to access support services</p>

<b>Activity 2.3.1:</b> Run Campaigns and community events	<b>Tasks: 2.3.1.1</b> Run 16 days campaign /internal women days	<b>Output 2.3</b> Communities (GBV survivors, men, women, youths) gained knowledge on gender based violence and human/women rights and  Youth gained knowledge on HIV/AIDS	<b>Use of output</b> Community people respond to GBV through reporting, mediating, and referring  Youth practice existing condom use when have sex with outside partners  Community people practice gender equality for living	<b>Indicators:</b> % of community people reporting to CCWC, Police when they have seen GBV occurring in local areas.  % of community people intervene during GBV happen  % of community people practice NVC, and couple to couple relationship
	<b>Tasks: 2.3.2.1</b> Organized World’s AIDS Day			
	<b>Tasks: 2.3.3.1</b> Conduct debates on GBV and Gender Equality and couple to couple relationship			
<b>Activity 2.4.1:</b> Produce directories/ information cards/leaflets	<b>Tasks: 2.4.1.1</b> Produce IEC materials, directories/ information cards/leaflets	<b>Output 2.4 A</b> Communities (GBV survivors, men, women, youths and inclusion) gained knowledge on gender based violence and human/women rights  <b>Output 2.4 B</b> Information card on service providers contact detail received by community people and GBV survivors	<b>Use of output</b> Community people respond to GBV through reporting, mediating, and referring  GBV survivors use information card to support during GBV occurrence	<b>Indicators:</b> # Information card and directory of each district distributed to GBV survivors  # of GBV cases intervened timely manner

**Strategy 3: Improve coordination with LA and other stakeholders to response to HIV/AIDS &GBV**

<p><b>Activity 3.1.1</b> Advocate with local authorities for ID poor card to PLHIVs</p>	<p><b>Tasks: 3.1.1.1</b> Advocate with local authority to provide IDP to PLHIVs</p>	<p><b>Output 3.1</b> Name list of PLHIV in target areas documented for local authorities</p>	<p><b>Use of output 3.1</b> Local authorities grant the ID Poor Card to PLHIV family  PLHIV use ID poor card to get support from local stakeholders</p>	<p><b>Indicators:</b> # ID poor card issues for PLHIV  % of PLHIV received support from local stakeholders by using ID poor card</p>
<p><b>Activity 3.2.1</b> Coordinate with local stakeholders to support GBV survivors and PLHIV</p>	<p><b>Tasks: 3.2.1.1</b> Conduct quarterly meeting of GBV network including health centre staff on provision of support services and treatment to PLHIV &amp; GBV Survivors</p>	<p><b>Output 3.2</b> Cooperation among local authorities, Health centres and police and other local stakeholders to support GBV survivors and PLHIV increased</p>	<p><b>Use of output 3.1</b> Local authorities make prosecution GBV perpetrators without mediation. RH/HC provide forensic examination to GBV survivors free of charge Local authorities protect and prevention GBV survivors after reporting PLHIV and Poor GBV survivors received support from other local stakeholders such as home kits including home visit</p>	<p><b>Indicators:</b> # of GBV cases solved by networks  % of GBV survivors reported that accessing HC/RH free of charges  # of GBV perpetrators referred to prosecution at court or provincial level.  % GBV survivors reported to local authorities  % of PLHIV and GBV survivors received home kits and other supports from local stakeholders</p>
	<p><b>Tasks: 3.2.1.2</b> Cooperate with other NGO partners and other stakeholders to provide home kits and improve PLHIV livelihood skills</p>			
<p><b>Activity 3.3.1:</b> Strengthen networks of government authorities, NGOs to respond to GBV</p>	<p><b>Tasks: 3.3.1.1</b> Advocate with CEDAW/MoWA on administrative order and provide provisional space for GBV survivors</p>	<p><b>Output 3.3</b> CHEC share the project information and raised issues of GBV from target areas. Cooperation among local stakeholders have been built</p>	<p><b>Use of output:</b> Network members submitted recommendations to the relevant institutions for better addressing GBVs issues.</p>	<p><b>Indicators:</b> # of commune leader issues protection order/description order to protect GBV survivors # of GBV survivors received vocational training from MoWA Vocational Training Centres.</p>
	<p><b>Tasks: 3.3.1.2</b></p>			

	<p>Link with vocational training centre of MOWA for GBV survivors to train livelihood skills</p>	<p>Lesson learnt of GBV survivor's intervention documented.</p>	<p>Vocational training centers of MoWA accepted and supported # GBV survivors to attend vocational training. Network Mechanism is in action</p>	
<p><b>Tasks: 3.3.1.3</b> Attend Pro-TWGG to share the project information and support the project</p>				
<p><b>Tasks: 3.3.1.4</b> Attend the MOWA &amp; TWG-GBV</p>				

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