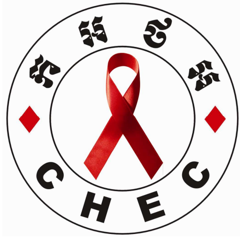


Cambodian HIV/AIDS Education and Care (CHEC)

Strategic Planning

July 2010 – June 2013

Developed by

CHEC Staff

Phnom Penh, November 2009

Table of Contents

Acronyms iii

1. Introduction 1

2. Objectives of the Planning Process 1

3. Methodology 1

4. Background 1

5. Organizational Profile 2

6. Major Achievements to date 4
    - 6.1 Organizational
    - 6.2 Community

7. SWOT Analysis 5
    - 7.1 Organizational
    - 7.2 Program Level
    - 7.3 Assumption of Risks

8. Current Issues Encountered 7
    - 8.1 Limited quality of care and service support for PLHIV
    - 8.2 Limited knowledge amongst youth in reproductive health
    - 8.3 Gender issues
    - 8.4 Advocacy Issues
    - 8.5 The capacity of community based organizations

9. Strategic Planning for 2010 – 2013 8
    - 9.1 Target Areas
    - 9.2 Target Groups
    - 9.3 Strategic Directions
    - 9.4 Program Description
        - 9.4.1 Program Goal
        - 9.4.2 Program Objectives
    - 9.5 Operational Activities: Logical Framework Approach

10. Contributions of CHEC to the Strategy 25
    - 10.1 Enabling Strategy
    - 10.2 Organizational Structure
    - 10.3 Resource Contributions
        - 10.3.1 Human Resources
        - 10.3.2 Material and Equipment
        - 10.3.3 Means of Transport

11. Sustainability of the Program 26

12. Partner Organizations 27

13. Implementation, Monitoring and Evaluation 27

14. Implementation Plan 28

15. Appendices 36

Acronyms

AIDS	Acquired Immune Deficiency Syndrome
ARV	Antiretroviral
ART	Antiretroviral Therapy
CAG	Community Action Group
CAG TL	Community Action Group Team Leader
CC	Commune Council
CCAG	Community Counseling Action Group
CBO	Community Based Organization
CCO	Commune Council Office
CEA	Community Education Approaches
CHEC	Cambodian HIV/AIDS Education and Care
CoC	Continuum of Care
DF	District Facilitator
DG	District Governor
HACC	HIV/AIDS Coordinating Committee
HBC	Home Based Care
HC	Health Center
HIV	Human Immunodeficiency Virus
IEC	Information, Education and Communication
MMM	Mondul Mith Chuy Mith (Friends Help Friends Center)
MoH	Ministry of Health
MOU	Memorandum of Understanding
NAA	National AIDS Authority
NCHADS	National Center for HIV/AIDS, Dermatology and STDs
OD	Operational District
OI	Opportunistic Infections
OVC	Orphaned Vulnerable Children
PAC	Provincial AIDS Committee
PEP	Post-Exposure Prophylaxis
PMCTC	Mother To Child Transmission
PLHIV	People Living with HIV/AIDS
PTE	Post Training Evaluation
SHG	Self Help Group
STIs	Sexual Transmitted Infection
TB	Tuberculosis
TL	Team Leader
VCCT	Voluntary Confidential Counseling and Testing
WP	Working Party

I. Introduction

This strategic planning document has been developed by CHEC staff members, the management team and key stakeholders, for the period 2010 - 2013. It is inclusive of the outcomes of workshops facilitated by Dr. Meas Nee, a freelance Consultant, from 22nd to 24th September 2009, at the National Pediatric Hospital, Phnom Penh and from 4th to 6th November 2009 the Seaside Hotel, Preah Sihanouk Province. Mrs. Vanessa Read, a freelance Consultant assisted in reviewing and editing the full text of the Strategic Planning report. The ultimate aim of these strategic planning workshops was to provide an opportunity for staff at all levels and key stakeholders to participate and reflect on the successes and constraints experienced by the organization. A SWOT analysis process was also conducted, to identify strengths, weaknesses, opportunities and threats, for both the organization and its work in the community.

The process of the strategic planning workshops allowed the participants to work together to formulate key strategic directions, which will be used as a basis for CHEC operations over the next 3 years – 2010 – 2013.

2. Objectives of the Planning Process

1. Build the capacity of CHEC staff in the application of a strategic planning process
2. To review the successes and constraints which have faced the current operational work of CHEC
3. Revisit and consider amendments to the organization's vision and mission statements, and their contextual relevancy
4. Conduct a SWOT analysis, both at the organizational and community level Formulate the program goals and objectives and develop expected outcomes
5. Identify key strategic activities that can assist the organization to meet its objectives
6. Identify the resources to be mobilized to support the implementation of strategic activities

3. Methodology

The methods that were employed during the strategic planning workshops were:

1. Brainstorming sessions in both plenary and small group work
2. Reflection activities to promote discussion
3. Group exercises

4. Background

In 1991 the first case of HIV was detected, but a coordinated system for sentinel and behavioural surveillance came much later (1995 and 1997 respectively) and only then the extent of the epidemic began to unfold. The estimated adult HIV prevalence in 1998 was 2% and has now been reduced to 0.9% in 2006. To have turned the epidemic around in such a short time is a remarkable achievement by all involved.

From one Voluntary, Confidential, Counseling and Treatment (VCCT) Centre in Phnom Penh in 1995, the number of VCCT Centres in Cambodia now totals 216, and a similar scaling up of care, support, prevention and treatment services has occurred across the country.

Initially the pattern of transmission was viewed in Cambodia as a pattern of heterosexual spread and emphasis was placed upon prevention activities, such as the 100% Condom Use Program in brothels, together with the scaling up of testing and and STI treatment facilities.

As ARV's and the medications for OI's became available, this provided a huge boost to the HIV/AIDS effort, with it being reported that by the end of 2008 that 90.9% of persons requiring ARV medication had free access to it.

The National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS: 2006 -2010, was further revised for the period 2008 -2010 to address the following areas:

- Development of UA Targets
- Modelling to cost for projects and activities, to prioritise and develop operational plans
- An updating of projections

The overarching principle in the management of the Strategic Plan is the three one's Principle:

1 National Multi-sectoral Strategy
1 National Coordinating Platform with a multi-sectoral mandate
1 Monitoring and Evaluation Framework

The current strategy is underpinned by a human rights approach. The provision of access and equity to prevention, support, treatment and care for all, and to work with communities and individuals to empower them to take control over their behaviour is a requirement of HIV/AIDS activities. The strategy also acknowledges the inter-connectedness of the epidemic and overall socio-economic development issues.

The Cambodian response has now moved into a mature phase which looks to examining processes and structures that will improve the quality of the overall national response, eg the development of a National Monitoring and Evaluation Plan. Significantly Cambodia has achieved its set target of 3 by 5 and the Three-One principle.

In addition the response looks to the advantages of the majority of HIV/AIDS services being mainstreamed, and for HIV/AIDS strategies to comply with the national de-centralisation/ de-concentration strategy from ministerial level to commune development plans.

A second wave of the epidemic is now under consideration, research and monitoring activities shall track those populations deemed to be at an increased risk of HIV transmission, such as:

- Men who have sex with Men (MSM)
- Mobile Populations
- Injecting Drug Users and other Drug Users (IDU/DU)
- Urban and out of school youth
- Commercial sex workers, their clients and partners

In addition there will be a need to increase care and support services, it is estimated that the requirement for OI/ARV medication has not yet peaked.

CHEC works closely with the National AIDS Authority (NAA) and the National Centre for HIV/AIDS, Dermatology and STD's (NCHADS) to ensure that they work in accordance with strategic directions set at a national level. As a result, for CHEC there shall be a change of primary target groups, which shall be women and youth, which indicates a change from the general community.

Work with HBC and PLHIV's will continue together with advocacy and media work. Information to their client groups shall be expanded to address:

- dissemination on legislative changes and development on HIV/AIDS
- human rights and advocacy

5. Organizational Profile

Cambodian HIV/AIDS Education and Care (CHEC) is a locally registered NGO, which localized from an HIV/AIDS Education project of Quaker Service Australia (QSA) in January 2001. The

CHEC program works with communities to train village leaders, community health centre staff, and village health volunteers, in partnership with district health departments. Training is provided on community education approaches and counseling skills. The provision of capacity enhancement training to the community health care workers, community personnel to prevent HIV/AIDS, is in accordance with the National Strategic Plan, 2006-2010, which calls for a Comprehensive and Multi-sectoral Response to HIV/AIDS, which asserts the need to strengthen and expand the prevention, care and support programs nation wide including Home Based Care.

Since 2001, CHEC has established well developed programs in the 5 Operational Districts of Sa Ang (Kandal Province), Kampong Tralach (Kampong Chhnaing Province), Preah Sdach (Prey Veng Province), Chhouk (Kampot Province) and Srey Santhor (Kampong Cham Province).

From the project to date,

- Establishment and training of Community Action Group 119 Community Action Groups (CAG) comprising of 1,465 of educators and counselors have been trained and established. CHEC has supported the CAG in the development of Action Plans which outline the development of both short and long term strategies to increase the capacity of the communities to respond to the HIV/AIDS epidemic at a local level, with both care and compassion.
- Home Based Care and Support to PLHIV and OVC CHEC has also worked in the community with the Home Based Care/Orphaned Vulnerable Children's (HBC/OVC) Project since 2006. The program aims to provide support to People Living with HIV (PLHIV) and OVC closely affected by HIV/AIDS epidemic, and to strengthen sustainable activities for them within existing community structures.

CHEC has mobilized community leadership through the encouragement of personal commitment and the implementation of practical achievable strategies. In so doing, CHEC has built the capacity of the community and PLHIV to respond to HIV/AIDS, including increased access to treatment, building partnerships, strengthening networks, and supporting the local mechanisms developed to protect and promote the rights of PLHIV, to reduce stigma and discrimination and improve the quality of life of PLHIV/OVC.

Vision, Mission and Guiding Principles

CHEC is one of 127, Non-Government Organizations (NGOs) working on HIV/AIDS in Cambodia; and one of 110 members of the HIV/AIDS Coordinating Committee (HACC). Within HACC, CHEC is an active member of Policy and Advocacy Working Group, Prevention Working Group, Treatment, Care and Support Working Group and the Impact Mitigation Working Group. CHEC also participates in work on PLHIV, OVC and Community response.

CHEC is also known as an organization that works solely on HIV/AIDS issues and is one that has made a significant contribution to the reduction in HIV prevalence in Cambodia, to increased HIV/AIDS awareness in the general population together with a reduction in the degree of stigma and discrimination against people living with HIV/AIDS (PLHIV). The three key areas of work that have enabled them to impact favorably on the aforementioned issues have been their growing expertise in training, home-based care and the use of media.

A. Vision

Cambodian government, civil society and communities, including PLHIV/AIDS are working together effectively in their efforts to halt the spread of HIV/AIDS, and have created an enabling environment for PLHIV/AIDS and their families.

B. Mission

CHEC works to empower communities and the general public to address Tuberculosis (TB)/HIV/AIDS and Sexually Transmissible Infections (STI's); Gender and Reproductive Health and to reduce stigma and discrimination against PLHIV/AIDS and their families.

C. Guiding Principles:

1. Contribute to the national efforts to reduce the spread of HIV/AIDS
2. Promote participation and involvement of the community, including people living with and affected by HIV/AIDS, in responding to the epidemic.
3. Help to improve the quality of life of PLHIV

6. Major Achievements to date:

6.1. At the organizational level:

- CHEC programs contribute to the reduction of HIV/AIDS in Cambodia through long term health education and community mobilization. The key approach is to assist the community to unite their efforts to reduce stigma and discrimination against PLHIV/OVC and in the provision of counseling, care and support

- CHEC strategies has been relevant and in accordance with the national strategic plan of the National AIDS Authority (NAA) 2006-2010; which has as its main focus:
    - Reduction in the spread of new cases of HIV infection
    - Provision of care and support for PLHIV, families and their communities
    - Provision of socio-economic support for PLHIV, families and their communities.
    - Reduction of stigmatization/discrimination against PLHIV and their families

- CHEC is at the forefront in advocating for the status of women, women comprise of over half of the organization's staff and management. In all training program women represent at least 40%.

- CHEC is an equal opportunities organization and ensures inclusiveness in decision making and diversity of staff.

- CHEC has been successful in forging numerous alliances and networks, both in the NGO sector and within government. Through these networks and alliances, CHEC is able to access to all government policies, law and other information relating to HIV/AIDS.

6.2 At the community Level 2001-2009:

- Since 2001, CHEC has established a strong Community Network for the delivery of health education, e.g. CAG members were trained in Planning Monitoring and Evaluation, Counseling in HIV/AIDS, Community Management in HIV/AIDS Counseling, HIV/AIDS, TB and ARV education skills.
- The work of CHEC has been welcomed by PLHIV and OVCs in the community, as it assists to reduce stigma and discrimination against PLHIV. Currently, the project has supported 1251 PLHIV/OVC, who have demonstrated increased confidence resulting in better access to socio-economic support and medical treatment and an enhanced quality of life.
- Effective collaboration with all various development partners has resulted in the mobilization of resources to support PLHIV/OVC; e.g. The World Food Programme provides support for food to 225 households of PLHIV/OVC and CEDAC provides support for Micro-agriculture management to 51 households of PLHIV.
- Through the process of people empowerment, CHEC has provided support to self help groups amongst PLHIV/OVC in all target communities. These self help groups, therefore, play a significant role as community based organization representing the HIV/AIDS in the community.

- Strengthened the links between communities, self-help group, home-based care, and Commune Council with public health services in order to support for PLHIV/OVC and community prevention.

- Established 9 Home-based care teams linked to the Operational Districts (OD's)

- Through the network of community focal persons, the communities have increased access to more comprehensive health services from public health facilities, such as Prevention of Mother to Child Transmission (PMCTC), Voluntary and Confidential Counseling and Testing (VCCT), TB and STI.

- Through public education campaigns on HIV/AIDS, STI and TB, via Mass Media, Community Forums, Youth Clubs and CAGs, the target population with the support of CHEC have increased awareness and knowledge of these issues.

7. SWOT Analysis

7.1 At the organizational Level

Strengths:	**Opportunities:**
o Clear vision and mission statement o Has established a strong collaborative relationship with the MoH, NAA and NCHAD o Receives strong support from Donors. o Has developed a clear operational plan o Has an effective monitoring system o All budgets are used objectively based on the program goal and objectives formulated by the program. o Staff express a strong commitment to their work, as they are well motivated. o Staff are trained to a high degree in skills and knowledge relevant to the work of CHEC o Has a clear MOU with NAA, NCHADS and MOH. o Has transparency and strong accountability o Ongoing team approach to strategic planning. o Has an effective Board of Directors, who provide strong support and advice. o Has a Director highly qualified in management skills plus has a sound working relationship with staff and other stakeholders in the HIV/AIDS area. o Has a clear and effective organizational structure, with staff having clearly defined roles and responsibilities. o A strong capacity amongst staff to meet the organizational objectives of the organization o There is a cohesive team approach to all activities of the organization o Has the ability to generate additional	o CHEC receives strong support from donors. o CHEC has strong support from NAA and NCHADS. o The community still needs support from CHEC. o Active participation from local authority and stakeholders in problem solving to achieve project activities. o NAA has favored policies and clear guidelines. o Active partnerships with other NGO's o Has network of HIV/AIDs and PLHIV in Cambodia.

income, through training provision. o Staff turnover is low, compared to other organizations.	
Weaknesses: o Lack of funds to support the PLHIV/AIDS. o Limited management skills amongst low level managers. o Marketing strategy for income generation still limited. o Lack of strong cooperation with partners in service provision. o Inability to respond to all needs expressed by the people in the community. o Lack of skills in the production of IEC materials	**Threats** o There is a strong competition for funding as change in donor strategies and priorities. o Increase of the needs of PLHIV and OVC o Lack of understanding about reproductive health amongst general population. o World economic crisis. - Inflation - Low income o Poverty

7.2. At the Program Level

Strengths:	**Opportunities:**
• DFs and CAG have strong commitment • DFs, CAG, HBCT and CCAG have completed all their planned activities. • HBCT provide appropriate care to PLHIV/AIDS. • Strong community networks have been built. • The community has mobilized their own resources. • Less social discrimination in the community. • PHIV/AIDS have identified themselves in the community, in order to get help • The quality of counseling delivery leads to more people wanting to have the blood test. • Strong cooperation with the local authorities. • Active engagement by CAG in counseling. • Collective actions made by the HIV network. • The community efforts have been highly appreciated by the NAA.	• NCHADS/MoH extended the VCCT • SoP and D&D of the Ministry of Interior and the M& E guidelines of NAA were officially endorsed and circulated in the country. • Local authorities provided opportunity to human resources in community to participate in the training program. • Health network (MoH, PHD, OD and HC) provided support to CAG members.
Weaknesses: o Limited knowledge and skills amongst DF and CAG. o The work in some communities is being undermined by the self interest of community people o Lack of technical support	**Threats** o There was drug user among youth in community. o No gender and reproductive health training in community. o Lack of understanding and cooperation from community elders and members on HIV/AIDS programme implementation.

	o Lack of sufficient resources o Financial crisis

8. Current Issues Encountered

Here is a summary of key strategic issues facing CHEC operations:

- Lack of knowledge on reproductive health, especially in youth.
- Issues of gender
- Limited quality of care and service support for PLHIV.
- Lack of an effective advocacy strategy
- Lack of capacity of the local institutions (CBO)

8.1 Limited Knowledge Amongst Youth in Reproductive Health

- Drug use and drug experimentation
- Unsafe sexual practices
- High risk behaviours re-enforced through peer pressure.

8.2 Gender issues

- Domestic and sexual violence
- Gender inequality - The cultural barrier relating to men holding superior power over women
- Lack of economic power for women as head of households
- Low levels of education, and lack of life skills and knowledge
- Lack of social support and motivation
- Lack of assertion skills in women, to negotiate about issues relating to sex, which in turn increases their vulnerability to the risk of HIV transmission
- The increased risk of HIV transmission from a woman to her unborn child

8.3 Limited quality of care and service support for PLHIV.

- Poor health status and hygiene standards
- Social stigma and discrimination
- Poverty and lack of proper shelter
- Lack of critical awareness about prevention methods
- Unable to adjust to economic and environmental changes as a result of a HIV diagnosis.

8.4 Advocacy Issues

- Lack of legislative processes to protect juveniles coming into contact with the Justice system
- The social structures needed for women and youth groups at the provincial and district level are still not functional in all areas
- No significant forums or advocacy campaigns are currently being organized.
- New legislation relating to HIV/AIDS is not being widely disseminated
- There is a need for the Broadcasting Stations to give consideration for there to be a subsidised fee for HIV/AIDS related media spots organised by NGO's. Currently the fees charged are cost prohibitive to be able to fully utilise this medium.
- A lack of willingness by media organizations to work collaboratively with the NGO sector on HIV/AIDS, assumed to be a largely cost driven resistance
- Private businesses such as bus companies tend not to cooperate with activities such as the HIV education VIDEO program in the bus. Reasons for this could be economic or attitudinal.

8.5 The Capacity of Community based Organizations (CBOs)

- Lack of capacity in monitoring support, evaluation, promoting good governance and implementation of strategies.
- Poor networking skills between other CBO's and the community
- Lack of capacity in project management skills to be able to drive their own project and activities
- Limited capacity in the dissemination of legal and other related information, within the existing structure of the local community.
- Lack of pathways of communication between the CBO and the community for HIV and reproductive health information.

9. Strategic Planning for July 2010 – June 2013

9.1 Target Areas

Over the next 3 years, July 2010 – June 2013, CHEC will be working in 130 target communes which are linked to the following health centers

No	Province	OD	HC COVERED
1	Prey Veng	Preah Sdach	Preah Sdach
			Reussey Srok
			Banteay Chakrey
			Boeung Dol
			Rea Thor
			Kampong Prasath
			Angkor Reach
			Chey Kampork
			Senareach Odom
2	**Kampong Cham**	Srey Santhor	Mean Chey
			Prek Dambok
			Prek Romdeng
			Prek Po
			Pram Yam
			Tong Tralach
			Baray
			Svay Poth
			Kchao
			Roka Ar
			Sdao
			Reay Pay
			Svay Sach Dphnom
3	**Kandal**	Sa Ang	Prek Koy
			Sa Ang Phnom
			Kraing Yov

			Tek Vil
			Koh Khel
			Prek Ambel 1
			Prek Ambel 2
			Svay Proteal
			Troeuy Sla
			Ta Lun
		Ta Khmao	Prek Thmei
			Chheu Teal
			Kampong Svay
			Svay Rolum
			Setbo
			Trapaing Veng
			Deum Reus
4	**Kampong Chhnang**	Kampong Tralach	Seb
			Koh Thkov
			Ta Ches
			Kampong Tralach Leu
			Long Vek
			O'Russei
			Pean Ny
			Tmar Eth
		Boribo	Phsar
			Trapeang Chan
			Ben Punley
			Chhnok Trou
			Kraing Skea
			Svay Chhroum
			Pong Roul
			Brolay Meas
5	**Kampot**	Chhouk	Sat Pong
			Kraing Snay
			Mean Chey
			Tro Meng
			Ba Neav
			Watt Pratheat
			Watt Koy
			Koh Sla
			Dang Tong
			Ang Romeas
			To Tong

			Trapeing Reing
			Sre Cheng
			Chres
			Chum Pou Van

9.2 Target Groups

The target populations that CHEC will focus upon over the next 3 years are as follows:

1. Local authorities, including **Village Chiefs and Commune leaders**.
2. In order to integrate CHEC program activities into the Commune Investment Plan, CHEC will work closely with the **members of Commune Councils** (CC). The work with the CC includes training on HIV/AIDS as well as assisting them to development a system of support, for the work of the **Focal persons.** Focal persons are those in the community who are actively involved in the delivery of services to PLHIV and their families, such as counsellors, HCT workers and volunteers.
3. In planning for the long term sustainability of program activities in each District CHEC will coordinate its overall operation with the **District Governor**, of the target district.
4. **Youth** has been selected as a target population by CHEC for cycle four July 2010 – June 2013, this will require specific approaches and activities to be developed, rather than the incorporation of youth into general community education.
5. **Women** are usually perceived as most vulnerable population to acquire HIV for reasons largely to do with the status of women in Cambodia. This shall be the secondary target group for CHEC in cycle four and work previously conducted in the target communities will be further expanded upon.
6. The living conditions of **PLHIV and OVCs** appear to have been linking closely to the quality of supports provided by their family members. In such case, it crucial that, CHEC will not only working with PLHIV, but also involve **their families** in providing psychosocial support to those infected.
7. CHEC also works closely with PLHIV, through providing **Home Based Care Activities**.
8. **NGO staff** working in the field of HIV/AIDS will also be the target groups of CHEC, through the provision of training, coaching and mentoring support.

9.3 Strategic Directions

The following are the key directions for CHEC over the next 3 years – July 2010 – June 2013.

1. To consolidate the capacity building training, mentoring and support to all community structures working with HIV/AIDS in the areas targeted, culminating in the responsibility of the project being handed over to the communities, during the course of this project phase.
2. Increase the focus on improving both knowledge and awareness of HIV/AIDS amongst youth and women, through the training conducted by the community trainers and focal persons. This effort will be done through enhancing the capacity of these community trainers so that they can be role models, in the training and dissemination of information to youth and women.
3. Continue to mobilize resources, both in term of materials and skills development, to improve the quality of lives for PLHIV/AIDS. This will be done through the empowerment of PHLIV to personally gain access to these resources, with support from the local constituencies.
4. To expand work with key multi-media systems and networks, such as television, radio, public forums and conferences, which CHEC can use as the basis for targeted public education and advocacy on HIV/AIDS.
5. To increase CHEC's leading role in the provision of training services on HIV/AIDS to other institutions, both in the NGO and government sectors.

9.4 Program Description

9.4.1. Program Goal:

To respond more effectively to the issues of HIV/AIDS, gender, reproductive health and enhance the quality of life for PLHIV

9.4.2. Program Objectives: Key strategic objectives set by CHEC are as follows:

1. *The community focal groups (CAG, CCAG and CC) in 7 ODs have the capacity to manage and integrate their project activities into the current system of the local government which will strengthen the provision of HIV and AIDS care and support to the community programme.*

2. *The capacity of targeted community education shall be increased through the application of a Train the Trainer Model for workers with women, men and youth in 5 ODs.*

3. *The quality of life of targeted PLHIV in 5 ODs is improved through the protection of the rights; the provision of access to home based care and social support, education and increased livelihoods.*

4. *Development of a targeted multi-media campaign to ensure appropriate health information messages in order to educate and encourage behaviour changes among youth, women and their sexual partners at local and national level.*

5. *CHEC training role to NGOs and other institutions will be retained, and it shall reflect emerging trends and identified training needs.*

9.5 Operational Activities: Logical Framework Approach

(See the summary of operational activities listed in the table below)

Objective 1: The community focal groups (CAG, CCAG and CC) in 7 ODs have the capacity to manage and integrate their project activities into the current system of the local government which will strengthen the provision of HIV and AIDS care and support to the community programme.			
Process Indicators	**Expected Output**	**Activities**	**Impact/Outcome indicator**
1. 6 training courses on HIV/AIDS, TB, STI's and ARV will be conducted for complete the training package of CAG members in 2 target ODs (Ta Khamo and boribo).	1.1. 120 CAG members in 2 ODs will improve their knowledge of HIV/AIDS, TB, STI and ARV through their participation the training that will be provide by CHEC training team.	1.1.1. Conduct baseline survey on HIV/AIDS, TB, STI's and ARV. 1.1.2. Select 120 CAG members in 2 ODs for the training courses on HIV/AIDS, TB, STI's and ARV. 1.1.3. Update the module of training course on HIV/AIDS, TB, STI's and ARV. 1.1.4. Develop the training document on HIV/AIDS, TB, STI's and ARV. 1.1.5. Conduct training courses on HIV/AIDS, TB, STI's and ARV. 1.1.6. Conduct post training evaluation 1.1.7. Write training report	- 85% of CC in target areas will integrate education project on HIV/AIDS and STI in annual development plan of community. - Reduce stigma and discrimination against PLHIV/OVC. - Increase appropriate STI care seeking behavior among targeted community people..

2. 2 Training courses on PPME will be conducted for TL and DFs in 2 target ODs (Ta Khmao and Boribo) for completion the training packet of DF and TL.	1.2. 21 DFs and CAG-TLs in 2 ODs will improve capacity on PPME through their participation in training courses that conduct by CHEC and they will be able to manage the project on HIV/AIDS and STI education in 2 ODs	1.2.1. Select 21 DFs and TLs in 2 ODs for the training courses on PPME 1.2.2. Update the module of training course on PPME. 1.2.3. Conduct 2 training courses on PPME. 1.2.4. Conduct post training evaluation. 1.2.5. Write report.	
3. 168 quarterly meeting between CAG and TL in 2 target ODs will be conducted. 4. 8 quarterly meetings with CHEC Training Team and DF, TL in 2 target ODs will be conducted. 5. 8 times of field supervision will be conducted in 2 target ODs. 6. 1 internal evaluation will be conducted in each of the 7 target ODs.	1.3. 120 CAG's will actively provide education on HIV/AIDS, STI and ARV in community for community people age higher than 15 years olds, PLHIV and TB patients	1.3.1. Conduct the 168 quarterly meeting between CAG and TL in 2 ODs for collection the result of community education, making quarterly work plan, monitoring, finding issue and solve problem. 1.3.2. Conduct the 8 quarterly meetings with DF, TL and CHEC Trainers. 1.3.3. Conduct 8 times of field supervision and coaching in 2 ODs. 1.3.4. Conduct internal evaluation	

7. 9 training courses on CCEO will be provided in selected target groups in 7 ODs for 215 selected participants.	1.4. 215 participants in 7 target ODs will improve knowledge on CCEO (Community Capacity Enhancement) and have capacity to mobilize and organizing CAG and CCAG members to provide education on HIV/AIDS, STI, TB and ARV to community people age higher than 15 years old, PLHIVs and TB patients	1.4.1. Selected 215 participants in 7 ODs that are District AIDS Committee members, Commune leaders, DF, CAG Team Leaders. 1.4.2. Update modules on CCEO. 1.4.3. Conduct 9 Training courses on CCEO to selected participants in 7 Target ODs. 1.4.4. Conduct post training evaluation. 1.4.5. Write report	
8. 7 Workshops will be conducted in the 7 target ODs to develop the staged approach to hand over the project activities and set of mutually agreeable indicators to guide the process of M&E. (5 in Y1 and 2 Y2) 9. 14 meetings to mentor and support to community leaders and focal persons to attend each staged in hand over process will be conducted (10 in Y1 and 4 in Y3).	1.5. 1,465 CAG members in 7 target ODs will become the human resources for local authorities to deliver community education and counseling on HIV/AIDS, TB, STI and ARV.	1.5.1. Conduct workshop in each of the 7 target ODs to develop the staged approach to hand over the project activities and set of mutually agreeable indicators to guide the process of M&E. 1.5.2. Conduct 14 meetings to mentor and support to community leaders and focal persons to attend each staged in hand over process.	

Objective 2: The capacity of targeted community education shall be increased through the application of a Train the Trainer Model for workers with women, men and youth in 5 ODs.

Process Indicators	Expected Output	Activities	Impact/Outcome indicator
1. 5 partnership meetings will be conducted with partners (Authorities and Health network) in 5 target ODs for information project, establish network, monitoring system, and supervision plan in 5 target ODs in Y1. 2. 10 Coordination meetings will be conducted in 5 target ODs with all partners for sharing the result of project and mentoring in the end of Y2 and Y3.	2.1. 99 groups of peer support with a total number 396 Peers (198 youth peers, 99 women peers and 98 men peers) will be established in 5 targets ODs (89 commune and 10 districts) for participation training courses and run the youth project in community.	2.1.1. Conduct 5 partnership meetings in 5 target ODs to inform the process of project, establish network, monitoring system, and supervision plan 2.1.2. Conduct 10 Coordination meeting in 5 target ODs fro sharing information and monitoring. 2.1.3. Attend the Provincial Technical Working Group/Health (Pro-TWG-H) in PHD 2.1.4. Attend meeting at OD level	- 90% of youth, women and men peer educators will increase knowledge on HIV/AIDS, reproductive health, life skills and gender issues. - Increase incidence of health care seeking behavior for sexually transmitted infections, tuberculosis, and voluntary counseling and testing. - Reduce the prevalence of STI in 5 target ODs.
3. 9 training courses on HIV/AIDS, STI, reproductive health, life skills will be conducted for 198 youth peers in 5 target ODs in period from Q4Y1 to Q3Y2. 4. 9 training courses on HIV/AIDS, STI, reproductive health and gender will be conducted for 198 peers (99 women peers and 99 men peers) of 5 target ODs in period from Q3Y1 to Q3Y2.	2.2. 396 peer educators (198 Youth peers, 99 women peers and 99 men peers) in 5 target ODs will have capacity to provide education on HIV/AIDS, STI, reproductive health, life skills and Gender to youth, women and men in 622 villages of 5 target ODs.	2.2.1. Conduct the baseline survey in 3 of 5 target ODs. 2.2.2. Select 396 peers (198 Youth peers, 99 women peers and 99 men peers) in 5 target ODs. 2.2.3. Update the modules of training course on HIV/AIDS, STI, reproductive health, life skills and gender. 2.2.4. Design the training material (Flip Chart). 2.2.5. Conduct 9 training courses on HIV/AIDS, STI, reproductive	- Reduce number of partners among targeted men in the community. - Reduce HIV prevalence

		health, life skills for youth Peers. 2.2.6. Conduct 9 training courses on HIV/AIDS, STI, reproductive health and gender for 99 woman peers and 99 man peers. 2.2.7. Conduct the post training evaluation 2.2.8. Write report	
1. 3,110 times of education will be conducted for youth, women and men in 622 villages of 5 target ODs in period of last 2 years of project. 2. 34 field supervision visits will be conducted in 5 target areas (14 in year 2 and 20 in year 3) for improvement the capacity on education, referral data and network communication. 3. 34 quarterly meetings will be conducted between the CHEC Training Team and peer educators in the 5 target OD's (14 in year 2 and 20 in year 3) for monitor result, finding issues and effective solution for the project.	2.3. 396 peers (198 youth peers, 99 women peers and 98 men peers) provide education to youth, women and men (sexual partners of women) in 622 villages of 5 target ODs.	2.3.1. Design the quarterly work plan ion provision education to youth, women and men. 2.3.2. Provide education to youth and women in community. 2.3.3. Conduct the quarterly meeting with trained peers and CHEC Training Officer. 2.3.4. Conduct the 34 times of field supervision. 2.3.5. Conduct 34 quarterly meetings between CHEC trainers and peers 2.3.6. Write the report of community education and supervision	
4. Internal and external evaluations will be conducted during life of the project.	2.4. 2 Evaluations will be conducted in Q1 and Q4 of Y3.	2.4.1 Conduct the internal evaluation 2.4.2 Conduct the external evaluation.	

Objective 3: The quality of life of targeted PLHIV in 5 ODs is improved through the protection of the rights; the provision of access to home based care and social support, education and increased livelihoods			
Process Indicators	**Expected Output**	**Activities**	**Impact/Outcome indicator**
1. 7 workshops will be conducted to district officers, police and commune leaders on HIV - related human right and HIV/AIDS laws	**3.1** 125 district officers, police and commune leaders will be trained on HIV related Human Rights in order to protect for PLHIV/OVC.	3.1.1 Conduct baseline survey within 5 ODs 3.1.2 Employ short-term Consultants to revise the current existing HIV-related Human Rights module. 3.1.3 Provide training on HIV related human rights and its overall related laws to district officers, policemen and commune leaders in 5 HBC target areas. 3.1.4 Establish contact at local levels between networks of PLHIV, human rights NGOs and Commune AIDS Committee (CAC) 3.1.5 Develop a strategy and process for the dissemination of the HIV/AIDS laws 3.1.6 Bring any cases of HIV/AIDS related discrimination and other violations of human rights in the context of HIV/AIDS to national human rights judicial and quasi-judicial	90% of trained district officers policemen and commune leaders have skills in disseminating and protecting cases relates to human rights and legislation and HIV/AIDS laws

2. 5 workshops will be conducted to PLHIV/ Carers on HIV-related human rights and HIV/AIDS laws in 5 ODs. 3. 13 Training courses will be	**3.2** 106 HBC team members, PLHIV SHG team leaders, carers and volunteers will be trained on HIV related Human Rights	mechanisms. 3.2.1 Provide training on HIV related human rights and its overall related laws to PLHIV, HBC teams and Self Help Group Teams in 5 HBC target areas. 3.2.2 Develop IEC materials that will effectively convey key messages on Human Rights and HIV/AIDS and sexual rights. 3.2.3 Conduct continuing training to PLHIV/OVC Carers on HIV related human rights, HIV/AIDS legislation and positive prevention by HBC team leaders 3.2.4 Develop a checklist to monitoring how training information has been disseminated by PLHIV/OVC Carers to their families and neighbors after training. 3.2.5 Monthly monitoring by the application of checklists through the HBC teams. 3.2.6 Quarterly monitoring shall be conducted with the HBC Teams by the HBC Coordinator and project officer.	

conducted for both PLHIV men and women on sexual health, sexual relationship and sexual rights.	**3.3** 318 PLHIV both women and men will be trained on sexual health, sexual relationship and sexual rights	**3.3.1** Employ short-term Consultants to develop curriculum and ToT to CHEC project staff on sexual health, sexual relationship and sexual rights. **3.3.2** Provide training to targeted PLHIV both men and women on sexual health, sexual relationship and rights **3.3.3** Conduct Post training evaluation	HIV+ women have greater decision making power over reproductive, sexual health and sexual rights and improve access to HIV-related information, education, means of prevention and health services. 80% of trained PLHIV can negotiate about sexual health, sexual relationship and sexual rights
4. 5 Workshops on leadership and facilitation skills will be conducted for HBC and PLHIV Group leaders in 5 ODs.	3.4 41 of PLHIV team leaders and HBC TL will be trained on leadership and facilitation skills	3.4.1 Conduct leadership and facilitation skills training for 41 HBC and SHG Team Leaders 3.4.2 Provide technical support to the HBC and SHG team leaders by HBC Coordinator and Officer through monthly HBC and SHG meetings 3.4.3 Conduct regular monthly SHG and OVC support Group meetings 3.4.4 2 OVC Support Committees will be set up in 2 target areas of Srey Santhor and Ta Khmao 3.4.5 Conduct regular OVC Support Committee meeting 3.4.6 Linking SHG team leaders with CAG, School teachers,	90% of PLHIV Team Leaders will increase their skills in leadership and group facilitation skills.

5. 5 of workshops on income generation skills will be conducted for PLHIV and OVC Carers in 5 ODs. 6. Small credit scheme will be made available to PLHIV and OVC carers. 7. Monthly monitoring will be conducted by HBC team leaders to the PLHIV and OVC carers who run income generation activities. 8. Quarterly monitoring will be conducted by HBC Coordinator and Officer to the PLHIV and OVC carers who run income generation activities.	3.5 100 of PLHIV and OVC Carers will be trained in income generation skills.	Pagoda monks/layperson and the local community. 3.4.7 Sharing experience related to local fundraising through public speaking and community forums. 3.5.1 Conduct training on Chicken Raising or other income generations skills to PLHIV and OVC carers in cooperation with CEDAC or FLD 3.5.2 Provide small credit schemes to assist PLHIV and OVC families in income generation activities. 3.5.3 Conduct Monthly monitoring by HBC Team Leaders. 3.5.4 Conduct quarterly monitoring by the CHEC HBC Unit. 3.5.5 Conduct an appraisal on credit schemes and income generation activities	PLHIV and OVC will have improved quality of life, increased nutritional status, educational level and economic status. Orphans and vulnerable children are protected and cared for by the community members and families, who work together to prolong the lives of parents and guardians and provide economic, social, health and educational access and support.
9. Referrals will be made for PLHIV and OVC to access to VCCT, OI/ARV, PMTCT and TB services and social support in 5 ODs	3.6 480 PLHIV/ OVC will be referred monthly to access to VCCT, OI/ARV, PMTCT and TB services by HBC teams.	3.6.1 Monthly referral support to PLHIV/CIA to get ARV/OI at referral hospital through HBC Teams. 3.6.2 Identify new suspected cases. Refer to the VCCT	

		service through the HBC Teams and or through partners in the CHEC catchments area. 3.6.3 Monthly meeting MMM will be attended by PLHIV representatives at Provincial level. 3.6.4 PLHIV representatives to attend HIV/AIDS events at provincial level. 3.6.5 Conduct monthly support meetings with the SHG Team Leaders by HBC teams. 3.6.6 Strengthen the referral system for OVC, especially children-PLHIV, including OI, ART and TB. 3.6.7 Conduct training on HIV/AIDS and STI for adult OVC 3.6.8 Monthly home visits to provide emotional support and counseling to PLHIV. 3.6.9 Attend Monthly meetings for CoC and Pro-TWGH by HBC Team leaders. 3.6.10 HBC teams to encourage and assist female and male OVC to continue to attend school 3.6.11 Conduct Monthly meetings to monitor and arrange the	

		food distribution from World Food Program by HBC team members for PLHIV families.	
Objective 4: Development of a targeted multi-media campaign to ensure appropriate health information messages in order to educate and encourage behaviour changes among youth, women and their sexual partners at local and national level.			
Process Indicators	**Expected Output**	**Activities**	**Impact/Outcome indicator**
1. Produce printed IEC materials that could be used or distributed in public education and campaigns, training and other public forums. • 6,000 posters, • 12,000 newsletters, • 3,000 annual report booklets. • 6,000 booklets, • 60,000 leaflets, • 600 T-shirts, • 1,500 of VCD, • 45 banners will be printed and distributed to CHEC's target ODs and Phnom Penh. 2. 144 times of live radio will be produced and broadcasted on Radio. 3. 6 TV debate shows on HIV/AIDS will be produced and broadcasted.	4.1 Information and education campaign carried out in 7 districts in 5 provinces and Phnom Penh. 4.2 1,000 callers (40%, female) It is estimated that 7 people make calls during one hour live radio call in show and discuss about HIV/AIDS. 4.3 600 school youth will be participated in the debates. (100 per time).	4.1.1 Printing IEC materials (poster, newsletter, leaflet, newsletter, booklet, annual report, T-shirt, VCD, and banner) 4.1.2 Distributing IEC materials (poster, leaflet, newsletter, booklet, annual report, T-shirt, and banner) 4.2.1 Baseline survey in 3 Operational Districts and Phnom Penh. 4.2.2 Call-in Show Program at Radio Station. 4.3.1 2 TV debate shows will be produced per year. (1 show=3 broadcasting times)	70% of youths in target areas openly discuss about HIV/AIDS with their friends, relatives, families, and neighbours based on good and accurate information . 85% of people show no stigma and discrimination against PLHIVs. Improve HIV/AIDS prevention practice by youth.

4. 4 trainings will be provided to 5 new youth clubs in Phnom Penh.	4.4 100 new youths from 5 new youth clubs in Phnom Penh attend the training.	4.4.1 Provide trainings on HIV/AIDS, Reproductive Health and life skill to new youth club members.	
5. 12 Quarterly meetings will be conducted with existing youth clubs.	4.5 150 of young people (50% being female) will be involved and discuss about HIV/AIDS in existing youth clubs.	4.5.1 Monthly reference group meeting. 4.5.2 Meeting with youths to follow up and receive feedback every quarter.	
6. 14 community forums to discuss on HIV/AIDS issues will be conducted (2 times per OD) in cooperation with peer support groups in seven ODs.	4.6 1,500 of community people and youth out of school will attend community forums in seven Operational Districts.	4.6.1 In cooperation with peer support groups to conduct community forums in 7 ODs (2 community forums per OD).	At least 50% of community people who have attended community forum will increase their knowledge and commit to change their attitude and risky behaviour of HIV/AIDS transmission.
7. 9 events will be participated by CHEC staff and volunteers during the events of Candlelight Day, Water Festival, and World AIDS Day.	4.7 150 of youths (50 per year) will attend the HIV/AIDS campaigns.	4.7.1 CHEC joins activity with HACC, NAA to organize campaign to prevent HIV/AIDS.	

Objective 5: CHEC training role to NGO and other institutions will be retained and it shall reflect emerging trends and identified training needs.			
Process Indicators	**Expected Output**	**Activities**	**Impact/Outcome indicator**
1. 2 ToT training workshops will be provided to key trainers. 2. New modules on Drug Counseling and Community Mobilising/organising. 3. Marketing approach will be designed. 4. 30 Training courses will be conducted	2.5 8 trainers and sessional trainers are trained in new modules to improve training skills. 2.6 400 trainees will receive training from CHEC through open access and customized/contracted training. 2.7 Capacity of CHEC trainers will be developed.	5.1.1 Recruit consultants 5.1.2 Training of Trainers on 2 new training modules on Drug Counseling and Community Mobilising/organising. 5.1.3 Training need assessment for NGO and institutions 5.1.4 Organize and produce training booklet each year 5.1.5 Market research will be developed. 5.2.1 400 trainees will receive training from CHEC through open access and customized/contracted training 5.2.2 Provide training to other NGOs and institutions 5.2.3 Update training materials 5.3.1 To conduct a Training Needs Assessment for staff of CHEC, to provide a framework for their professional development.	NGO and institutions who participate in CHEC training embed their learning in policies and practice to provide best practice and standards in HIV and AIDS programming.

10. Contributions of CHEC to the Strategy

10.1 Enabling Strategy:

- To continue to build the capacity of CHEC trainers, so that they are well equipped with skills and knowledge, regarding TOT, mentoring and coaching.
- To revise and develop the training curriculum on HIV/AIDS, reproductive health and gender education, in order that training offered has relevance to the sector.
- Recruitment of a qualified consultant to assist CHEC in the development of a Marketing Strategy to promote the organization as a Training Provider for NGO's government institutions and other agencies.
- To further develop appropriate monitoring and performance management systems in CHEC in order to maintain a good working environment, which promotes staff confidence and motivation.
- To maintain the existing relationship with NAA and NCHADS, so that CHEC will be well informed about current issues relating to HIV/AIDS. This will ensure that CHEC is seen to be working in accordance with government policies balanced with their extensive knowledge of the community position and the needs of PLHIV/AIDS,

10. 2 Organizational Structure (see Appendix 1)

10.3 Resource Contributions from CHEC:

10.3.1 Human Resources:

a. Member Board of Director:

- 5 member of board director (3 female and 2 male)

b. Management

- 1 Director
- 1 Training Coordinator
- 1 Home Based Care Coordinator
- 1 Communication manager
- 1 Finance Admin Manager

c. Staff:

- 1 Senior training officer
- 2 training officers
- 1 Home based care officer
- 1 Media officer

d. Support staff:

- 1 Finance and Admin Assistant
- 1 Accountant
- 1 Office Assistant & Driver
- 1 Cleaner
- 1 Drivers
- 2 Guards

10.3.2 Material & Equipment

- Desk top computers
- Lap top computers
- Photocopy machine
- 1 Telephone line
- Email is available to key management positions

10.3.3. Means of Transport

- 2 Cars
- 3 Motor Bikes

10.3.4. Office space:

- Central office in Phnom Penh
- Branch offices, at the target districts

11. Sustainability of the Program

The sustainability of the CHEC program will be based on the following development aspects:

1. Being responsive to the government direction on HIV/AIDS: CHEC maintains close links with NAA and NCHADS this relationship ensures that CHEC is aware of emerging trends and national policy directions. In turn this enables CHEC to respond through its activities in a way that is current, relevant and in accordance with the National Strategic Plan on HIV/AIDS.

5. CHEC has been directly responsible for the provision of information on HIV/AIDS to many hundreds of people, and indirectly to many thousands. This information is not lost to the community and can over time be built upon, as demonstrated by information sharing on gender and legal issues and HIV/AIDS.

6. The plan to integrate all mechanisms that have been developed by CHEC into the existing local system, will enable long term community ownership and sustainability of all service supports to PLHIV, when CHEC withdraws at the end of the project cycle.

7. Furthermore, the exit and capacity building plan that has been made through this strategic planning process is an important step towards the long term sustainability of all CHEC project activities that have been developed up to date.

8. Improve access to social services for PLHIV remain an important part of CHEC strategy to sustain long-term support to PLHIV. In this case, CHEC continues to work with other partners to ensure the progressive socio economic support to all PLHIV's.

9. Financial sustainability: Although financial assistance from donors to support the CHEC operations will still be needed, the organization will adopt some basic strategies to minimize the level of financial cost provided by the existing donors. These strategies include:
   - CHEC will build its connection and partnership with new donors that have shared common goals, so that more financial assistances can be mobilised to support the future work of CHEC.
   - CHEC will work with the existing community mechanisms and networks, to design a phasing out plan for some communities that have demonstrated a strong capability to manage the program without external support and input.
   - CHEC has to step up its efforts in mobilizing technical input and services provided by other partners, both, from the government and non-governmental organizations, to support PLHIV, their families and OVCs.

12. Partner Organizations

The following is the list of partner organizations that will be involved in providing support, both technical and professional support to CHEC during the implementation of this program:

1) Home Based Care Team Leaders are partners at the District levels:

- 3 Team Leaders in Sa Ang (Kandal)
- 1 Team Leader in Ta Khmao (Kandal)
- 3 Team Leaders in Preah Sdach (Prey Veng)
- 1 Team Leader in Kampong Tralach (Kampong Chhnang)
- 1 Team Leader in Srey Santhor/Kang Meas (Kampong Cham)

2) Home Based Care Team members are also partners at the District level:

- 12 HBC members in Sa Ang
- 4 HBC members in Ta Khmao
- 12 HBC members in Preah Sdach
- 4 HBC members in Kampong Tralach
- 5 HBC members in Srey Santhor

3) District Facilitators

- 1 District Facilitator in each OD

4) Community Action Group (CAG)

- 62 CAG with 1,243 members

5) HIV/AIDS Coordinator, the government official at the OD level
6) OD Director
7) District Governor
8) Youth network
9) Women network
10) Health Centre chief
11) Provincial Health Department
12) NCHADS
13) NAA

13. Implementation, Monitoring and Evaluation

Each year, CHEC will organize a staff retreat, at which the achievements and challenges of the current year will be reviewed. The 3 year Strategic Plan is formulated, and then reviewed annually.

Monitoring and evaluation will be conducted using different methodologies such as baseline survey and follow up annual survey and/or project review, monthly project team meetings, quarterly reflection and the annual staff retreat. An external independent evaluation of the project will be conducted by the end of the project phase.

For internal purposes, reports will be produced on monthly and quarterly, semester and annually basis, and based on the requirements of external stakeholders (donors, government, members etc…)

14. Implementation Plan (2010-2013)

Code	Activities	Timeframe												Responsible
		Y1				Y2				Y3				
		1	2	3	4	1	2	3	4	1	2	3	4	
Objective 1: The community focal groups (CAG, CCAG and CC) in 7 ODs have the capacity to manage and integrate their project activities into the current system of the local government which will strengthen the provision of HIV and AIDS care and support to the community programme.														
1.1	**120 CAG members in 2 ODs will be improve capacity on HIV/AIDS, TB and ARV in period of 2 first quarters of project cycle 4.**	**Y1**				**Y2**				**Y3**				
1.1.1	Conduct baseline survey on HIV/AIDS, TB, ARV.													-Trainers
1.1.2	Select 120 CAGs members in 2 ODs (Ta Khmao and Boribo) for the training courses on HIV/AIDS, TB, ARV and STIs													-Trainers
1.1.3	Update the module of training course on HIV/AIDS, TB, ARV and STIs.													-Trainers
1.1.4	Develop the training materials on HIV/AIDS, TB, ARV and STIs.													-Trainers - Media/IEC Officer
1.1.5	Conduct 6 training courses on HIV/AIDS, STI, TB and ARV.													-Trainers -CAG as Counselors
1.1.6	Conduct post training evaluation													-Trainers
1.1.7	Write training report													-Trainers
1.2	**21 DFs and CAG-TLs in 2 ODs will improve capacity on PPME before the end of December 2010.**	**Y1**				**Y2**				**Y3**				
1.2.1	Select 21 DFs and TLs in 2 ODs for the training courses on PPME													-Trainers
1.2.2	Update the module of training course on PPME													-Trainers
1.2.3	Conduct 2 training courses on PPME.													-Trainers -DFs and CAG TLs
1.2.4	Conduct post training evaluation													-Trainers
1.2.5	Write report													-Trainers
1.3	**120 CAG members in 2 ODs (Ta Khmao and Boribo) actively provide education on HIV/AIDS, STI and ARV in community.**	**Y1**				**Y2**				**Y3**				
1.3.1	Conduct the 168 quarterly meetings between CAG and TLs (21 groups in 2 ODs)													- CAG TLs
1.3.2	Conduct the 8 quarterly meetings with DF, TL and CHEC Trainers.													-Trainers - DFs - CAG TLs
1.3.3	Conduct 8 times of field supervision and coaching in 2 ODs.													-Trainers -CAGs

		Y1	Y2	Y3	
1.3.4	Conduct internal evaluation				-Trainers -Volunteers -CAGs
1.4	**215 participants in 7 target ODs will improve capacity on CCEO**	**Y1**	**Y2**	**Y3**	
1.4.1	Select 215 participants in 7 target ODs				-Trainers
1.4.2	Update the modules of CCEO training course				-Trainers
1.4.3	Conduct 9 training courses on CCEO				-Trainers
1.4.4	Conduct post training evaluation in 7 target ODs				-Trainers
1.4.5	Write report				-Trainers
1.5	**1,465 CAG members in 7 target ODs will be human resources of local authorities to practice community education and counseling on HIV/AIDS and STI.**	**Y1**	**Y2**	**Y3**	
1.5.1	Conduct 7 workshops to develop the staged approach to hand over the project activities and set of mutually agreeable indicators to guide the process of monitoring and evaluation	5	2		- CHEC director - Training Coordinator
1.5.2	Conduct 14 meetings to mentor and support to community leaders and focal persons to attain each stage in the handover process.	5 5		2 2	- CHEC director - Training Coordinator
Objective 2: The capacity of targeted community education shall be increased through the application of a train of trainer model for workers with women, men and youth in 5 ODs.					
2.1	**99 Peer support groups with 396 peers (1 group per commune with 4 peers including 2 youth peers, 1 women peer and 1 men peer) will be established.**	**Y1**	**Y2**	**Y3**	
2.1.1	Conduct 5 partnership meetings in 5 target ODs				-CHEC director -Training Coordinator
2.1.2	Conduct 10 Coordination meetings for sharing the result of project and mentoring.				-CHEC director -TC -Training Officer
2.1.2	Attend the Pro-TWG-H in PHD				-CHEC director -TC -Training Officer
2.1.4	Attend the meeting in OD level				-HBC Team leaders -DF
2.2	**396 peer educators in 5 target ODs will have enough capacity to provide education on HIV/AIDS, STI, reproductive health, life skills and Gender to youth, women and men in 622 villages of 5 target ODs**	**Y1**	**Y2**	**Y3**	
2.2.1	Conduct the KAP survey				-Trainers -Volunteers
2.2.2	Select 396 peers (198 Youth peers, 99 women peers and 99 men peers) in 5 target ODs				-Trainers

No.	Activity	Y1	Y2	Y3	Responsible
2.2.3	Update the modules of training course on HIV/AIDS, STI, reproductive health, life skills and Gender.				-Trainers
2.2.4	Design the training material (Flip Chart)				-Trainers - Communication Manager
2.2.5	Conduct 8 training courses on HIV/AIDS, STI, reproductive health, life skills for 198 youth Peers				-Trainers
2.2.6	Conduct 8 training courses on HIV/AIDS, STI, reproductive health and gender to 99 woman peers and 99 men peers in 5 target ODs				-Trainers
2.2.7	Conduct the post training evaluation				-Trainers
2.2.8	Write report				-Trainers
2.3	**396 peers (198 youth peers, 99 women peers and 98 men peers) provide education to youth, women and men in 622 villages of 5 target ODs.**	**Y1**	**Y2**	**Y3**	
2.3.1	Design the work plan for provision education (in period of quarterly meeting with peers and CHEC).				-Trainers -Support groups -Peer Educators
2.3.2	Provide education to youth and women in community				-Support group -Peer educators
2.3.3	Conduct quarterly meetings Peers.				-Support groups -Peer Educators
2.3.4	Conduct the quarterly meeting with CHEC Training Officer and Peers				-Trainers -Support groups -Peer Educators
2.3.5	Conduct the field supervisions and coaching				-Trainers
2.3.6	Write the report of community education and supervision				-Training Coordinator
2.4	**2 Evaluations will be conducted.**	**Y1**	**Y2**	**Y3**	
2.4.1.	Conduct the internal evaluation				-Training Coordinator
2.4.2	Conduct the external evaluation				-Consultant
Objective 3: The quality of life of targeted PLHIV in 5 ODs is improved through the protection of the rights; the provision of access to home based care and social support, education and increased livelihoods.					
3.1	**125 district officers, police and commune leaders will be trained on HIV related Human Rights.**	**Y1**	**Y2**	**Y3**	
3.1.1	Conduct baseline survey within 5 ODs				- HBC Coordinator - HBC Officer - HBC teams
3.1.2	Employ short-term Consultants to revise the current existing HIV-related Human Rights module.				- Director - Consultants
3.1.3	Provide training on HIV related human rights and its overall related laws to district officers, policemen and				- HBC Coordinator - HBC Officer *10ws*

		Y1	Y2	Y3	
	commune leaders in 5 HBC target areas.				
3.1.4	Establish contact at local levels between networks of PLHIV, human rights NGOs and Commune AIDS Committee (CAC)				- Director - HBC Coordinator - HBC Officer - HBC teams
3.1.5	Develop a strategy and process for the dissemination of the HIV/AIDS laws				- HBC Coordinator - HBC Officer - HBC teams
3.1.6	Bring any cases of HIV/AIDS related discrimination and other violations of human rights in the context of HIV/AIDS to national human rights judicial and quasi-judicial mechanisms.				- Director - HBC Coordinator - HBC Officer - HBC teams
3.2	**106 HBC team members, PLHIV SHG team leaders, carers and volunteers will be trained on HIV related Human Rights**	**Y1**	**Y2**	**Y3**	
3.2.1	Provide training on HIV related human rights and its overall related laws to PLHIVs, HBC teams and **Self Help Group Teams** in 5 HBC target areas.				- HBC Coordinator - HBC Officer
3.2.2	Develop IEC materials that will effectively convey key messages on Human Rights and HIV/AIDS and sexual rights.				- HBC Coordinator - HBC Officer - HBC teams
3.2.3	Conduct continuing training to PLHIV/OVC Carers on HIV related human rights, HIV/AIDS legislation and positive prevention by HBC team leaders				- HBC teams
3.2.4	Develop a checklist to monitoring how training information has been disseminated by PLHIV/OVC Carers to their families and neighbors after training.				- HBC Coordinator - HBC Officer - HBC teams
3.2.5	Monthly monitoring by the application of checklists through the HBC teams.				- HBC teams
3.2.6	Quarterly monitoring shall be conducted with the HBC Teams by the HBC Coordinator and project officer.				- HBC Coordinator - HBC Officer
3.3	**318 PLHIV both women and men will be trained on sexual health and sexual rights**	**Y1**	**Y2**	**Y3**	
3.3.1	Employ short-term Consultants to develop curriculum and ToT to CHEC project staff on Sexual Health sexual and sexual rights.				- Director - Consultant
3.3.2	Provide training to targeted PLHIV both men and women on Sexual Health and Rights				- HBC Coordinator - HBC Officer
3.3.3	Conduct Post training evaluation				- HBC Coordinator

					- HBC Officer
3.4	**41 of PLHIV team leaders and HBC TL will be trained on leadership and facilitation skills**	**Y1**	**Y2**	**Y3**	
3.4.1	Conduct leadership and facilitation skills training for 41 HBC and SHG Team Leaders				- HBC Coordinator - HBC Officer
3.4.2	Provide technical support to the HBC and SHG team leaders by HBC Coordinator and Officer through two monthly HBC and SHG meetings				- HBC Coordinator - HBC Officer
3.4.3	Conduct regular two monthly SHG and OVC support Group meetings				- HBC Teams - SHG Team Leaders
3.4.4	2 OVC Support Committees will be set up in 2 target areas of Srey Santhor and Ta Khmao				- HBC Coordinator - HBC Officer
3.4.5	Conduct two monthly regular OVC Support Committee meetings.				- HBC Coordinator - HBC Officer
3.4.6	Linking SHG team leaders with CAG, School teachers, Pagoda monks/layperson and the local community.				- SHG Team Leaders - CAG
3.4.7	Sharing experience related to local fundraising through public speaking and community forums.				- HBC Teams - SHG Team Leaders
3.5	**100 of PLHIVs and OVC Carers will be trained in income generation skills.**	**Y1**	**Y2**	**Y3**	
3.5.1	Conduct training on Chicken Raising and other income generation skills to PLHIV and OVC carers in cooperation with CEDAC or FLD				- CEDAC/FLD Trainers - HBC Coordinator
3.5.2	Provide small credit schemes to assist PLHIV and OVC families in income generation activities.				- Small Credit Committee
3.5.3	Conduct Monthly monitoring by HBC Team Leaders.				- HBC team Leaders
3.5.4	Conduct quarterly monitoring by the CHEC HBC Unit.				- HBC Coordinator - HBC Officer
3.5.5	Conduct an appraisal on credit schemes and income generation activities				- HBC Coordinator - HBC Officer
3.6	**480 PLHIV/ OVC will be referred monthly to access to VCCT, OI/ARV, PMTCT and TB services**	**Y1**	**Y2**	**Y3**	
3.6.1	Monthly referral support to PLHIV/CIA to get ARV/OI at referral hospital through HBC Teams.				- HBC teams

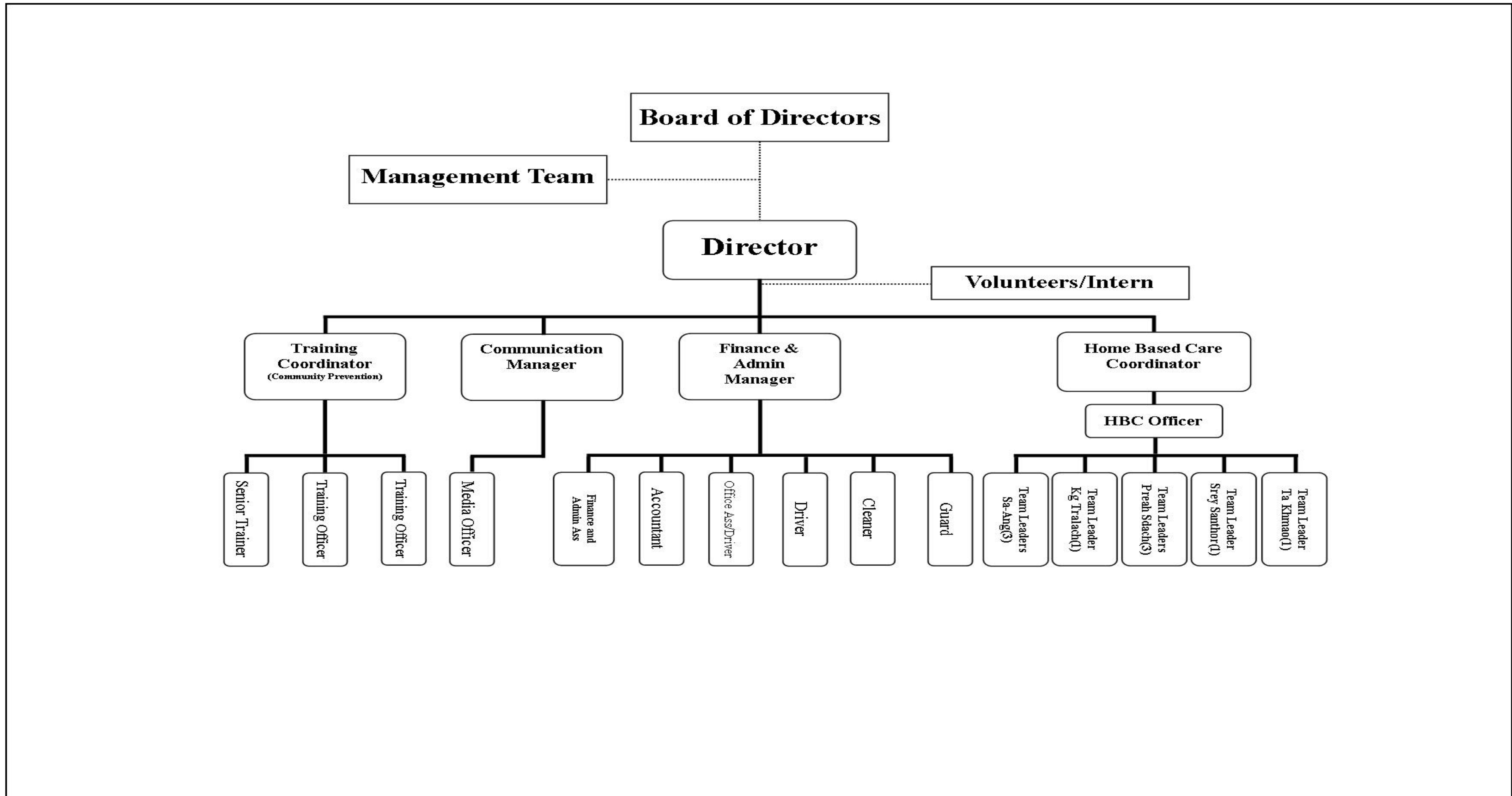
No.	Activity	Y1	Y2	Y3	Responsible
3.6.2	Identify new suspected cases. Refer to the VCCT service through the HBC Teams and or through partners in the CHEC catchments area.				- HBC teams
3.6.3	Monthly meeting MMM will be attended by PLHIV representatives at Provincial level.				- PLHIV Rep.
3.6.4	PLHIV representatives to attend HIV/AIDS events at provincial level.				- PLHIV Rep.
3.6.5	Conduct monthly support meetings with the SHG Team Leaders by HBC teams.				- HBC teams
3.6.6	Strengthen the referral system for OVC, especially children-PLHIV, including OI, ART and TB.				- HBC teams
3.6.7	Conduct training on HIV/AIDS and STI for adult OVC				- HBC Coordinator - HBC Officer
3.6.8	Monthly home visits to provide emotional support and counseling to PLHIVs.				- HBC teams
3.6.9	Attend Monthly meetings of CoC and Pro-TWGH by HBC Team leaders and CHEC staff.				- HBC Coordinator - HBC Officer - HBC team leaders
3.6.10	HBC teams to encourage and assist female and male OVC to continue to attend school				- HBC teams
3.6.11	Conduct Monthly meetings to monitor and arrange the food distribution from World Food Program by HBC team members for PLHIV families.				- HBC teams
Objective 4: Development of a targeted multi-media campaign to ensure appropriate health information messages in order to educate and encourage behavior changes among youth, women and their partners at local and national level.					
4.1	**Information and education campaigns will be carried out in 7 districts of 5 provinces and Phnom Penh.**	**Y1**	**Y2**	**Y3**	
4.1.1	Printing IEC materials (poster, leaflet, newsletter, booklet, T-shirt, and banner)				Media Officer, Communication Manager
4.1.2	Distributing IEC materials (poster, leaflet, newsletter, booklet, T-shirt, and banner)				Media Officer
4.2	**1,000 callers (40% are female) will make calls and discuss about HIV/AIDS.**	**Y1**	**Y2**	**Y3**	
4.2.1	Baseline survey in 3 operational districts and Phnom Penh.				Media Officer, Communication Manager
4.2.2	Radio Call-in Show Program conducted at Radio Station.				Media Officer
4.3	**600 school youth will attend the debate shows.**	**Y1**	**Y2**	**Y3**	

4.3.1	6 TV debate shows will be produced (2 TV debate show per year).				- Media Officer, - TV
4.3.2	6 times of TV debate shows will be broadcast per year.				- Media Officer, - TV
4.4	**100 new youth club members in Phnom Penh will be trained in HIV/AIDS, Reproductive Health and life skills.**	**Y1**	**Y2**	**Y3**	
4.4.1	Communicate with new youth clubs for cooperation.				- Media Officer
4.4.2	Provide trainings on HIV/AIDS, Reproductive Health and life skills to new youth club members.				-Training Coordinator - Media Officer
4.5	**150 of young people (50% being female) will be involved and discuss about HIV/AIDS in existing youth clubs.**	**Y1**	**Y2**	**Y3**	
4.5.1	Monthly reference group meeting.				Media Officer
4.5.2	Meeting with youths to follow up and receive feedback every quarter.				Media Officer
4.6	**1,500 of community members and youth out of school will attend community forums in seven Operational Districts.**	**Y1**	**Y2**	**Y3**	
4.6.1	Conduct 14 community forums in 7 ODs (2 community forums per OD).				Media Officer
4.7	**150 of youths (50 per year) will attend the events.**	**Y1**	**Y2**	**Y3**	
4.7.1	CHEC joins activity with HACC, NAA to organize campaign to prevent HIV/AIDS.				Media Officer, Communication Manager
Objective 5: CHEC training role to NGO and other institutions will be retained and it shall reflect emerging trends and identified training needs.					
5.1	**8 trainers and sessional trainers are trained in new modules to improve training skills.**	**Y1**	**Y2**	**Y3**	
5.1.1	Recruit consultants for training modules development and market research				- Director
5.1.2	Training of Trainers on 2 new training modules on Drug Counselling and Community Mobilisation/Organising.				- Consultant - Trainers
5.1.3	Training need assessment for NGO and institutions				- Trainers
5.1.4	Organize and produce training booklet each year				- Trainers
5.1.5	Market research will be developed.				- Trainers
5.2	**400 trainees will receive training from CHEC through open access and customized/contracted training**	**Y1**	**Y2**	**Y3**	
5.2.1	Provide training to other NGOs and institutions				- Trainers
5.2.2	Update training materials				- Trainers
5.3	**Capacity of CHEC trainers will be developed.**	**Y1**	**Y2**	**Y3**	
5.3.1	To conduct a Training Needs Assessment for staff of CHEC, to provide a framework for their professional development.				- Director - Training Coordinators

5.3.2	Refer staff to attend the short course													- Director

15. Attachments

Attachment 1: Organizational Structure



Attachment 2: List of Current Key CHEC Staff Members

Name	Sex	Status	Function	Work Experience	Educational Background
Dr. Kasem Kolnary	F	Married	Director	Management & Leadership	- Doctorate of Business Administration - Master of Business Administration - Bachelor of Business Administration - Group Diploma in Business Accounting - Project Planning & Control - Human Resource Management - Financial Management - Leadership
Ms. Te Sok Vy	F	Single	Finance/Admin Manager	Finance	- Bachelor of Banking and Finance - Diploma of English - Computer Accounting - Office Skills
Dr. Heng Phirum	*M*	Married	Training Coordinator	Doctor	- Master of Public Health - Medical Doctor - Planning, Monitoring, Evaluation - ToT Trainer
Mrs. Sim Sophea	*F*	Married	HBC Coordinator	Medical Assistant	- Medical Assistant - MPA - HIV/AIDS and TB - MCH - Counseling for Loss and Grief Trainer
Mrs. Kong Linda	*F*	Married	Communication Manager	English Communication	- Bachelor of Arts in English - Bachelor of Computer Science - Marketing
Kim Ton	M	Married	Trainer	Nurse	- Nurse - HIV/AIDS Trainer - Counseling Trainer - ToT Trainer
Nhim Kim Thy	F	Single	Trainer	Nurse	- Bachelor of Management and Economics - Nurse - HIV/AIDS Trainer - Counseling Trainer - ToT Trainer
Nou Pheakdey	M	Married	Trainer	Trainer	- Bachelor of Management and Economics - HIV/AIDS Trainer - Counseling Trainer
Nath Boravuth	M	Single	HBC Officer	Medical Student	- Bachelor Degree, Field MIS

					- Medical Student
Pen Reasey	F	Single	Media Officer	Media	- Media skills - Bachelor of Accounting - Life Skills Trainer
Sin Pisey	F	Married	Accountant	Accounting	- Bachelor of Accounting - Computerized accounting
Kosal Rachana	F	Single	Finance/Admin Assistant	Finance	- Bachelor of Accounting
Pen Sokha	M	Single	Office Assistant/driver	Administrative staff	- Microsoft Word, Excel, Publisher, Quick Book - Office Skills - English Language
Koy Rithy Nhean	M	Married	Driver	Driving	- Diploma
Chea Chantha	F	Married	Cleaner	Cleaning	- Housekeeping
Thorng Sak Siden	M	Single	Guard	Guarding	- Guarding