



Cambodian HIV/AIDS Education and Care  
(CHEC)

**CHEC**  
**Strategic plan**  
**2016-2019**

**Developed by CHEC staff with community  
representatives  
Phnom Penh, November 2015**

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## ***Introduction***

Cambodian HIV/AIDS Education and Care (CHEC) is a non-government organization (NGO) established in 2001 to localize activities commenced in 1994 under a Quaker Service Australia HIV and AIDS education and training project. CHEC focuses on community engagement, education, training, advocacy, and programming support targeting vulnerable populations, including women, children, and people living with HIV.

CHEC's approach is based on community-driven responses as the proven, most sustainable solutions to address social and health challenges within districts. CHEC is currently active in seven Operational Districts (ODs) in 5 provinces, in which strong relationships have been built with the District Councils, Commune Councils, the District Health Management Committees, the Provincial Health Departments, and local service providers. In these sites, the organizations work together in planning and implementing programs with local communities. At the national level, CHEC has built strong partnerships with key ministries, in particular the Ministry of Health, the Ministry of Women's Affairs, the Ministry of Social Affairs, Veteran and Youth Rehabilitation and the Ministry of the Interior.

This document is the sixth strategic plan for CHEC, representing its sixth cycle of positive intervention in the lives of people living with HIV and AIDS and their families. The CHEC programme currently consists of four projects: the Gender-Based Violence (GBV) Project, Out of School Youth Project, Home-Based Care Project and Nutrition project.

Due to the recent shift of funding support from donor countries, and due to the fact that the HIV/AIDS infection prevalence rate in Cambodia has been significantly reduced to 0.6% in 2015, this strategic plan reflects the shift to focus on ongoing life-time support for people living with HIV/AIDS. We will still maintain our core identity as an HIV/AIDS support organisation, while we expand our work to contribute to addressing other priority issues, e.g. youth engagement in social accountability, youth and income generation, and job migration. The gender-based violence and home-based care support also remain priority issues, as we continue to regard women and PLHIV as the most vulnerable group.

For CHEC, the period 2016 to 2019 is an exciting time of growth, learning, embracing new challenges, and continuing to positively impact the lives of PLHIV. CHEC can indeed be an important and impactful model for other organizations, and other countries.

## ***The Context of CHEC***

The summarized 2015 report of the National AIDS Authority shows that Cambodia has reduced up to 50% of new AIDS transmission since 2011 and that new transmission cases, among adults aged 15-49, have further declined from 1.7% to just 0.6% between 1998 and 2015. Moreover, while the rate of treatment with antiretroviral drugs of HIV/AIDS carriers has risen to 80% and will continue to rise to more than 90% in the coming years, the rate of mortality caused by AIDS has also declined each year. Therefore, the fight against AIDS has reached a phase towards completely eradicating the transmission and spread of HIV within the next five to 10 years.

The progress, efficiency, and achievements in the battle against AIDS that Cambodia has acquired at this time is based in genuine scientific evidence showing that our vision to build a society devoid of the threat of HIV/AIDS can come true. With these achievements, Cambodia can definitely reach the three zero targets, set by the United Nations, by 2020 (meaning there will be no new transmission, no discrimination, and no death due to AIDS).

However – even though our country has achieved this noteworthy success – the conditions of our triumph remain fragile. Should we be complacent and just slightly nonchalant, the spread of HIV might explode anew, and it might be more difficult to control it than previously, especially among gay men, drug users, young people, migrants, and so forth. In fact, findings from a recent report titled *Adolescents: Under the Radar in the Asia-Pacific AIDS Response*, published by the Asia-Pacific Inter-Agency Task Team on Young Key Populations, which includes UNICEF, UNAIDS and others, reveals that although new HIV infections are falling overall, they are rising among adolescents from key populations. The report also states that the HIV burden among adolescents falls heaviest on ten countries in the region, which includes Cambodia and its neighbors China, Indonesia, Myanmar, the Philippines, Thailand and Viet Nam.

Eradication of HIV/AIDS is rooted in addressing the changing face of the problem and imperatively requires sustainability of the success we have achieved. To move forward towards attaining the 90-90-90 targets by 2020 we must be further responsible in our cultivation of extensive multi-sectorial participation by government and private institutions, civil society, development partners, the network of HIV/AIDS carriers, the network of high risk groups for HIV infection, etc., under the coordination, with high resolve, of the National AIDS Authority. Only our combined, focussed and aligned efforts will help us reach our goals.

## **Government Agenda**

With regards to the upcoming response, Cambodia possesses a well-defined road map to respond to the spread of HIV/AIDS for 2016-2020 by means of the fourth extensive multi-sectorial national strategic project plan of the National AIDS Authority. Therefore, the agenda of combating AIDS to achieve the three zero targets by 2020 is included in the agenda of the Royal Government of Cambodia.

To achieve these goals, the Royal Government of Cambodia has established several important initiatives, including the Rectangular Strategy (Phase II) and a (updated) National Strategic Development Plan (2014-2018). The Rectangular Strategy for growth, employment, equity and efficiency aims to promote economic growth, generate employment for Cambodian workers, ensure equity and social justice, and enhance efficiency of the public sector.

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

- Implementation Plan (IP3) for the National Program for Sub-National Democratic Development (2010-2019)
- National Strategic Plan for Comprehensive & Multi-sectorial Response to HIV and AIDS IV (July 2015-December 2020)
- National Strategic Development Plan 2014-2018
- National Strategy for Reproductive and Sexual Health in Cambodia (2006-2010)
- Conceptual Framework for Elimination of New HIV infections in Cambodia by 2020
- Strategic Plan for HIV/AIDS and STI Prevention and Control in the Health Sector in Cambodia 2015-2020
- Mother and Child Health
- National Action Plan II to Prevent Violence on Women
- Neary Rattanak III, in relation to Women's Affairs

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

## **CHEC's Effectiveness**

To further help CHEC ensure that it is truly meeting the needs of community members, CHEC commissioned an independent evaluator to prepare an external evaluation of CHEC's programs in late 2015. The evaluation documents contain considerable information about the development trends in Cambodia, specifically those related to HIV and AIDS. Overall, the evaluation commended the program delivery, and recommendations made have been incorporated into CHEC's strategy.

### **A number of lessons were identified in the course of the review:**

1. CHEC's successful efforts to brief, engage and develop the capacity of Government partner agencies, including those at the national and local level, on planning and implementation of activities, pay significant dividends in regard to project support, effectiveness and sustainability;
2. From previous experience on HIV and AIDS and related issues, CHEC has accumulated a wide range of skills and knowledge that can be applied effectively in other sectors and to address other issues;
3. Diversification of funding sources is necessary to sustain operations, however it is important to maintain linkages between project activities under a common focus so that they are complementary, efficient and effective; and
4. Despite wide differences in donor proposal requirements, it is important for CHEC to maintain and ensure consistency in format and terminology in project design, in order to ensure programme effectiveness.

### **The following key recommendations were made:**

#### *General recommendations for CHEC's programme*

1. CHEC should continue to diversify the scope of its project activities, applying the skills, experience and good partner relationships, especially with the Government, developed in the course of HIV and AIDS work to make a valuable contribution in other sectors;
2. Efforts should be made to strengthen the linkages between projects in the CHEC programme, by identifying a comprehensive programme issue/theme (or themes) that will cover all projects, linking them more closely under a clear and strong thematic focus on a current donor priority area;
5. Serious consideration should be given to selection, based on close review of evidence obtained from Cambodian Demographic and Health Survey (CDHS) and other surveys, of new geographical areas for implementation of projects on identified new key issues/themes;
6. CHEC should strengthen/revitalize the training component of the programme, by identifying specific areas of expertise in the organization and among personnel, and matching these to needs of implementing partners and network members and available donor support in a way that can be marketed;

7. In order to meet challenges presented by different donor requirements for format of project proposals, CHEC should consider preparation for each new project of a "master proposal" in standardized format, with a full timeframe and logframe, against which grant applications in donor-specific format can be prepared. A review should be made of the format for documentation of each project to ensure that terminology is consistent, with objectives, outcomes and indicators for each project clearly defined;
8. Baseline and endline surveys should include collection of key data that relate to specific project objectives and indicators, as well as broad socio-economic, demographic and other information.
9. Where possible, data presented in endline and impact assessment reports should be presented together with original baseline data in order to enable easy comparison and assessment of results. Where major changes have been made in indicators between baseline and endline surveys, these should be noted clearly in the endline survey report with clarification provided in a footnote.

### **Specific recommendations for individual projects**

10. Active involvement of local authorities in community education and awareness-raising on GBV needs to be encouraged and closely monitored by CHEC, in order to ensure that the changes achieved to date are sustained;
11. In partnership with local authorities, careful long-term monitoring needs to be made of the impact of GBV programmes on communities, to ensure that women survivors and their families are provided with on-going protection and social inclusion;
12. Ways need to be found within CHEC's programme to link GBV more strongly with other projects, in particular those that address the social and economic determinants of risk and vulnerability among target populations, such as labour migration and poverty;
13. Good practices on dealing with GBV cases should be documented and shared through various channels, such as learning platforms among CBEs and DFs, and other networks and forums in which CHEC is involved.
14. In order to increase effectiveness and efficiency in use of resources, the scope of the out-of-school youth (OSY) programme should be narrowed to focus more clearly on discrete populations, for example adolescents, migrants or women;
15. Short training should be provided for CHEC personnel and key implementing partners on life skills based education, in order to increase understanding and capacity to pass knowledge on to partners and beneficiaries in programme target areas;
16. The concept and operation of youth-friendly centres should be reviewed, in order to increase access, give young people a greater role in running the centres and encourage the formation or strengthening of youth groups and networks;
17. Serious consideration should be given to the use of IT under the OSY project, including text messaging and social media, in programming with young people.

18. It is recommended that CHEC build its role in strengthening of the capacity of local authorities and communities in order that they can better plan for care and support of community members living with HIV and their families, in particular strategic planning, budget allocations and development of community-based savings groups or social welfare funds;
19. In design of future HBC projects CHEC should develop a general project proposal, against which funding can be obtained from different donors, with any major changes need to be reflected in the master document.
20. CHEC should explore ways in which the Nutrition project can be linked more closely to other projects, in order to increase the prospects for sustainability of results, as well as to ensure that activities complement those implemented with other beneficiaries.



## ***CHEC's Vision***

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

## ***Mission***

CHEC collaborates with development partners, including community members, civil society organizations, private sector organizations and government, to sustain the wellbeing and dignity of the vulnerable target groups.

**Goal:** Within the next 3 years, women, children, youth, vulnerable people and PLHIV in the CHEC Target areas will live a healthy life, with stable income and dignity.

## ***Values***

- **Service:** We believe that delivery of high quality programs and activities, which are relevant to the needs of vulnerable people, will make an important contribution to Cambodia's development.
- **Accountability:** We believe we should be answerable to the community, donors and government for the results of our programs.
- **Dignity:** We believe that vulnerable people should be able to live with dignity when they are healthy, sustainable job and income.
- **Equality:** We believe that women and men should have the same opportunities to participate in, and benefit from, development.
- **Collaboration:** We believe that working together with development partners, including community members, civil society, private sector organisations and government, will achieve the best results.

## ***Guiding principles***

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

- **Service:** We deliver high quality programs and activities that are relevant to the needs of vulnerable people.
- **Accountability:** We answer to the community, donors and government for the results of our programs. In answering to the community, we strive to understand the diverse views of community members and allow them to shape the programs and services that we deliver.
- **Dignity:** We believe that vulnerable people should be able to live with dignity when they are healthy, sustainable job and income.

- **Equality:** We believe that women and men should have the same opportunities to participate in, and benefit from, development.
- **Collaboration:** We work together with development partners, including community members, civil society, private sector organisations and government, trying to achieve the best results.

## ***Impact***

CHEC has carefully considered the change that it would most like to see in Cambodia. This change is an **improvement in the quality of life of vulnerable people, including people living with HIV and AIDS.**

Improvements in quality of life for vulnerable people are the impact of CHEC's work. Whilst CHEC cannot be fully responsible for achieving improvements in quality of life, CHEC can make an important contribution towards helping people to achieve an improved quality of life.

Quality of life is important for all people, no matter rich or poor. Quality of life is about being able to meet our individual needs. Our needs can be fundamentally the same even though our circumstances may be different and the way our needs are met may be different. For example, having a good quality of life may mean having access to independent transport. For some people, independent transport may mean being able to buy tickets for airplane travel. For others, it may mean owning a bicycle. For children, owning a bicycle may mean access to education, as for many, lack of transportation can result in lack of schooling. And in Cambodia, education is widely perceived to be the key to quality life achievement.

### **What does quality of life mean for vulnerable people?**

Achieving improvements in quality of life is important for all vulnerable people. For people who are living with HIV and AIDs, quality of life can focus on having access to good quality care and support, from the family as well as the community. For people at risk of contracting HIV and AIDS, quality of life can be about awareness of how to maintain good health and not contracting HIV or AIDS. For people who are extremely poor, quality of life can be about access to housing, adequate nutrition and education. All people deserve a quality of life

free from discrimination, free from fear, with equal access to services and opportunities.

### **A strategy for measuring impact**

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

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

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

### ***Who are vulnerable people?***

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

1. Young people aged 15-24 years who are both in and out of school. This group is deemed especially vulnerable to contracting or transmitting HIV.
2. Women who are subjected to, or at risk of being subjected to, gender-based violence, and their partners and children. CHEC focuses its efforts on three types of gender-based violence: domestic violence (physical, sexual, economic and emotional violence), and rape.
3. People living with or affected by HIV and AIDS, including pregnant women and children
4. Women (pregnant women who need ante-natal and post-natal care) and children who have been formally identified as living in extreme poverty and have been given an identity card verifying this (ID Poor 1 or 2)

### ***Who are CHEC's volunteers?***

To support vulnerable people, CHEC has recruited

- home-based care team members
- peer educators and
- community-based educators

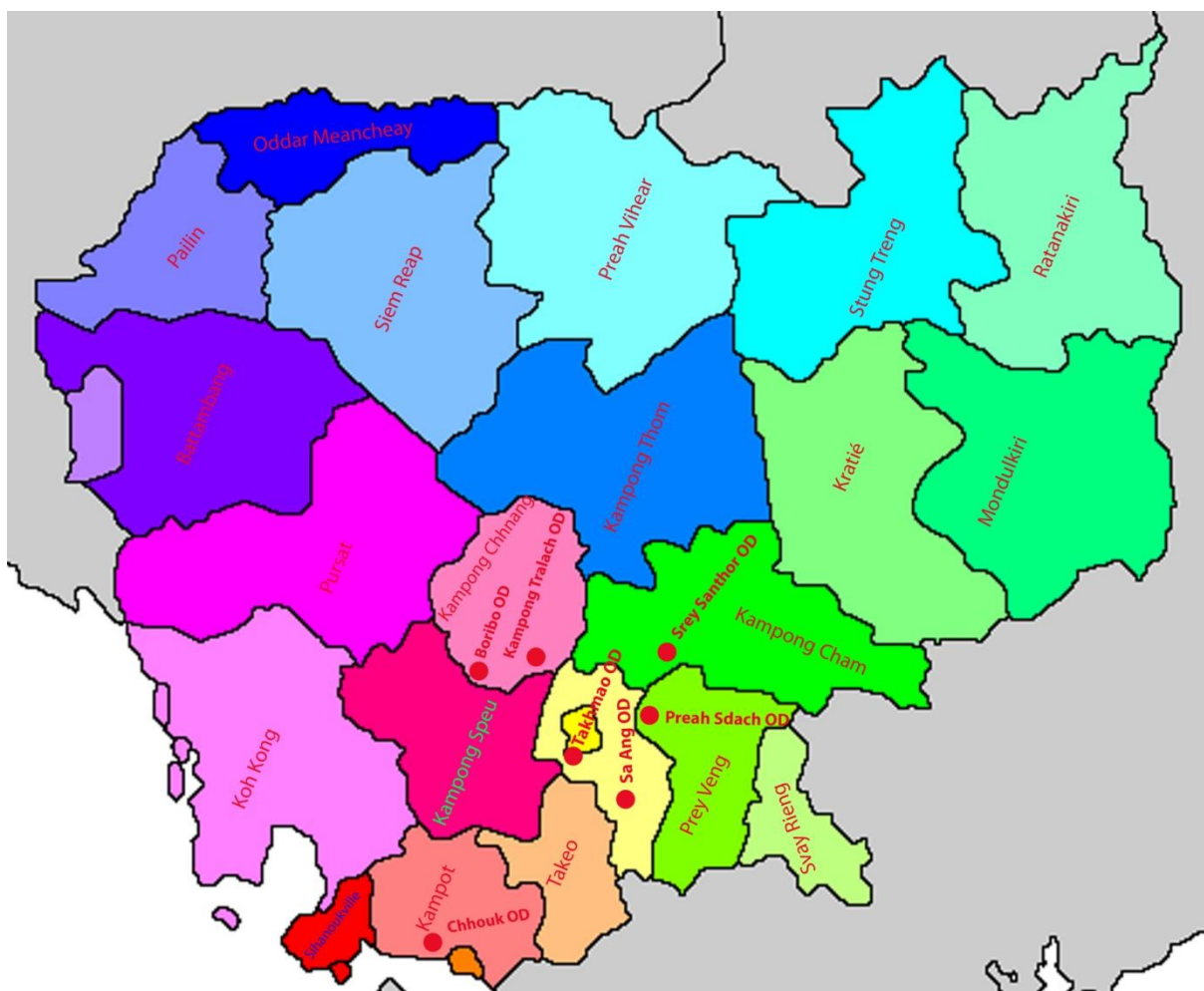
These people are collectively known as CHEC volunteers. They receive a small stipend from CHEC for performing their duties.

CHEC volunteers are variously drawn from communities which comprise civil servants, elected officials, community representatives and people living with HIV and AIDS. Many of the people with whom CHEC engages are not easily categorised. Rather, they have multiple identities in their relationship with CHEC.

The role of the community volunteer is vital to the acceptance and success of the local programs. These volunteers become trusted advocates and role models within their communities; they become living examples of positive behaviours and CHEC takes diligent effort to provide them with the appropriate training and support.

### **Where CHEC Works**

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



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

Not all activities and programs are currently implemented in all areas in which CHEC is active. However, pending appropriate funds becoming available, CHEC envisions providing all activities and programs to all vulnerable people in all the areas in which CHEC is active by the end of 2019.

### ***Alignment with government priorities***

The program of fighting against the spread of AIDS remains a high priority of the Royal Government as stated in the Rectangular Strategic Plan, Phase III, of the Royal Government of the Fifth Legislature of the National Assembly.

In the same way that CHEC believes it is accountable for its programs, CHEC also believes that the government should be answerable to communities for the implementation of its plans and policies. CHEC also commits to assisting the government to implement its plans and policies, wherever practical.

In an effort to provide consistent, essential programming, CHEC is pleased that the change that we want to see, as well as the vulnerable groups that CHEC works with, align with the targets of the Royal Government of Cambodia.

In support of Government efforts, CHEC variously contributes to:

- National Strategy for Reproductive and Sexual Health in Cambodia (2006-2010)
- Rectangular Strategy Phase III
- Implementation Plan (IP3) for the National Program for Sub-National Democratic Development (2010-2019)
- National Strategic Plan for Comprehensive & Multi-sectorial Response to HIV/AIDS IV (July 2015-December 2020)
- Conceptual Framework for Elimination of New HIV infections in Cambodia by 2020
- National Strategic Development Plan 2014-2018
- National Action Plan II to Prevent Violence on Women
- Neary Rattanak III

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

#### **Health, HIV and AIDS**

CHEC's priorities closely align to the NAA's **National Strategic Plan for Comprehensive & Multi-sectorial Response to HIV/AIDS IV**, known as NSPIV.

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

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

Recognising that the National AIDS Authority and Ministry of Health supports and helps to implement UNAIDS' vision, "Towards Achieving 90-90-90 targets", to further promote the participation and resolve of leaders at all levels starts with leading each individual and their family, society, country, and the whole world, away from the threat of HIV/ AIDS by means of setting the 90-90-90 targets.

- **90%** of people carrying HIV know their HIV status,
- **90%** of people diagnosed with HIV receive antiretroviral treatment constantly,
- **90%** of people on treatment with antiretroviral will be found to have suppressed HIV from their bloodstream.

In further alignment, one of CHEC's target groups of vulnerable people is youth, which the Royal Government of Cambodia has determined as a priority target group for the Three Zero approach. The three zeroes – zero new infections, zero discrimination and zero AIDS-related deaths are each included in the suite of indicators that CHEC uses to measure quality of life:

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

## **Nutrition**

CHEC is making an important contribution to improving the nutritional status of mothers and their children and indirectly to the National Strategic Development Plan and Rectangular Strategy:

- By increasing access of extremely poor pregnant women, to ante-natal care and post-natal care and HIV testing
- By reducing the mortality death rate of children
- By reducing stunting among children aged less than 5 years old

For example, CHEC's porridge program is widely appreciated and successful through its collaborative and sharing approach to demonstrating healthy cooking information. Mothers and children gather for the workshop, the friendly and caring environment, and to share the nutritious meal they have helped to create.

## **Gender**

Gender equality is a critical success factor in improving quality of life for all in Cambodia. It is a well-recognized fact that educating and empowering women in every culture is a key critical success factor to improving circumstances for all.

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

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

CHEC is committed to participating in the development of MOWA's national strategy addressing violence against women and to the national policy on women, the girl child and HIV/AIDS/STIs.

In addition, CHEC has seen that community-driven responses to solutions are the most sustainable way to address social and health challenges. As a result, in the seven Operational Districts in which CHEC is currently active, strong relationships have been built with the District Councils, Commune Councils, the District Health Management Committees, the Provincial Health Departments, and local service

providers. The organizations work together in planning and implementing programs with local communities. Additionally, CHEC has strong relationships with the Ministry of Women's Affairs, having signed an agreement with them in 2014, as well as the Ministry of Health, and the Ministry of Interior.



## ***CHEC's Vision***

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

## ***CHEC's Mission***

CHEC collaborates with development partners, including community members, civil society organizations, private sector organizations and government, to sustain the wellbeing and dignity of the vulnerable target groups.

## ***CHEC's Project Goals***

Within the next three years, vulnerable people especially children, youth, women at risk and subjected to GBV and PLHIV in the CHEC target areas will live a healthy life, stable income and dignity.

These are written with a focus on results.

1. The community and local authority recognize youth as the most importance resource in local good governance in 4 districts.
2. Safe communities in which female and male of all ages live in peace and in harmony in 4 districts
3. Improved nutritious status of mother and child health in 3 districts in Cambodia.
4. Vulnerable households of people living with HIV/AIDS in 5 districts will be healthy and increased income *or a stronger and more sustainable domestic response to HIV and AIDS through increased investment by Commune Councils*
5. Trusted and healthy relationships are built among duty bearers and right holders in 4 districts
6. (Enabling strategy) CHEC is more accountable and sustainable

## ***Summary of Project Goals and Objectives***

For each program goal, we lay out our objectives. These objectives will be detailed further in CHEC's operational plan, where they will be rendered highly specific, measurable, achievable, realistic and time-bound.

### ***Youth Project:***

**Goal 1:** The community and local authority recognize that youth are the most importance resource in local good governance.

**Objective 1:** Empower and enhance youth actions toward self-improvement and contribution to local good governance.

**Strategy 1:** Build knowledge and understanding on comprehensive sexual health and sexual rights (HIV/AIDS, STI, RH, Life Skills and Gender) to selected groups of youth.

**Activity:**

- 1.1: Train youth on comprehensive sexual health and sexual rights
- 1.2: Facilitate the trained youth to conduct peer education on above skills (use all possible venues including Learning Resource Centers)
- 1.3: Train selected youth on civic engagement, human rights and CEDAW
- 1.4: Train youth on issues of HIV/AIDS, STI, RH, Life Skills and Gender and Safe Migration
- 1.5: Train selected youth leaders/peers on Counselling Skills to work at the Youth Learning Resource Center
- 1.6: Facilitate youth representatives to participate in key local development meetings
- 1.7: Quarterly meetings with peers & local stakeholders
- 1.8: Profile youth involved in the training programs to increase self-esteem and increase youth peer to peer message

**Strategy 2:** Establish and run youth-friendly center as the Learning Resource Center (LRC)

**Activity:**

- 2.1: Establish 4 Learning Resources Centers (2 new)
- 2.2: Facilitate groups discussion and education on above skills (use all possible venues including LRC)
- 2.3: Provide materials (IEC, Booklet, Newsletters) and equipment for LRC e.g., Computer for ICT, Wifi
- 2.4: ICT training to selected group of youth, e.g. use of social media, messenger, Viber, internet
- 2.5: Management of the LRC as the venues for peer to peer training or as drop in centers (provision of counselling and referral service) and access to ICT.
- 2.6: Communicate accomplishments through social media (or other youth-friendly channels)

**Strategy 3:** Strengthen value formation and collaboration between youth and local authorities to integrate youth issues into CIP/CDP

**Activity:**

- 3.1: Organise community dialogue about youth engagement in local governance and development
- 3.2: Support youth participation in key local events, e.g. Women's Rights and Human Rights
- 3.3: Train 165 local authorities on leadership and community conversation.
- 3.4: Train local authority in planning, budget and key aspects of Sub-National local development.
- 3.5: Follow up with local authorities for their inclusion of HIV/AIDS, RH education and youth activities into CDP/CIP
- 3.6: Showcase success stories through interviews, blogs, etc.

**Outcome indicators linked to goal 1 (measured at national level) are:**

- Increased number of community and local authorities who value youth participation in local good governance
- % of youth who receive increased support from community resources
- Youth demonstrate the ability to create self-development plan
- Youth take responsibility to help improve the circumstances of others
- Youth are regarded as positive agents of change by community leaders and their peers

**Gender Based Violence Project**

**Goal 2:** Safe communities in which women and men of all ages live in peace and in harmony.

**Objective:** to increase community response to GBV and provide support to women and girls who are at risk and subjected to GBV.

**Strategy 1:** Improved protection and services to female victims of GBV

**Activity:**

- 1.1: Train community-based educators on gender based violence and DV counselling and support them to run education sessions in 2 new districts in Srey Santhor and Boribo.
- 1.2: Refresher training on Counselling Skills and CEDAW to existing 138 CBEs in 2 districts of Chhouk and Preah Sdach.

- 1.3: Run special events and media campaigns on DV and Alcohol impact targeting men and women
- 1.4: Invite respected leaders, local celebrities to speak at events
- 1.5: Train health center staff on DV and Rape case management and counselling skills

**Strategy 2:** Improved delivery and coordination of services for victims of GBV

**Activity:**

- 2.1: Encourage and assist women who are subjected to, or at risk of, GBV, to contact CCWC, District Women's Affairs, and other NGOs.
- 2.2: Provide technical support for CCWC in their role to support women subjected to, or at risk of, GBV and connect them with the police service.
- 2.3: Directly provide referral to the poor survivors (transportation fees) to access social and legal services
- 2.4 Invite respected individuals to share their stories to combat fear and shame

**Strategy 3:** Increased community response to GBV

**Activity:**

- 3.1: Organise and strengthen community member network meetings with NGOs, local authorities, policemen, CCWC and religious groups
- 3.2: Cooperate with health centers and NGOs to help the poor survivors of gender based violence to get free health treatments
- 3.3: Provide all necessary information about services from different stakeholders and service providers to GBV victims (Mapping of Stakeholders Network and information cards)
- 3.4 Build a culture that does not condone GBV

**Strategy 4:** Improve income generation for GBV survivors

**Activity:**

- 4.1: Set up GBV survivors group
- 4.2: Understand barriers to income generation and create mitigation strategies
- 4.3: Invite Agriculture office staff and other specialized NGOs to provide technical support for GBV survivors
- 4.4: Conduct 4 training courses on livelihood skills e.g. animal husbandry, vegetable growing, for 80 GBV survivors.
- 4.5: Provide material to start livelihood activity to survivors
- 4.6: Share success stories – invite GBV survivors to tell their stories by video (can be unanimous)

**Outcome indicators linked to goal 2 (measured at national level) are:**

- Reported GBV cases in 4 districts reduced significantly
- Reported complaints, taken actions, protection from relevant local authorities against GBV cases.
- Local authorities (HC and CCWC) improve support services they provide to women subjected to or at risk of GBV.
- Culture of GBV changed to one of non-acceptance; culture of shame reduced

**Nutrition Project**

**Goal 3:** Improved nutrition status of children and mother health in 3 districts in Cambodia.

**Objective:** Improved knowledge on ANC and PNC and change attitude on ANC and PNC among women in 3 districts

**Strategy 1:** Promote knowledge and understanding among communities and ID poor families on ANC and PNC

**Activity:**

- 1.1: Understand specific causes of, and barriers to, poor nutrition
- 1.2: Conduct training for 100 peer educators about ANC and PNC.
- 1.3: Provide training course on climate smart home garden (basic hydroponic) to peer educators.
- 1.4: Conduct community education to pregnant women about ANC and PNC by peer educators. 1,125 of (40% ID poor) pregnant women to attend the community education.
- 1.5: Provide awareness sessions on nutrition and smart home gardens to pregnant women by peer educators.
- 1.6: Refer pregnant women to assess ANC and PNC at HC

**Strategy 2:** Improve responsibility and collaboration on health and nutrition of pregnant women.

**Activity:**

- 2.1: Provide technical support and motivate pregnant women to practice skills on home garden and use complimentary feeding through conducting bi-monthly home visits.
- 2.2: Provide technical support and motivate pregnant women to assess ANC and PNC through bi-monthly meetings and home visits.

- 2.3: Conduct bi-monthly meeting for pregnant women, Health Center and HCMC to increase collaboration and strengthen the project.
- 2.4: Conduct quarterly meetings for peer educator to strengthen the project
- 2.5: Conduct semester meeting with pregnant women, health center chief and district agriculture office to increase collaboration and strengthen the project.

**Outcome indicators linked to goal 3 (measured at national level) are:**

- Improve health and nutrition status of women and children
- Increase in pregnant women accessing ANC and PNC services
- Reduced mortality rate among children
- Reduced growth stunting
- Increased understanding of the importance and independent attitude to providing nutritional food

**Community Based Care Project (formerly Home Base Care Project)**

**Goal 4:** Vulnerable households of people living with HIV/AIDS in 5 ODs will be healthy and have increased income through a stronger and more sustainable domestic response to HIV and AIDS through increased contribution by Commune Councils.

**Objective 1:** Vulnerable household of PLHIV have increased support from their community and local authorities

**Strategy 1:** Strengthen the capacity of commune leaders and commune council members in planning, budgeting and NSP 4 to respond to HIV/AIDS program

**Activity:**

- 1.1: Conduct project orientation meeting
- 1.2: Understand challenges and barriers; identify solutions
- 1.3: Create LoA with relevant stakeholders, e.g. health department
- 1.4: Provide training on planning and budget estimate, NSP IV to respond to HIV/AIDS program
- 1.5: Provide support and measures to determine progress

**Strategy 2:** Vulnerable household PLHIV experience improved relationships within their community and receive increased support

**Activity:**

- 2.1: Strengthen Commune AIDS Committees in their ability to provide support care and support to PLHIV; understand barriers and challenges
- 2.2: Facilitate communes' integration of HIV/AIDS into CIP/CDP
- 2.3: Provide home kits to PLHIV
- 2.4: Attend CoC and Pro TWG
- 2.5: Link the referral services of PLHIV to CPN+ focal point at district and provincial level
- 2.6: Provide support and measures to determine progress

**Objective 2:** PLHIV have increased income to support basic household needs

**Strategy 1:** Improve skills and knowledge of PLHIV

**Activity**

- 2.1: Pre-assessment with PLHIV
- 2.2: Facilitate with Agriculture office and other specialized NGOs to provide technical support to provide livelihood training courses to selected PLHIV
- 2.3: Provide livelihood skills (Climate smart home garden, basic hydroponic vegetable, fishing, poultry and small business)
- 2.4: Increase awareness of climate change issues to PLHIV and their family members
- 2.5: Provide training on nutrition, sanitation, and reproductive health and life skills to PLHIV and OVC.
- 2.6: Create linkage with specialized agricultural Organizations for IEC materials
- 2.7: Share success stories to inspire peer to peer encouragement

**Strategy 2:** Increase resources for PLHIV to run livelihood activities

**Activity**

- 2.1: Provide vegetable/animal seeds or materials to run livelihood activities
- 2.2: Connect with relevant persons such as friends, teachers, religious leaders, service providers, etc., including local authorities (e.g. through placing donation boxes at Pagodas and animal bank, etc.)

**Outcome indicators linked to goal 4 (measured at national level) are:**

- Increased percentage of PLHIV will be healthy and have sufficient income to meet their basic needs
- Increased percentage of PLHIV receive increased support from their communities

- Commune Council members show an improved knowledge of HIV and AIDS evidenced by a baseline knowledge, attitudes and practices (KAP survey) compared with an end-of-project KAP survey
- Increased percentage of PLHIV have good relationships with community people and local authorities
- Increased percentage of trained PLHIV who successfully increase their income to meet their basic needs

## **Social Accountability Project**

**Goal 5:** A trusted and healthy relationship is built among duty bearers and right holders

**Objective 1:** to build positive engagement between the community people and local authorities in development activities

**Strategy 1:** Promote access to information for community people

### **Activity:**

1.1: Conduct training program on participation, good governance and social accountability to community representatives in 2 districts, ensuring resistance and negativism are addressed

1.2: Conduct training on planning, budget and key aspects of Sub National local development to local authorities

1.3: Conduct training on Leadership and Action Learning to local authorities

1.4: Mobilize Citizen Partners including service providers and other stakeholders to form Working Citizen Partners (WCPs) Groups

1.5: Develop IEC materials and citizen score cards

**Strategy 2:** Share platform with CHEC on assessing the performance of local authorities

### **Activity**

2.1: Conduct community dialogue between local authorities and community representatives

2.2: Conduct quarterly meetings between CHEC and local authorities.

2.3: Document lessons learned and best practices to share with local authorities,

Working Citizen Partners (WCPs) Group, and Ministry of Interior.

**Strategy 3: Performance monitoring and feedback**



## **Activity**

3.1: Monitoring and measurements of performance of duty holders on realisation of citizen aspirations expressed in Citizen Manifesto.

3.2: Develop tools on Budget & Procurement Monitoring

## **Outcome indicators linked to goal 5 (measured at national level) are:**

- Increased percentage of citizen satisfaction over the services provided by local authorities.
- Increased percentage of local councils/other public bodies that make budgets/financial reports available to citizens “in good time” during the planning stage.

## **Goal 6: (Enabling strategy) CHEC increases its accountability and sustainability**

- 1.1 Ensure CHEC’s ongoing compliance with the Governance and Professional Practice program in Cambodia (NGO-GPP) and alignment to relevant national strategies
- 1.2 Develop the capacity of staff, including volunteers
- 1.3 Profile staff and volunteers on website, newsletters, etc.
- 1.4 Raise increased funds through strong relationships with development partners
- 1.5 Increase income earned from fee-for-service training
- 1.6 Review CHEC field staff workloads, staff meeting schedules, and remuneration in the context of a revised CHEC organisational structure
- 1.7 Undertake a major review of the monitoring and evaluation system, ensuring compliance with national monitoring and evaluation guidelines

## ***Annexes***

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

## Description of process used to develop strategic plan

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

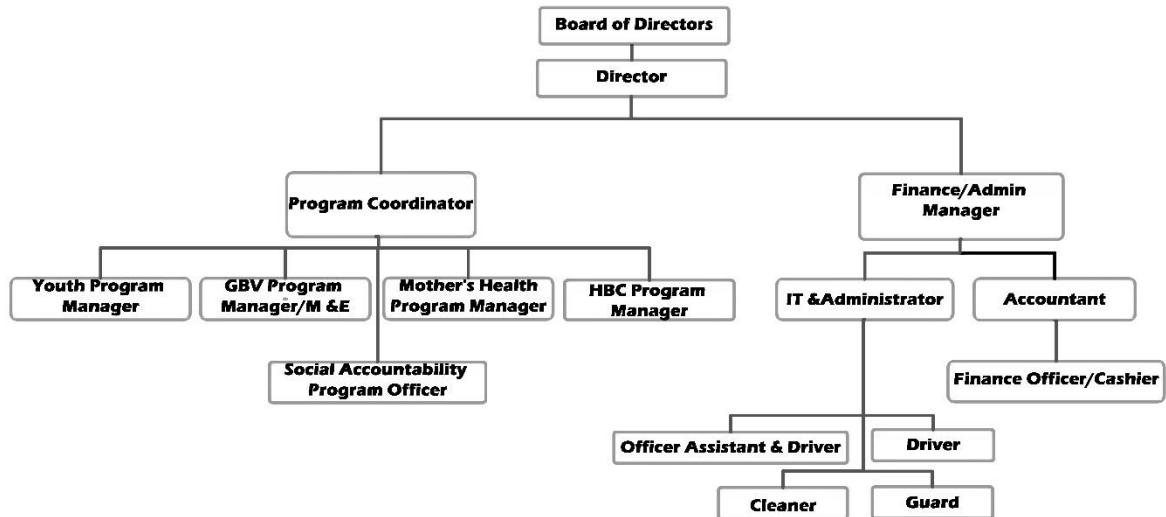
- An external consultant was commissioned to prepare an evaluation of CHEC's existing program, as well as to undertake a community needs assessment and organisational review. Findings and recommendations from his assessment informed the development of the current strategic plan.
- Cord Cambodia was engaged to facilitate two workshops for staff. In advance of the first workshop, all staff completed analyses of the strengths, weaknesses, opportunities and threats facing their ongoing work.
- The first workshop was attended by all senior staff. Participants presented their own analyses, reviewed the vision, values and mission, selected themes and strategic objectives and began identifying strategic actions. The workshop using active and participatory discussion at all possible solution to the existing identified needs, issues and the capacity of CHEC in addressing them. Small group discussions and large group discussions used in which staff and Board member who participated have mutually engaged in providing ideas and decision on various concerned.
- Informal consultation with the board and feedback from senior staff about the achievements of the first workshop helped to shape the agenda for the second workshop
- A second workshop was attended by senior staff, board members and representatives of donors and government. Participants reviewed and clarified work completed at the earlier workshop. The workshop involved small and large group discussions and practical exercises.
- As the strategic plan became more clearly defined, senior staff began to meet to prepare a matching operational plan. The operational planning process helped to identify further opportunities to refine the strategic plan. As such, the two plans, one strategic and one operational, were developed in tandem, informing each other.
- Senior staff reviewed and commented on multiple drafts of the plan
- The board will receive a draft strategic plan documents sometime in late December 2015, and approve at the next Board meeting
- The strategic plan presented to community based partners in early 2016
- The strategic plan presented to development partners and government representatives in 2016
- Final strategic plan to include comments or suggestions from community-based partners and government representatives.

List of communes in which CHEC is active

**Cambodian HIV/AIDs Education and Care (CHEC)**  
List of Districts, communes and villages of CHEC target Areas  
from 2016-2019

N	District	#Communes	#Villages	# population
1	Srey Santhor	14	86	121,177
2	Chhouk	14	80	78,951
3	Kampong Tralach	10	103	74,541
4	Boribo	11	64	54,516
5	Sa Ang	16	119	204,304
6	Preah Sdach	11	145	128,935
7	Ta Khmao	6	20	195,898
<b>Total</b>		<b>76</b>	<b>597</b>	<b>662,424</b>

**CHEC Organizational Structure from July 2016**



## SWOT analysis

Internal Organization		External organization	
Strength	Weakness	Opportunity	Threat
<ul style="list-style-type: none"> <li>- CHEC strongly designed the Strategic direction to integrate HIV/AIDS in investment plan of all communes in target areas.</li> <li>- CHEC has a strong management structure in CHEC office &amp; district level</li> <li>- Good network in communes &amp; ODs</li> <li>- CHEC employs a sound development based approach, working to complement &amp; support implement of national policy with government partners.</li> <li>- CHEC is well respected NGO among Government &amp; Civil Societies, partners as well as among international donors.</li> <li>- Well supported from BODs who provided technical &amp; decision making</li> <li>- CHEC has guideline &amp; policies in place</li> <li>- CHEC is a good member of HACC, CCC, MEDiCAM and NGO forum</li> <li>- CHEC has long term to commit with HIV/AIDS.</li> <li>- CHEC has strong M &amp; E guideline and Framework</li> <li>- CHEC has trained thousands of people on HIV/AIDS, Project Management, Leadership, Community enhancement, facilitation skills etc.</li> <li>- Contribution to HIV reduction in Cambodia to reach MDG goal (target 6)</li> <li>- Donors support</li> <li>- Good staff motivation</li> <li>- Communication straight forward.</li> <li>- Good Team work</li> </ul>	<ul style="list-style-type: none"> <li>- Limited capacity of DFs and CBEs.</li> <li>- Lack of technical support from project staff for field staff</li> <li>- Limited sharing budget to project (OSY &amp; GBV) by own contribution</li> <li>- Lack of linking different project due to different donor with different period of project implementation</li> <li>- A lot of demand from field staff to increase budget for community Education but cannot respond due to budget limited</li> <li>- Fund Raising skills among staff members are limited</li> <li>- Training income reduces due to a lot of competitors.</li> <li>- Lack of communication between finance staff &amp; DF of cash transfer.</li> <li>- District facilitators have low incentive and other support to completely monitoring.</li> <li>- Marketing strategy for income generation is not comprehensive.</li> <li>- Many of PLHIV are Illiterate</li> <li>- Limited of funding to support HBC program</li> <li>- Support from Community for OVC are limited.</li> </ul>	<p><b><u>Economic:</u></b></p> <ul style="list-style-type: none"> <li>- Free trade market</li> <li>- Better of living</li> <li>- Comprehensive labor market</li> <li>- Modern Technology (smart phone can access information)</li> </ul> <p><b><u>Political:</u></b></p> <ul style="list-style-type: none"> <li>- Political support to integrate HIV/AIDS activity in investment plan of commune and district level.</li> <li>- Local authority provided opportunity to human resource in community to participant in training program</li> <li>- Law enforcement of domestic violence</li> <li>- National Strategy Plan IV on HIV/AIDS</li> <li>- Commune safety</li> <li>- Social Accountability</li> </ul> <p><b><u>Culture:</u></b></p> <ul style="list-style-type: none"> <li>- Provide the opportunity for youths of making their decision and choosing partner</li> <li>- Youth are able to participate in all programme delivered by NGOs</li> </ul>	<ul style="list-style-type: none"> <li>- Changing of donor trait on HIV/AIDS in Cambodia to high rate of HIV/AIDS in other countries.</li> <li>- Increasing of mobilization (Poverty, jobless, no skill, loan)</li> <li>- Majority of donors provide grant to NGOs through Government</li> <li>- Limited of community participation</li> <li>- Disaster</li> <li>- Accessing social media not using on the right way</li> <li>- Use the organization as a political issue</li> <li>- NGO law may be difficult</li> <li>- Limited of dissemination messages of community education on Televisions</li> <li>- There is more competitors of training provision including NGOs and private sectors.</li> <li>- More youths and male people in target areas move to urban areas or oversea to find jobs.</li> <li>- Some community people need the benefits for their participation.</li> <li>- Children malnutrition within target areas are still exist.</li> <li>- The capacity of government staff working on GBV issue is still limited.</li> <li>- The issues of criminal acts still work outside the laws – only paying money by the abusers to solve the problems.</li> <li>- The referral system is not yet working well due to lack of referral standards.</li> <li>- The victims do not trust the local authorities in informing about the case of GBV and they do not want to cooperate.</li> </ul>

### List of supporting documents

- External Review
- Strategic Plan for the period July 2013 to June 2016
- Annual Reports
- End-line survey reports