Cambodian HIV/AIDS Education and Care (CHEC)

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Annual Report July 2017-June 2018
It is a privilege to present to you the achievements of our projects during the one-year period of July 2017 to June 2018.

CHEC is a well-established organization that has gained considerable expertise in the field of community development. Since 2001, not only has CHEC consistently worked to support people with HIV and AIDS, but it has also employed considerable resources to develop campaigns that sustain in and out-of-school youth, GBV victims, People living with HIV and AIDS, and vulnerable children.

This past year has been another example of collaboration as we work with local government partners, community members and field volunteers to achieve the goals of our different projects. Together, we have achieved tremendous results.

Key accomplishments in 2017-2018 financial year are:

**GBV Program:**
(i) The number of GBV survivors accessing quality social services in their target areas increased by 0.96% since the last semester from 78.63% to 79.59%, and has increased by 24.59% since the baseline from 55% to 79.59%.
(ii) Acceptance of GBV among vulnerable populations and local authorities decreased by 2.54% since the last semester from 20.52% to 17.98%, and it has decreased by 18.33% since the baseline from 36.31% to 17.98%.

**Youth Program:**
(i) 91.01% of single youths aged 15-24 practice consistent condom use during sex.
(ii) 42.33% of youths were referred by CBEs to access HIV testing.
(iii) 35.5% of youths were referred by CBEs to access STI testing.
(iv) 94% of communes have integrated youth issues into CDP/CIP with 60% of these communes successfully allocating funds towards such issues.

**Community Based Care Program:**
(i) 81.98% of people living with HIV report increased support from their parents, families, and relatives. Compared to the baseline, this number has increased by 25.18% from 56.8% to 81.98%.
(ii) 69.77% of PLHIV report that their income has increased since they joined CHEC’s livelihood activities. Among them, 58.14% of PLHIV report that their income has increased from USD 1 to USD 2.5 per day, while the other 11.63% have increased their income from USD 2.5-USD 5 per day.
CHEC’s approach is based on community-driven responses as the most sustainable solutions to address social and health challenges within districts. CHEC is currently active in 7 districts and 5 provinces, in which strong relationships have been built with the District Councils, Commune Councils, District Health Management Committees, Provincial Health Departments, and local service providers. At 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, and the Ministry of the Interior. CHEC’s activities are consistent with both national policies and international best practices. CHEC continues to build on its solid foundation established by previous activities in HIV/AIDS, women and children’s health, access to services, and strengthening the capacity of local authorities.

We are proud to have 20 full-time Cambodian staff and 598 field-based volunteers to fulfill the project objectives and indicators. Our volunteers played an influential role in shifting attitudes of community members through educating and counselling not only the individuals (victims and perpetrators), but also the family members.

My sincere thanks to our donors and partners, without whom we would not be able to accomplish our tasks and such great support to our people who are most in need.

Dr Kasem Kolnary
CHEC Director
We are particularly pleased with our achievements over the past year.

We are proud with the work CHEC has done through our three main projects, which are prevention of HIV and STI transmission among young people, increasing support for people living with HIV, and in particular, increasing support for and improving access to services by improving the health and increasing psychological support for the GBV victims. Community leaders and service providers have also been engaged in increasing their awareness and understanding of GBV, including the need to address it, current regulations, and the role they can play in reducing rates of violence; and they have been trained to help women and girls who are victims of violence. This training and education will enable community leaders and service providers to have immediate and sustainable impacts on reducing rates of violence and helping victims access appropriate resources, which will ultimately benefit their communities as victims contribute to both local and national economic growth. However, some challenges still persist, including little knowledge among women victims on topics of GBV, women's rights, and health, as well as their economic dependency on their husbands, which causes women victims to stay quiet and not report cases of violence. It is time to raise awareness of GBV by educating communities on human rights and women's rights and how physical and/or sexual violence can impact health. Women's and girls' roles in society are extremely significant; by enhancing their health and safety, as well as increasing their understanding of their rights, women will become more productive and will better be able to assist in community development, increasing their contribution to both local and national economic growth.

We are extremely enthusiastic that CHEC will ensure our young people in the target districts are enriched with knowledge, motivated, and guided towards safe behaviors and attitudes in an effort to ultimately prevent HIV transmission and improve youths' reproductive health. Through CHEC training and capacity building for youth peers, these youth can then alter others' perceptions towards gender discrimination and create safer living environments within families and communities. While the capacity building proved to be a challenge when providing a number of youths with the educational programs, we strongly believe that as we continue to work in our respective communities, that there is great value to be gained through the exchange of experiences, information, and ideas, and by supporting one another at the district level.
Specific training and educational programs from experts have also been delivered to the target group and community members who suffer with HIV and AIDS. In particular, educational programs for vulnerable orphaned children and children infected with HIV have been provided on sanitation, nutrition, and clean water to help these children stay healthy.

We could not have achieved these outcomes without our generous donors and all of the people engaging in our work. CHEC’s board of directors and all our staff greatly appreciate the support and commitment we receive from our donors, government institutions, and other stakeholders; all of which enable us to continue our great work.

Thank you once again for taking the time to read our most recent annual report, detailing our successes from the past year.

Dr. Chiv Bunthy
CHEC Board of Directors
Cambodian HIV/AIDS Education and Care (CHEC) grew from an HIV and AIDS Education and Training Project of the Quaker Service Australia (QSA). It was formally registered as a local NGO with the Ministry of Interior in 2001.

CHEC is highly experienced in strengthening the capacity of youth, women, and men to work together with local authorities in the dissemination of information and services to the wider community, as well as working with youth groups and marginalized groups so that they can sustain project activities within their own communities. CHEC is a well-established organization that has gained considerable expertise in the field of community development. Since 2001, not only has CHEC constantly worked to support people with HIV and AIDS, but it has also employed considerable resources to develop campaigns that sustain out-of-school youth, GBV victims, and vulnerable children.

CHEC works towards sustainability of programs through providing training and increasing community participation and mobilization to create a sense of self-reliance and ownership of their responses to HIV, sexual and reproductive health, and gender-based violence, and CHEC supports community leaders in running community education sessions.

Over the past six years, CHEC has engaged with men and boys through sports events (volleyball contests) to disseminate information on gender while also encouraging and assisting women subjected to or at risk of gender-based violence to contact CCWC, District Women’s Affairs, or other NGOs for support. CHEC has also provided technical support for the Commune Council for Women and Children in their role of supporting women subjected to or at risk of gender-based violence, as well as linking these women with the police.

CHEC has strengthened networks of government authorities, NGOs, and religious leaders that provide support services to women subjected to or at risk of gender-based violence. CHEC is the first player who leads the initiative on the linkage of GBV and HIV services.

**VALUES**

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

**VISION**

- 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.
The National AIDS Authority organized a celebration of 25 years of achievements in response to HIV and AIDS in the honour of H.E. Ieng Mouly, Senior Minister in Charge of Special Mission and Chair of the National AIDS Authority (NAA). This event was held at the Council of Ministers on June 6, 2018.

The program was organized with a total of over 200 representatives from provincial ministries, organizations working for HIV/AIDS programs, and Orphans and Vulnerable Children Affected by HIV/AIDS. H.E. Ieng Mouly announced to all participants that Cambodia has used a multi-sectoral response to HIV and AIDS, which has enabled the country to successfully prevent HIV infections among high-risk groups, such as people who inject drugs (PWID), men who have sex with men (MSM), and female entertainment workers.

He also mentioned that the government of Cambodia is aiming to eliminate new HIV infections by 2025 by achieving 90-90-90 targets by 2020, i.e., 90 percent of people living with HIV diagnosed, 90 percent of those diagnosed on Antiretroviral Therapy (ART), and 90 percent of those on treatment are virally suppressed.
Cambodia’s estimated population in 2016 was 15.5 million, 51.4% female and 48.5% male, and an annual population growth rate of 1.46%. About 80% of the population lives in rural areas. Rural to urban migration, however, has increased rapidly within the last decade.

Cambodia has made great strides in fighting the HIV/AIDS epidemic. The epidemic in Cambodia has been on steady decline since the late 1990s, with HIV prevalence falling from around 1.7% in 1998 to 0.6% in 2015 (National AIDS Authority 2015). Antiretroviral treatment (ART) is used by an increasing proportion of people living with HIV (PLHIV), with 75.4% of PLHIV receiving ART at the end of 2015 (National AIDS Authority 2015). To achieve this, Cambodia has used a multi-sectoral response to HIV and AIDS, which has enabled it to successfully prevent HIV infections among high-risk groups such as people who inject drugs (PWID), men who have sex with men (MSM), and female entertainment workers. The government of Cambodia is aiming to eliminate new HIV infections by 2025 by achieving 90-90-90 targets by 2020, i.e., 90 percent of people living with HIV diagnosed, 90 percent of those diagnosed on Antiretroviral Therapy (ART), and 90 percent of those on treatment are virally suppressed.

Cambodia faces challenges in achieving its ambitious targets in working toward an AIDS-free-generation. The World Bank’s recent revisions of income classifications in 2016 changed Cambodia’s status from low-income to lower-middle income (World Bank 2016). Funding for the country has already decreased in the last few years and the change in its income status risks further reductions in this funding.

The Royal Government of Cambodia (RGC) has steadily increased its contribution to the AIDS response since 2009. In 2015, this contribution increased significantly, by 28%, including funding (approximately US$1 million) for the first time to purchase antiretroviral drugs (ARVs) and drugs for opportunistic infections. Despite this increase in domestic funding, Cambodia’s AIDS response remains reliant on external sources of funding. External sources have represented more than 80% of total spending since 2009, although this proportion of total spending has fallen from 92% of total spending in 2009 to 83% in 2015.

However, HIV prevalence remains high among some key populations. There is a real opportunity to eliminate HIV and AIDS as a public health threat in Cambodia by 2025, but without continued investment in targeted prevention there is a risk that HIV transmission could escalate.
HIV Elimination Phase in Cambodia

Overview of the epidemic

- 5.1 million people living with HIV
- 1.8 million women living with HIV
- 600,000 young people living with HIV
- 340,000 new HIV infections
- 180,000 AIDS-related deaths

UNAIDS, 2016
Introduction

A National Survey on Women’s Health and Life Experiences in Cambodia was conducted from 2014-2015 by the Government of Cambodia, with support from the World Health Organization, UN Women, and other national and international agencies. The survey shows that violence against women is a prevalent issue in Cambodia and a major public health concern. In order to prevent and respond to violence against women, the study recommends a greater focus on promoting gender equality and women’s empowerment, challenging social norms related to the acceptability of violence, strengthening the role of the health and justice sectors, and promoting non-violence, among other strategies.
Objectives and Indicators

The support for women, girls and youths who are at risk and subjected to GBV is increased

- 80% of GBV survivors will have access to better quality social services in their target areas (which will have benefited from improvement in cooperation and coordination between networks)
- The acceptance of GBV will be reduced by 20%

CHEC’s project has addressed GBV issues in the target areas using behavior change communication to raise awareness and knowledge, and to prevent and/or change gender inequitable and violent behavior. Leaflets, posters, and booklets on gender equality, GBV prevention, women’s rights, and laws have been widely distributed. Several community forums, campaigns, and debates have also been used to share information at the community levels. Youth Friendly Centers have been formed to create a space for community youth to discuss gender equality, women’s rights, GBV, laws, and sexual and reproductive health, and they have also integrated other topics, such as livelihood and poverty alleviation, to maintain community interest. These multiple forms of behavior change communication are effective in raising GBV awareness in local communities and creating a safe space for victims to speak up and seek help where they had previously been ashamed.

In order to address GBV at the community level effectively, CHEC field supporters work as Community Based Educators, providing counseling for victims and perpetrators and enforcing laws. Appropriate referrals to other sectors have also helped address the victims’ needs.

June 2018 Impact Monitoring Findings

- There number of GBV survivors accessing quality social services in their target areas has increased by 0.96% since last semester, from 78.63% to 79.59%. This number has increased by 24.59% since baseline from 55% to 79.59%.
- Acceptance of GBV among people at risk of and subjected to GBV, as well as local authorities, has reduced by 2.54% since last semester from 20.52% to 17.98%. This number has reduced by 18.33% since the baseline from 36.31% to 17.98%.

It was found that community based educators played an influential role in shifting attitudes of community members through educating and counselling not only the individuals (victims and perpetrators), but also the family members.
Introduction

The youth of Cambodia are understood to be a vulnerable group within the HIV/AIDS epidemic. Therefore, it is important for CHEC to ensure that they are enriched with knowledge, motivated, and guided towards safe behaviors and attitudes in an effort to ultimately prevent HIV transmission and improve their reproductive health. Through CHEC training and capacity building for youth peers, these youth can then alter others’ perceptions towards gender discrimination and create safer living environments within families and communities. CHEC’s Youth Program has created new opportunities for Youth Leaders and Youth Peers in target areas to promote collaborative learning in communities, as youth share information and ideas on reproductive health, HIV/AIDS, and STIs, and Youth Leaders and Youth Peers mentor, share experiences, and develop relationships with these youth.

Objectives and Indicators

The resilience of youth to avoid high risk behavior in 4 target districts is enhanced

- 90% of youth (aged 15-24, unmarried) practice consistent condom use during sex
- Number of youths referred by CBEs to access HIV and STI testing increased.
- 80% of communes integrate youth issues into CDP/CIP

June 2018 Impact Monitoring Findings

- 91.01% of single youths aged from 15 to 24 practiced consistent condom use during sex. This number has increased by 2.9% from 88.1% to 91.01% in the past six months of this project’s implementation, from January to June 2018.
- This number has increased by 33.01% since the baseline, from 58.0% to 91.01%.
- 942 youths (569 females) were referred by CBEs to access HIV testing from January to June 2018
- 591 (354 females) were referred by CBEs to access STI testing from January to June 2018.
- Based on the result of impact study conducted in June 2018 with 600 youths in the 4 targeted districts of this project, 42.33% (254/600) of youths, both male and female, have accessed HIV blood testing recently during the project implementation from Jan to Jun 2018, which has reduced by 9.68% since last semester from 52.01% to 42.33%.
- 35.5% (213/600) youths have accessed STI testing, which has reduced by 4.6% since last semester from 40.1% to 35.5%.
Youth issues has been addressed by the Commune Local Authority including commune council members in collaboration with the district governors, as they develop commune development plan with address youths issues and integrate into CIP/ CDP after they gain the knowledge by attending the training with CHEC on leadership and community conversation, and on planning, budget and key aspect of Sub-National local development.

The community educations and community dialogues has reached 6,887 youth’s age over 15 years old including 3,933 females in 4 districts and provided them the knowledge on HIV/AIDS, STI, RH, Communication Skills, and Gender and aware of Health center service delivery and other social services they need. So they are able to speak and discuss openly about HIV STI Reproductive Health, Gender, Human Rights, and able to protect themselves by changing their high risk behavior with consistently condom use during sex. This awareness raising has been a good forum for them and need to continue sustainably.

According to our plan of 7,200 youths to be referred for VCCT and STI treatment by peers. We see that we have come to almost reach this planned figures as greater involvement from our peers. So far, a total of 7,176 youths have been referred for VCCT and STI treatment by peers (4,090 youths has been referred to VCCT for HIV testing and 3,086 youths for STI testing & treatment).
In July 2017, Cambodia was one of the only seven countries in the world recognized by UNAIDS during the International AIDS Conference in Paris for its success in achieving the three 90s by 2020, which is ahead of time. Currently, Cambodia has set a new goal towards the elimination of new HIV infections by 2025, and its targets are now for the three 95s if our country continues and maintains our sustainable efforts in filling the gaps between service providers and service recipients/clients, particularly through the implementation of non-judgmental, anti-stigma and non-discrimination attitudes and behaviors at health facilities, as well as the strengthening and improvement of service quality. Although, Cambodia has had tremendous success in managing and controlling the spread of HIV/AIDS, it is still apparent that we have more work to do. According to the Ministry of Health’s data and reports, “there are still two people infected with HIV each day, and about 6 HIV patients die every day from the disease or from opportunistic infections.” The fight against the HIV epidemic remains complex and challenging, and it requires all relevant institutions to cooperate and work closely together to fight the disease.

The project has helped in providing referrals for HIV testing for pregnant women and HIV negative spouses of HIV positive partners, as well as their children, enabling us to identify and assist those who have not been tested for HIV to find out their HIV status so that they can receive timely treatment, and if found to be HIV positive, to stay in treatment until their viral load is suppressed and/or undetectable.

The project strategies have contributed to the National Strategies Plan IV as well as the 90.90.90 government target to eliminate HIV/AIDS in Cambodia by 2020.

**Objectives and Indicators**

- **81.98%** of people living with HIV report increased support from their parents, families, and relatives. Compared to the baseline, this number has increased by 25.18% from 56.8% to 81.98%.
- **69.77%** of PLHIV report that their income has increased since they joined CHEC’s livelihood activities. Among them, **58.14%** of PLHIV report that their income has increased from USD 1 to USD 2.5 per day, while the other **11.63%** have increased their income from USD 2.5-USD 5 per day.
In November 2017, Mid-term Review data was collected throughout the 5 community-based care target districts: SaAng, Takmoav, Srey Santhor, Kampong Tralach and Preas Sdach. 225 PLHIV, 52 commune leaders and assistants, and approximately 175 community members and OVC care givers were interviewed and had a group discussion on the outcome of the project after 15 months of its implementation.

**Results from the Mid-term review indicated that:**

- 81.1% of people living with and affected by HIV have increased support from their community (e.g. parents, friends, relative, religious leaders) and local authorities.
- 66.4% of PLHIV reached by this project have an increased income.

The project has supported PLHIV/OVC by improving their skills for running livelihood activities, generating supplementary income that has allowed them to better support themselves. Furthermore, the physical and emotional health of PLHIV has improved.
Mr Kong Savin, a 42-year-old male living in Kralor village, Orussey district, Kompong Tralach district, Kampong Chhnang province. He currently has three children without HIV. He has been infected with HIV since 2008 because of having fun with outside partners without using condoms. One year later, he fell sick and had diarrhea for a long time and lost weight, without knowing that he had contracted HIV. He always treated by spending all the money until his family became poor and in debt. HIV has no cure. Then, for a month, Mr. Ros Phon, CHEC District Facilitator, advised me to access HIV blood testing. As a result showed that he was HIV positive. This result shocked him and was willing to commit suicide and did not want to see anyone else. The doctor also advised him to see CHEC-HBC team to get counselling and access treatment services and get more supports. In the meantime, he could not do anything to support his family. His family lived without adequate food, facing stigma from the neighbors, and relatives.
After he joined with CHEC-HBC team in 2010, he had the opportunities to attend monthly meeting to receive new information and counseling, and participating in various training courses organized by CHEC such as chicken raising and vegetable farming, including health and rights of people living with HIV / AIDS. After participating in skills improvement, he think it is important to take this knowledge and skills for chicken raising and vegetable growing with the seeds provided by CHEC. Day-by-day the activities of chicken breeding and vegetable gardening work well under the technical support of CHEC and the staff from the District of Agriculture. He mentioned that after 70 days of chicken raising, I could sell the chickens and some vegetables in the local market, earning additional money, besides from motor driving, and weaving baskets. His family has a better living situation, including healthy, and most importantly, no discrimination from the community and relatives. Because of these changes, he made a commitment and effort to earn money, as his wife work as a weaver, and he is a motor driver. During free time, he feed the chickens and monitor the growth of crops and poultry. So far, his family economy has improved and his income has increased, with a daily income of USD 5 to USD 7.5. These revenues allow him to live better and save money for his family.

At the end, he recommend to the other PLHIV, who have learned chicken breeding and planting skills, to pay attention and effort to practice this activity because it spends small capital that can help to increase the supplementary income for family. He also thanks to CHEC and other local stakeholders supporting him for both recovering his living situation and health care, especially donors and he also ask to the donors to continue to support for the program in the future.

Story of Change

Mrs. Mou Sreang, 53 years old, and her husband, Longra, 55 years old, live in Kbal Thnol village, Phsar commune, Baribour district, Kampong Chhnang province. The family had 12 children, but 4 have passed away.

Over the past 20 years, Sreang’s husband inflicted violence on her and her children almost all day, every day, inflicting both physical and mental violence whenever he was drunk. During that time, their family struggled very hard to earn money and raise the children. There were no books for the kids, no clothes, and no money for them to go to school. All of the kids dropped out of school due to domestic violence in the family.
Sometimes Sreang was so upset and depressed that she just wanted to die. One day, she met a neighbour who insisted she come to the commune office for help. Initially, Sreang felt too ashamed to voice her domestic violence with anyone else. However, she could not endure living with this violence anymore, and she finally decided to go to the commune office to seek help. The next day, she met with a CCWC member, and CHEC staff came to visit her and give her counselling. Day after day, CHEC kept coming to counsel and educate her husband on DV law and the impact of domestic violence, with this education and counselling sometimes only provided to the husband without Sreang’s participation.

The impact of this education and counselling has led the husband to cut down on alcohol consumption, and Sreang has stopped arguing with her husband when he gets drunk, since she feels that her husband is scary when drunk, but no longer violent. To this day, Longra has cut his alcohol consumption quite significantly, and he now talks with his wife about problems without inflicting violence. This success was possible due to the work of CCWC and CHEC staff who visited her family. As Sreang gets advice and education on GBV, women’s rights, and DV law, she then uses this to educate her husband and create change in the family. She thanks CCWC and CHEC staff, who have educated her family and caused her husband to change, and while the family is still living in poverty, they are now living happily without violence.

Thank you
Other Activities
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### BUDGET SPENT IN VARIOUS PROGRAMS

- Awareness Raising and Prevention of Gender-Based Violence and HIV/AIDS
- Improving Access to Care and Support for PLHIV and OVC in 5 Districts of Cambodia
- Reduction of Domestic Violence Project-Extension
- Income Generation Costs

### FUND RECEIVE FROM DONORS AND INCOME GENERATION
For The Period Of July 2017 to June 2018

- BfdW
- MISEREOR
- SCIAF
- CHEC
CHEC is grateful to our long-term donors such as the Bread for the World (BfdW); the German Catholic Bishop’s Organization for Development and Cooperation (MISEREOR) and the Scottish Catholic International Aid Fund (SCIAF) for providing us with ongoing support to run these important programs.

Bread for the World – Protestant Development Service is the globally active development and relief agency of the Protestant Churches in Germany. The organisation works to empower the poor and marginalised to improve their living conditions including food security, the promotion of health and education and respecting human rights.

MISEREOR is the German Catholic Bishop’s Organisation for Development Cooperation. MISEREOR supports the weakest members of society: the poor, the sick, the hungry and the disadvantaged. As well as satisfying basic needs, such as food security, the organisation also helps ensure that human rights are upheld and the way is paved for the people concerned to live in dignity.

SCIAF is the Scottish Catholic International Aid Fund, the official aid and international development charity of the Catholic Church in Scotland. The organisation helps some of the poorest people in the world, regardless of religion, to work their way out of poverty. The organisation vision is of a world in which all people, especially the poor and oppressed, have the opportunity and the means to live life and live it to the fullest.
CHEC ORGANIZATIONAL STRUCTURE in 2018

Board of Directors:

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Chairperson of BOD

Mrs. Prum Dals
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Mr. Tep Bunthong
GSM Program Manager

Mrs. Vathaly Saly
Youth Programs Manager

Mr. Chea Samhnon
IT/Administrator

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Accountant
HELP THE COMMUNITY TO HELP THEMSELVES