Annual Report July 2019-June 2020
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Acronyms

AIDS : Acquired immuno-deficiency syndrome
ART : Antiretroviral Therapy
ARV : Antiretroviral
BfDW : Bread for the World
BIACM : Boosted Inter-Active Case Management
CBE : Community Based Educators
CCWC : Commune Council for Women and Children
CDP : Commune Development Plan
CHEC : Cambodian Health and Education for Community
CHV : Community Health Volunteers
CIP : Commune Investment Plan
GOC : Groups of Champions
GBV : Gender-based Violence
HIV : Human Immuno-deficiency Virus
IEC : Information, Education and Communication
HC : Health Centres
Misereor : German Catholic Bishop’s Organization for Development Cooperation
MoH : Ministry of Health
MoWA : Ministry of Women’s Affairs
MCPI : Map Community Participation Initiatives
NAA : National AIDS Authority
NAPVAW : National Action Plan on Violence Against Women
NGO : Non-Governmental Organization
PLHIV : People Living with HIV
RH : Referral Hospital
SDG : Sustainable Development Goals
SHG : Self-help Groups
SCIAF : Scottish Catholic International Aid Fund
STI : Sexually Transmitted Infection
TB : Tuberculosis
TWGG-GBV : Technical Working Group for Gender and Gender-Based Violence
VCCT : Voluntary Confidential Counselling and Testing
Dear Readers,

On behalf of Cambodian Health and Education for Community (CHEC), I am pleased to present you the Annual Report covering the period July 2019 to June 2020. We are a locally registered NGO based in Cambodia with a mission at empowering youths, GBV survivors and PLHIV through collaboration with local stakeholders to sustain equal participation, well-being and dignity of target groups.

As a committed organization, we have contributed to several government strategies and policies at national and sub-national levels. At the national level, we are a member of TWGG-GBV under the coordination of the Ministry of Women’s Affairs for the implementation of NAPVAW. We are also a member of NGO-CEDAW. We are the first national NGO to integrate GBV and HIV/AIDS together. At the sub-national level, we have connected people who are at risk of GBV and women GBV survivors with the District Office of Women's Affairs, WCCC, and CCWC.

We have established direct relation with local authorities including the target population in the operational areas to carry out intervention programs. We connected people who are at risk of GBV and women GBV survivors with the District Office of Women's Affairs, Women and Children Consultative Committee (WCCC), and Commune Council for Women and Children (CCWC).

Currently we are implementing our Strategic Plan for 2019 – 2022 based on consultations with our beneficiaries and stakeholders. Our strategic plan sets forth a roadmap for advancing goals of employing strategies that promote equal rights and full engagement in the decision-making processes of CHEC’s target groups in the project implemented areas as we strongly believe that our intervention will contribute to the socio-economic development of Cambodia, in particular, to those laws and government regulations related to the three thematic areas of health and governance, gender-based violence and youth’s engagement. In addition, CHEC’s activities will also contribute to the attainment of the Sustainable Development Goals (SDGs): SDG 3 on health and well-being, SDG 4 on quality education, and SDG 5 on gender equality.

The project has successfully created a strong awareness among the stakeholders against Gender-Based Violence (GBV) and the transmission of HIV and AIDS. The number of GBV survivors that access services from local authorities has increased due to their confidence on the services provided by local authorities, who followed the guidelines of MoWA and MoH. The GBV survivors were able to know where they can access
the support services during and after the GBV took place and they felt secure after reporting to local authorities. In addition, some negative perspectives on women in the matter of GBV of the local authorities has changed which will have a long-term impact on their living in families and communities.

The project has effectively disseminated the knowledge of HIV transmission among the youth and as a result they started using condoms to prevent HIV/AIDS which will have a long-term impact on their life and society. Further, due to increase in awareness, youth were accessed to HIV and STI testing. The communes under 4 ODs had integrated youth issues into CIP/CDP focusing mainly on drug users, migration and the education on HIV/AIDS, RH and GBV which will create a long-term impact on prevention of GBV and HIV/AIDS in the society. PLHIV in the target areas were becoming more concerned about their problems and issues and the HIV program has been integrated into the commune investment plan (CIP) and commune development plan (CDP) to address the problems faced by the PLHIV. Through empowering beneficiaries and building awareness in the community along with involving the local authorities as stakeholders, to a large extent the responsibility of project implementation was gradually handed over to the target group.

Over the years, we have attracted funding from Bread for the World (BfdW), The German Catholic Bishop’s Organization for Development Cooperation (MISEREOR) and The Scottish Catholic for International Aid Fund (SCIAF). We have contributed to several government strategies and policies at national and sub-national levels on three thematic areas: youth, gender-based violence, and community-based care of people living with HIV (PLHIV). We involved in uplifting the marginalized and poor people living in five provinces in the country: Prey Veng, Kampong Chhnang, Kampot, Kampong Cham and Kandal. Without these funding we could never done the project activities and support our beneficiaries. My deepest thank you to our donors and local partners and government agencies, without whom, our work would not be possible.

My sincere appreciation also goes to our dedicated staff and volunteers who committed and work hard to achieve goals and deliver work of the highest standards.

Thank you for taking time to read our 2019-2020 Annual Report and enjoy your reading!

Dr. Kasem Kolnary
CHEC Director
It is with great honor that we present CHEC’s July 2019–June 2020 Annual Report to you.

In the name of CHEC’s Board of Directors, I am very proud of the work that has been done by CHEC under the Leadership of Dr. Kasem Kolnary, CHEC Director over the past years.

CHEC has committed to advocate to improve the health and condition of people living with HIV and AIDS and prevent transmission among the target groups as well as to assist women who are subjected or/and affected by Gender Based Violence to access to support services in the target communities in collaboration with the local partners and stakeholders.

CHEC has been implementing the programs in a holistic, systematic, complementary and comprehensive manner, through multi-sectoral, and multi-dimensional approaches, and to provide appropriate care and services to PLHIV and survivors of GBV in the target areas. To combat GBV in Cambodia, a holistic and multi-sectoral approach is required. The plan of action should focus on advocacy through public campaigns against GBV to change policy and practice at the sub-national and national level. Advocacy and activism by civil society and community-based organizations can be instrumental in bringing about reforms on legislation related to violence against women.

Advocacy strategies and actions are considered vital for creating and sustaining an enabling political, economic and social environment for the proper implementation of the DV laws. It is important to carry out activities on building and strengthening local capacity to understand the causes of GBV and promote gender equality measures and monitor changes in the environment in the target areas. Wider public campaign initiatives encouraging men and boys to speak up against violence can have a positive impact to prevent violence against women. There is a need to provide a comprehensive behaviour change communication framework on GBV that will address diverse audience needs to eliminate gender-based violence in the target areas. Apart from others, widespread community mobilization and individual behaviour change will need to be carried out. This will include raising overall community awareness, mobilizing community-based efforts, providing support for evidence-based advocacy; and conducting mass media campaigns to enhance knowledge, attitudes, and practices of community members.
Women GBV survivors deserved to be treated with dignity and respect. They have the right to a high standard of support, and the provision of an enabling environment that should ensure that they will not be victimised by processes and institutions. In order to respond to the victims’ immediate needs, health structures must be available and equipped, and health personnel must be properly trained. Therefore, to provide the required services to victims, training to police, local authorities, health staff, social workers and advocates is important.

Effective response requires collaboration between survivors, service providers, local authorities, government and non-government actors and agencies. These responses are so far implemented by CHEC program.

As a result of the successful implementation of the project by CHEC, the local authorities were becoming more aware of the problems of the GBV Survivors, Youth and PLHIV and extended their support to them.

GBV survivors and PLHIV started receiving counseling from the health center staff without any discrimination and payment. Thus, the awareness of their issues and the involvement of community including support from local authorities would sustain the benefits to the target group.

I am a witness of CHEC success as none of its success could be achieved without the funding support from its current donors and engagement from the stakeholders as well as the volunteers and the target groups. CHEC Board of Directors and all our staff greatly appreciate the continued trust and support given by the donors, government institutions and local partners, all of which enables us to achieve our goals.

Thank you again for taking the time to read our most recent annual report, detailing the success of the past year of project implementation.


Mr. Phon Yut Sakara
CHEC Board of Director
Chairman
VISION

We are living with dignity, well-being and equal participation

MISSION

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

GOAL

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

CHEC’s strengths; recognition, reputation: Cambodian HIV/AIDS Education and Care (CHEC) has been re-registered with the Ministry of Interior of the Royal Government of Cambodia on the 4th of November 2019 by changing its name from Cambodian HIV/AIDS Education and Care (CHEC) to Cambodian Health and Education for Community (CHEC).

As a promising local NGO, Cambodian Health and Education for Community (CHEC) has to carry forward its mandate to contribute to the socio-economic development of Cambodia. Originally part of a training project of Quaker Services Australia, CHEC formally registered as a local NGO with the Ministry of Interior in January 2001. CHEC’s programs continue to work towards reaching the UN’s Sustainable Development Goals in Cambodia including Goal 3, Goal 4 and Goal 5 which a link with indicator 3.3.1 Number of new HIV infections per 1,000 uninfected population, by sex, age and key populations, indicator 4.6.1: Proportion of population in a given age group achieving at least a fixed level of proficiency in functional (a) literacy and (b) numeracy skills, by sex and Indicator 5.2.1: Proportion of ever-partnered women and girls age 15 years and older subjected to physical, sexual or psychological violence by a current or former intimate partner in the previous 12 months, by form of violence and by age.

Experience and expertise; population served: CHEC has been in operation for nearly two decades. It has expanded its reputation among NGO actors, development partners, and government counterparts as a champion in HIV/AIDS. CHEC has contributed to several government strategies and policies at national and sub-national levels in three thematic areas: youth, gender-based violence, and community-based care of people living with HIV (PLHIV). At the national level, CHEC is a member of Technical Working Group Gender – Gender-Based Violence (TWGG-GBV) under the coordination of the Ministry of Women’s Affairs for the implementation of National Action Plan on Violence Against Women (NAPVAW). It is also a member of NGO-CEDAW (Convention on the Elimination of All Forms of Discrimination Against Women). CHEC is the first national NGO to integrate GBV and HIV/AIDS together. At the sub-national level, CHEC has
connected people who are at risk of GBV and women GBV survivors with the District Office of Women’s Affairs, Women and Children Consultative Committee (WCCC), and Commune Council for Women and Children (CCWC). CHEC continues to work in five provinces such as Prey Veng, Kampong Chhnang, Kampot, Kampong Cham and Kandal.

**Governance and leadership:** CHEC is headed by an Executive Director appointed by the Board of Directors (BoD). The BoD has the authority to review and approve organizational policies, plans and budget in regular board meetings. CHEC currently employs 12 staff at its headquarters and 10 staff at its provincial offices. There is a clear and transparent line of control and authority in reporting and carrying out responsibilities among the staff members.

**Donors of CHEC:** Over the years, CHEC has attracted funding from Bread for the World (BfdW), MISEREOR – The German Catholic Bishop’s Organization for Development Cooperation and SCIAF - The Scottish Catholic for International Aid Fund.

**Methodology used:** CHEC has established direct relation with local authorities including the target population in the operational areas to carry out intervention programs. It has connected people who are at risk of GBV and women GBV survivors with the District Office of Women’s Affairs, Women and Children Consultative Committee (WCCC), and Commune Council for Women and Children (CCWC).

**Monitoring and evaluation:** CHEC follows a Logical Framework Approach (LFA) to formulate indicators of success which allow to carry out monitoring and evaluation of both short-term results and long-term impacts. Through project impact survey, it also monitors and evaluates unexpected changes. In 2017, CHEC developed the M&E framework, which is used for capturing important information and data about project formulation. CHEC has trained staff to carry out monitoring and evaluation activities and they have clear roles and responsibilities in formulating the M&E framework. CHEC’s program staff prepares monthly and mid-year reports from the activities through data gathered and these reports mainly focus on the activities and outputs level, which match with the financial report. CHEC conducts monthly program meetings to discuss progress of the different projects, as well as lessons learned, and changes required in programs. As per the present strategic plan, CHEC proposes to use a new designed Planning, Monitoring, Evaluation, Accountability and Learning (PMEAL) framework stored in the Google drive to use conveniently by management team and program staff to develop reports against the progress. CHEC also commits to conduct an organization-wide external evaluation every three years to assess the effectiveness, efficiency, relevance, impact and sustainability of programs and strategic goals.

**Sustainability:** Through the implementation of projects and programs in the operational areas, CHEC develops the capability of the people to address their own problems, build more sustainable communities, and demand more sustainable development policies from the national and sub-national authorities, in particular through commune development plan. CHEC uses a participatory approach in the design, implementation, and evaluation of activities. It encourages all stakeholders to involve, particularly youth living in the remote operational areas of the project. In addition, CHEC engages professional external consultants to review project performances. It also works closely with the strategic partners including donors by keeping them updated about the progress of the ongoing projects and programs. In order to ensure local ownership and avoid fostering dependency, CHEC emphasizes constructive advocacy as the core approach of its intervention. CHEC actively involves in mobilizing people, particularly youth at the commune and district levels to understand and analyze the root causes of problems. This enhances capacity of youth in terms of understanding community needs and enabling them to become role models to bring positive changes to their communities.
Cambodia’s success in reducing HIV adult prevalence to 0.6% in 2017 from a high of 1.6% in 1998. The HIV transmission rate from mother to child has dropped from 13% in 2007 to 6.2% in 2016. According to the first semester report of 2017 shown that 87.3% equals to 64,806 pregnant women out of 74,220 pregnant women who visited MTCH and had HIV test at the VCCT and only 33 of them got HIV positive results which is at 0.05%.

Among the total number of 34,000 entertainment workers, the HIV infection rate has dropped from 14% in 2000 to 3.2% in 2016.

Among 21,000 Men who have sex with men (MSM), the HIV infection rate was 2.2% in 2010 and increased to 2.3% in 2014. Among 3,000 TGs, the infection rate was 5.9% in 2016.

Among the 2,000 IDUs the HIV infection rate was 24.4% in 2007 and increased to 24.8% in 2012. The HIV infection rate among the Thai immigrant workers was 2.15% in 2011.

97% of people with HIV have received ARV treatment with the number of 56,756.

80.9% of people treated with ARV have shown that their HIV virus have been deleted from their blood stream with the total number of 45,919 persons.

Cambodia has been on the right track toward the elimination of HIV transmission by 2025. In particular, according to the UNAIDS study Cambodia has been put on the first rank, in escaping 90,000 people from HIV transmission and 60,000 from death related to AIDS, over the past 26 years.

However, we are still missing 12,000 HIV hidden cases in order to send them to get treatment with ARV. This requires further discussion among all involved parties and stakeholders to come up with the new innovation strategies and effective interventions to increase case detections and support them to come for early testing and treatment.

Cambodia has set a goal towards the elimination of new HIV infections by 2025 and its targets for the three 95s if our country continues and maintains our sustainable efforts in filling the gaps between service providers and service recipients/clients, in particular, the implementation of non-judgmental, anti-stigma and non-discrimination at health facilities, as well as strengthening and improving quality of services. Although, Cambodia has had tremendous success in managing and controlling the spread of HIV/AIDS, but it is still apparent 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 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.
In addition, based on the data reports from the National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) of the Ministry of Health, the result of new case detection has shown that 70% of the cases detected are not among the key population, but are among the unidentified populations and general populations. Thus, to achieve the 90% or 95% of PLHIV who know their HIV status, it is required that the HIV awareness raising or promotion need to sustain, uplift and increase the HIV counselling and testing.

In regard to the donors’ budget to support the HIV/AIDS response it has been gradually declined and cut off, since the end of 2015, resulting in decreasing the number of NGOs working on HIV/AIDS. While the current focus of HIV/AIDS only targets the high burden areas, this left the big coverage areas without HIV program intervention and some big number of people in those areas is still uncovered.

Reaching the global 90-90-90 targets is a cornerstone of Cambodia’s national AIDS response: that’s 90% of people knowing their HIV status, 90% of people who know their status accessing treatment and 90% of people on treatment being virally suppressed. Ending AIDS gives a detailed analysis of progress and challenges towards achieving the 90-90-90 targets.

Cambodia is one of only seven countries worldwide to have already achieved the 90-90-90 targets which translates into 73% of all people living with HIV being virally suppressed (that means that their viral load is almost undetectable and the likelihood of onward HIV transmission is minimal).

The 90-90-90 targets are included in the country’s national HIV strategy for 2016-2020. With technical assistance from the United States President’s Emergency Plan for AIDS Relief, UNAIDS and the World Health Organization, Cambodia is undertaking a comprehensive effort to strengthen its national HIV strategic information system and link all HIV-related databases within a single system. This enhanced data system will play a key role in identifying and closing gaps in testing and treatment and ensure progress toward reaching the national goal of ending AIDS as a public health threat by 2025, five years earlier than the target in the 2030 Agenda for Sustainable Development.
The current strategic plan, 2019-2022, is an exciting time for CHEC. It is the pioneering initiative in which CHEC will advocate for the integration of HIV/AIDS, gender-based violence and youth’s empowerment into the community investment fund and community development plan.

**PROJECT: EMPOWERING YOUTH FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND COMMUNITY PARTICIPATION**

**Goal:** In the next three years, women, men and youth are enjoying their rights and living in a peaceful environment.

**Project Objective 1:** The participation opportunities and leadership skills of young people at village and community level are strengthened.

**Strategy 1:** Build youth capacity on Reproductive Health/Reproductive Rights, HIV/AIDS, STI and Gender sensitive

**Strategy 2:** Building youth capacity on Leadership and Social Engagement

**Strategy 3:** Mobilizing youth for effective partnership between men, women and LGBTIQ in social development process

**Strategy 4:** Build network with stakeholders at national and sub-national levels for addressing youth issues

**Indicators to Objective 1:**
- 80% target communities allocate budget for youth issues in their CIP/CDP
- The number of cases of youth issues addressed by community committees increased by 30% from the Baseline.
- The utilization of sexual and reproductive health service by male and female adolescent increased by 30% in selected health facilities (Data from Health Centres)

**Project Objective 2:** Gender based violence in the project areas has been declined.

**Strategy 1:** Coordinate with local stakeholders to improve effective response on GBV in the communities.

**Strategy 2:** Promote active participation and decision-making of women activists in all relevant local forums.

**Strategy 3:** Promote role model of men to stop DV

**Indicators to Objective 2:**
- Percentage of male community members supporting legal right of women and prosecution of domestic violence and rape increased by 70% (Survey)

**Project Objective 3:** The support for women, girls and young people affected by gender-based violence has been increased.

**Strategy 4:** Build network with stakeholders at national and sub-national levels for redressing GBV issues

**Indicators to Objective 3:**
- The number of cases of domestic violence/rape reported and prosecuted by the police or other legal institutions increases by 70% (police, legal aid and village data)
- Number of female patients seeking treatment for injuries relating with domestic and sexual violence increases by 50%? (data of health facilities)
PROJECT: COMMUNITY HEALTH RESPONSIVENESS FOR PEOPLE LIVING WITH HIV, YOUTH AND GENDER BASED VIOLENCE IN 2 DISTRICTS OF CAMBODIA

Goal: The quality of life of people living with HIV/AIDS in the district of Samaki Meanchey in the province of Kampong Chhnang and in the district of Chheung Prey in the province of Kampong Cham has improved.

Project Objective: It is easier for persons at risk of gender based violence and for people living with HIV/AIDS to access relevant services.

Strategy 1: Building the capacity for youth, GBV survivors and PLHIV on reproductive health/rights, gender sensitivity, (for youth peer) leadership and social engagement.

Strategy 2: Building capacity on ART literacy to CHVs; GBV, men anger management, NVC and counseling to CBEs, and GBV case management to HC staff

Strategy 3: Building network with stakeholders at national and sub-national levels for addressing youth, women and PLHIV issues.

Indicators to Objective:

- The majority of persons at risk of gender based violence and of people living with HIV/AIDS who are reached through the project receive support from authorities or their social environment.
- By the end of the funding period, the number of people living with HIV/AIDS who are reached through the project and consistently adhere to their therapy has increased by 20%
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Current Programs

PROJECT: EMPOWERING YOUTH FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND COMMUNITY PARTICIPATION

The Youth Project

The current youth project cycle runs from July 2019 to June 2022. It trains youth peers and leaders to work predominantly with youth who do not attend school to improve sexual and reproductive health education and gender equality and change their behavior to ultimately prevent HIV transmission. The project also ensures that our young people in the target districts are enriched with knowledge and motivated and guided towards safe behaviours and attitudes to ultimately prevent HIV transmission and improve their reproductive health. Through CHEC’s training and capacity building for youth they can alter peoples’ perceptions towards gender discrimination and create safer living environments within the family and community. CHEC have produced great result in improving services, improving the accountability of local authorities, bringing the issues to public discussion as well as reducing the GBV and HIV/AIDS transmissions.

Various key stakeholders, both local state and non-state actors have been engaged to sustain the program. The target of this youth project is represented by girls and boys in 4 local districts. Two districts have been implementing youth activities since 2016: Srey Santhor and Kampong Tralach districts in Kampong Cham and Kampong Chnnang provinces respectively. Two new districts will begin youth activities starting from July 2019: Piem Chhor and Kien Svay districts in Prey Veng and Kandal provinces respectively.

The main goal of this project:

In the next three years, women, men and youth are enjoying their rights and living in a peaceful environment.

Strategies

Strategy 1: Build youth capacity on Reproductive Health/Reproductive Rights, HIV/AIDS, STI and Gender sensitive
Strategy 2: Building youth capacity on Leadership and Social Engagement
Strategy 3: Mobilizing youth for effective partnership between men, women and LGBTIQ in social development process
Strategy 4: Build network with stakeholders at national and sub-national levels for addressing youth issues

Project objective 1: The participation opportunities and leadership skills of young people at villages and at community level will be strengthened.

Indicator 1: 80% target communities allocate budget for youth issues in their CIP/CDP
In the baseline survey conducted in 2019 only 26.19% of target communities have allocated budget for youth issues. According to Impact Monitoring in December 2019, 34.15% out of 41 communes had integrated youth issues into CIP/CDP for the year 2020. Most of them are old target areas. Among those target areas, 92.86% has an allocated budget of less than 5,000,000 riels (USD 1,250) and another 7.14% of the allocated budget over 10,000,000 riels (USD 2,500) for youth issues. 57.14% of budget allocation were approved by the Ministry of Interior, while another 42.86% did not know about it. In June 2020 impact monitoring it further rose up to 38.10% out of 42 communes had integrated youth issues into CIP/CDP. It is increased by 3.95% from last semester of 34.15%.

**Indicator 2: The number of cases of youth issues addressed by community committees increased by 30%**

In the baseline survey in 2019, only 67 youth cases were addressed and by June 2020, 76 cases of youth addressed by community committee increased by 10.44% from the last semester of 2.99% to 13.43%.

**Indicator 3: The utilization of sexual and reproductive health service by male and female adolescents has increased by 30% in selected health facilities.**

In the baseline survey conducted in 2019 was 32.31%. For HIV blood testing: 10.65%, STI testing/treatment: 8.93% and Family Planning: 77.36%. The impact study of December 2019 presented that 32.35% of the respondents claims to have access to health facilities. This number has increased by .04% in the last semester from July to December 2019. Among those, 15.45% (11.87% of the females and 21.52% of the males) accessed HIV blood testing at HC, while another 18.27% (9.76% female, 32.74%) accessed STI testing and treatment. 63.33% of the interviewed married women has used family planning. The most common methods of family planning were pills (84.21%) injectable drugs (63.16%), and condoms (68.42%). In June 2020 impact monitoring it further rose up to 35.03% of respondents said that they have access health facilities. It has increased by 2.68% to the last semester from 32.35% to 35.03%. Among those, 15.83% (15.08% female, 17.12% male) accessed HIV blood testing at HC, while others 11.17% (11.38% female, 10.81%) accessed STI testing and treatment. 78.08% married women had used family planning. The ways of family planning were focused on pills (54.39%) and injectable (28.07%), condom (8.77%) and Imant/IUDs (20.18%)

_In total for this first year of project implementation, 364 youths attended in 20 group discussions/education in Youth Centres._

- **4 Youth Dialogues were successfully conducted in 4 Administrative Districts of Peam Chor, Srey Santhor, Kampong Tralach and Kien Svay for raising awareness on HIV/AIDS, STI, Gender, youth engagement into local governance, and Commune development. In total 873 youths participated.**

- **281 community education on gender, reproductive health/rights, HIV and STI were successfully conducted with a total of 4,447 youths attended.**

- **4 World AIDS Day Campaign conducted with a total of 668 participants (400 as Female) attended.**

- **3 Awareness Raising Campaigns on COVID-19 were successfully conducted with a total of 178 youths joined for dissemination of accurate information on how to protect themselves and their families.**
The current GBV project cycle runs from July 2019 to June 2022. CHEC’s GBV project targets mostly women and girls, since they experience violence much more frequently than other groups. In particular, women belonging to the poor community, women with disabilities, people living with HIV and AIDS and people who identify as LGBT are also part of the targeted group. The relationship between HIV and gender inequality/GBV remains a significant issue in Cambodia. Regressive gender norms and expectations have a negative influence on risky behaviors among both women and men, and on their access to resources required for advancing their status. Inspired by the 5th Sustainable Development Goal (SDG) about achieving gender equality and empowering all women and girls and aligned with the 2nd Cambodia National Action Plan to Prevent Violence Against Women, the project represents a desirable development of the ongoing Gender Based Violence Project carried out by CHEC.

CHEC has experience since 2013 in implementing GBV programs providing a platform of prevention, support, response, and referral activities that respond to the needs of victims of GBV, while holding perpetrators of GBV accountable. However, women, girls, men, and boys can all be victims of GBV.

The target of this GBV project is represented by girls and women in 4 districts. Two districts have been implementing GBV activities since 2016: Srey Santhor and Boribo districts in Kampong Cham and Kampong Chhnang provinces respectively. Two new districts will begin GBV activities starting from July 2019: Piem Chhor and Chhum Kiri districts in Prey Veng and Kampot provinces respectively.

**Strategies:**
- **Strategy 1:** Coordinate with local stakeholders to improve effective response on GBV in the communities.
- **Strategy 2:** Promote active participation and decision-making of women activists in all relevant local forums.
- **Strategy 3:** Promote role model of men to stop DV
- **Strategy 4:** Build network with stakeholders at national and sub-national levels for redressing GBV issues

**Indicator 1:** Percentage of male community member support legal rights of women and prosecution of domestic violence and rape increased by 70%.

In the baseline survey in 2019, 23.72% of the interviewees responded they support legal rights of women and prosecution of domestic violence and rape. Based on the impact study in December 2019 presented that 25.56% of male community support women and prosecution of domestic and rapes increased by 1.84%. Based on the impact study in June 2020 presented that 27.90% of male community support women and prosecution of domestic and rapes. It is increased by 2.34% to the last semester from 25.56% to 27.90%. Based on the result, the male communities supported the women and prosecution of domestic violence and raped were focused on understanding of laws (60.46%), reporting to local authorities during GBV case happened (80.73%), make a facilitation between GBV survivors and perpetrators (4.59%), making an instruction to perpetrators (13.76%), Separation between GBV survivors and perpetrators (17.43%), Refer to support services (12.84%) and take GBV women survivors to safe place, most permit the GBV women survivors stay at CCWC and neighbour’s house for temporary period (5.50%). **Only 8.26% of men report did nothing as they though it is none of their business.**

**Project objective 2: Gender based violence in the project areas needs to decrease.**
Project Objective 3. The support for women, girls and young people affected by gender based violence needs to improve.

**Indicator 1: The number of cases a/domestic violence, b/rape reported and prosecuted by the police or other legal institutions increased by 70%.**

In the baseline survey in 2019, 273 GBV cases (11 perpetrators referred for prosecution) reported. Based on the report from local authorities in December 2019 in 4 districts, 254 GBV cases happened, only 7 perpetrators referred for prosecution in this period. Based on the report from local authorities in June 2020 in 4 districts, 380 GBV cases were reported to local authorities. Among those, 5 were rape cases, 32 serious cases (heavy injuries), 343 were sample cases. 37 perpetrators were referred to prosecution at court (5 rape cases and 32 serious cases) in this period and other 343 sample cases (not injuries which focused on mental, some physical and economic violence) were solved at commune level such as make agreement to stop violence and provide education. The GBV cases were increased to the last semester from 254 cases to 380 cases and the perpetrators referred to prosecution for both at court and provincial level increased from 7 to 37.

**Indicator 2: The number of female patients seeking treatment for injuries, related to domestic and sexual violence has increased by 50%.**

In the baseline survey in 2019, 31.90% of GBV survivors accessed health care services at health facilities after GBV has occurred. Based on the Impact Monitoring in Dec 2019, 34.15% out of 82 GBV survivors accessed health care facilities, 46.43% was focused on counselling, 89.29% on treatment and 7.14% was referred to a referral hospital by HC staff because of serious injuries. Based on the results, the number has increased by 3.25% to the baseline. Based on the impact study in June 2020, 42.14% (51/121) of GBV women survivors accessed heath facilities in their local areas were focused on counselling (76.47%=39/51) and treatment (49.01%=25/51). It has increased by 7.99% to the last semester from 34.15% 42.14%

**4 International Women’s Day and 16 days Campaign conducted in 4 districts with a total of 800 participants (772 as Female) attended.**

**168 cases of GBV were referred to support services, communes, polices, health centres, provincial hospital and court.**

**174 Home Visits provided by CHEC Community Based Educators to 136 GBV survivors at home for counselling and educations.**

**39 men perpetrators received training on Men Anger Management and Non-Violent Communications and they act as Self Help Group leaders for its 338 members in order to change their violent behaviours.**

**3 Awareness Raising Campaigns on COVID-19 were successfully conducted with a total of 25 participants joined for dissemination of accurate information to community people on how to protect themselves and their families.**
Introduction

This project contributed to SDG 3, with respect to the goal 3 “health and well-being” and to the National Strategic Plan IV as well as the 90, 90, 90 national targets to eliminate HIV and AIDS in Cambodia by 2020 and 95, 95, 95 by 2025.

The project include training on ART literacy and good adherence among Community Health Volunteers and through them the PLHIV, training on Standard Operating Procedures of Integration of HIV and AIDS into Commune Investment Plan and Development Plan among local authorities that passed by the National AIDS Authority on how to plan and budget for related HIV/AIDS programs at the local authority level.

Through this project, CHEC aims to ensure that youth are being trained and can apply knowledge and improve their reproductive rights, health and sensitivity to gender issues. It also aims to ensure that all youth receive knowledge and information regarding gender-based violence and the impacts of alcohol use. It involves making youth the leaders of their communities and to encourage civic engagement. CHEC wants, through a sustainable approach, ensure that community education sessions are being conducted by youth on the practicing of gender, safe sex and access to health care services. More specifically, CHEC wants to assure that youth within the target districts are provided the knowledge and guidance to safe behaviors and attitudes in the face of sex and reproductive health, to ensure reduction of HIV transmissions and other transmittable diseases.

This project will also improve primary prevention by educating youth and communities and will increase protection through providing victim-centered support services, strengthening referral networks, and educating community leaders (including police and health workers) to intervene and support GBV victims. Targeted training and education programs will be delivered to youth and community leaders, GBV survivors, and support services at the local level will be strengthened, and referral networks will increase access to relevant services.
Strategies:
Strategy 1: Building the capacity for youth, GBV survivors and PLHIV on reproductive health/rights, gender sensitivity, (for youth peer) leadership and social engagement.
Strategy 2: Building capacity on ART literacy to CHVs; GBV, men anger management, NVC and counseling to CBEs, and GBV case management to HC staff
Strategy 3: Building network with stakeholders at national and sub-national levels for addressing youth, women and PLHIV issues.

**Project Objective:** It is easier for persons at risk of gender based violence and for people living with HIV/AIDS to access relevant services.

**Indicator 1:** The majority of persons at risk of gender based violence and of people living with HIV/AIDS who are reached through the project receive support from authorities or their social environment. Value 70%

In the baseline survey in 2019 presented that 45.15% received support from the local authorities and community people.

**The service supported by Local authorities for PLHIV and GBV survivors**
- Providing counseling/educations between perpetrators and GBV survivors (73.02%)
- Providing safe places which was allowed the GBV women survivors to stay at commune leaders or CCWC’s houses for a short period in case of necessaries or the commune leaders and CCWC refer the GBV survivors to stay with their relative houses to escape from perpetrator (12.70%)

**The service supported by Communities people for PLHIV and GBV survivors**
- Neighbors intervened during GBV occurred were focused on reconciliation between GBV survivors and perpetrators to stop exerting violence against their partner (90.91%)
- Neighbors intervened during GBV occurred were focused on recommending the GBV survivors to put the complains about their GBV cases (45.45%)
- Neighbors intervened during GBV occurred were focused on separating the perpetrators from GBV survivors (39%),
- Neighbors intervened during GBV occurred were focused on reporting about the GBV cases to local authorities especially police or CCWC (33%),
- Neighbors intervened during GBV occurred were focused on allowing the GBV women survivors stay at their houses to avoid from their partner for a short time (22%)

**Indicator 2:** By the end of the funding period, the number of people living with HIV/AIDS who are reached through the project and consistently adhere to their therapy has increased by 20%

In the baseline survey in 2019, 44.95% of the interviewees responded they all took ARV at the right time by instruction of counselors at referral hospital. 18.84% of them often changed their medicines because of side effects such as vomiting, headache and yellow skin and 16.00% of them had stayed for treatment at hospital in the last one month.
HIV and AIDS Integration into Commune Councils

- A need: Integration of HIV/AIDS into both health and non-health sectors, one of them is CDP/CIP.
- Royal Government of Cambodia doubled the budget provision for each commune council ($35k to $70K per annum)
- Existing efforts: NAA SOP: engagement of Commune Councils and Commune Police into (BIACM/GOC); NAA SOP (MCPI) to create enabling environment, HIV/AIDS agreed to be included in the Village and Commune Safety Policy.
- Assessment of HIV integration into CIP/CDP by HP+ (CHEC has done this advocacy and became a role model for other NGOs)

CHEC has received an award from the National AIDS Authority for fighting AIDS and for creating an innovative program implementation in November 2019. This award was very important for the organization and her employees to boost their morale. CHEC received the award while surrounded by hundreds of other NGOs working in HIV in Cambodia.
A family with 5 members, Mrs. Math Chany has two daughters and one son since she married to her husband whose name Mr. Song Savon.

This family is living in Tbeng Khpus Commune, Samaki Meanchey District, and always have frequent dispute until everyone who helped them to solve the dispute before were feeling bore in stopping their fighting and sometimes they ignore their problem.

Most of the problems come from her husband did not care to support the family and he is good at hanging out with friends, especially his friend invite him to drink beers outside, and he never refuse. After coming back home with drunk, he heard his wife blaming him about his drinking and complaining him of not doing any businesses to support the family. He got very angry and started to throw things on her. The disputes and violence happen every day and their children felt depressed and nervous because of the quarrel.

One day, CHEC Community Health Volunteers learned about the course on Reproductive Health, Sexual and Gender-based violence to be conducted for GBV survivors. They came to invite both of them to attend the course. First, both spouses refused to attend the training course. But the community health volunteers come to their house again and ask them to join.

When the day come, the couple decided to attend the training course. After day by day learning the husband started to think more about his past actions which caused arguments with the family every day and affect to their children’s emotion. At the same time, his wife also think a lot about the attitude toward her husband and children.

The three-day course is very useful for Mr. Song Savon and Math Channy to re-think each other’s actions and violent communications that made their families less comfortable and created conflict which affected to their children and people around them. After completion of the training course, Mr. Song Savon started to re-think about his business, and reduced drinking. Sometimes he can say no to his friend when they invited him to go for a drink. He also not to fight back his wife when he was returning from a drink with friends and he tried to avoid violence. Same as Ms. Math Chany also changed her behaviors, she did not complaint to her husband when he went out with friends as he reduced his time with friends for a drink. So they learn how to keep their family in peace to help their children to stay in schools. Mr. Song Savon’s family and Ms. Math Chany are now living peacefully, no longer fighting as they understand each other, and the children are very happy.

The local authorities, in particular the community health volunteers also expressed their gratitude to CHEC and the donors for the provision of the training course and support the program in the districts.
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**

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**

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**

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.
### Financial Report July 2019 to June 2020

#### Fund Received From Donors and Income Generation For The Period of July 2019 to June 2020

- **BfdW**: $55,007.33
- **MISEREOR**: $26,3412.55
- **SCIAF**: $9,745.43
- **CHEC**: $12,594.00

#### Budget Spent in Various Project

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<th>N</th>
<th>Projects</th>
<th>Donors</th>
<th>Income</th>
<th>Expense</th>
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<td>1</td>
<td>Empowering Youth For Sexual And Reproductive Health And Rights And Community Participation.</td>
<td>BfdW SCIAF</td>
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<td>Reduction of Domestic Violence</td>
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<td>Income Generation</td>
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<td><strong>$234,804.14</strong></td>
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- **Empowering Youth For Sexual And Reproductive Health And Rights And Community Participation**
- **Community Health Responsiveness For People Living With HIV/AIDS, Youth And Gender Based Violence In 2 Districts Of Cambodia**
- **Reduction of Domestic Violence**
- **CHEC Sustainable Support Grant/SCIAF**
- **Income Generation**
CHEC ORGANIZATIONAL STRUCTURE in 2020

Board of Directors

Mr. Phon Yut Sakara
Chairperson of BOD

Mrs. Minh Navy
Vice Chairperson of BOD

Mr. San Vandin
Member

Mrs. Bou Makara
Member

Mrs. Prang Chanthy
Treasurer

Dr. Kasem Kolnary
Director

Mr. Sophal Roda
Program Manager

Mr. But Lim
Senior GBV Officer

Mrs. Hem Sophea
Health Program Coordinator

Mrs. Kheth Saly
Youth GBV PC

Mr. Chea Ranthan
Adm/HR

Ms. Te Soivy
Finance/ Admin Manager

Mr. Chea Chantha
Cleaner

Mr. Say Buntheng
Field Officer

Mr. Sim Leak
Field Officer

Mr. Touch Chanreuth
OA/Driver

Mr. Chea Heng
Guard

Ms. Tern ChanDey
Finance Officer

Mrs. Yeap Nimol
Accountant