<table>
<thead>
<tr>
<th>Acronym</th>
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<tr>
<td>AIDS</td>
<td>Acquired Immunodeficiency Syndrome</td>
</tr>
<tr>
<td>ART</td>
<td>Antiretroviral Therapy</td>
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<tr>
<td>ARV</td>
<td>Anti-retroviral</td>
</tr>
<tr>
<td>CAFOD</td>
<td>Catholic Agency For Overseas Development</td>
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<td>CDP</td>
<td>Commune Development Plan</td>
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<td>CHEC</td>
<td>Cambodian HIV/AIDS Education and Care</td>
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<tr>
<td>CIP</td>
<td>Commune Investment Plan</td>
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<td>CBC</td>
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<td>Human Immunodeficiency Virus</td>
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<td>SCIAF</td>
<td>Scottish Catholic International Aid Fund</td>
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<td>SHG</td>
<td>Self-help Group</td>
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<tr>
<td>VCCT</td>
<td>Voluntary Confidential Counselling and Testing</td>
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Cambodian HIV/AIDS Education and Care (CHEC) is a local Cambodian Non-Government Organisation that has been working to reduce the spread of HIV/AIDS and helping Cambodians cope with the epidemic since 1994. 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, particularly i) reducing inequalities, ii) gender equality, iii) good health and wellbeing, and iv) no poverty.

CHEC is a leading advocate for community action against HIV/AIDS and other major social and development issues such as Gender-Based Violence, and their core services involve providing much needed training to communities. CHEC has a clear focus on community-driven responses to social and health challenges and is currently active in 7 operational districts (OD) across 5 provinces. Over the years, CHEC has developed strong relationships with district councils, commune councils, local authorities and health center staff and management committees. Furthermore, at the national level, CHEC has also 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. These partnerships assist CHEC in delivering grassroots programs to the most vulnerable populations, improving the lives of thousands of individuals throughout provincial Cambodia.

**VISION**

Vulnerable people, particularly people living with HIV/AIDS have a 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 its 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.
The HIV/AIDS situation in Cambodia can be considered one of the most successful turn-around stories around the world. The number of new HIV infections has decreased by 67% since 2005 and prevalence has decreased from 2.0% in 1998 to 0.6% in 2015 (UNAIDS). However, Cambodia still has the highest rate of deaths from HIV/AIDS and as of 2015, only 71% of all adults living with HIV were receiving antiretroviral therapy (UNAIDS). Furthermore, a rise in the number of female entertainment workers in Cambodia in recent years and a persistence of injecting drug users, has seen the prevalence of HIV among these at-risk groups remain high at 13.9% and 24.4% respectively (UNAIDS). Young people under the age of 24 are also among those at greatest risk, especially within these sub-populations. Data obtained in the Cambodian Health and Demographic Survey, published in 2015, found that knowledge of HIV prevention had decreased since 2010 especially among young people. Knowledge among young people about HIV prevention dropped from 44.2% in 2010 to 39.6% in 2014. Compounding this situation further, the level of HIV/AIDS resources and funding that Cambodia receives has begun to decline in line with the decline in prevalence. More must be done to maintain the momentum against HIV and combat the spread of the virus especially for the most at-risk populations. The need for high-impact, low-cost programs persists even in the face of such substantial successes.

Case Detection – Newly Diagnosed

In 2016 B-IACM reports showed that in 1803 newly diagnosed cases the usual risk groups were not identified in 68% of cases & only 20% identified themselves as from a key population.
It is with great pleasure that I present to you CHEC’s July 2016 - June 2017 Annual Report.

I am extremely proud of CHEC’s achievements over the past year. The hard work and determination of all our staff and volunteers has enabled us to reach project goals and meet the needs of thousands of vulnerable individuals in a sustainable manner with a lasting impact well into the future. Our partnerships with other non-government organisations, local governments, community members and field volunteers, enable us to deliver programs efficiently and effectively in areas where they are most needed. Research, previous fieldwork and interventions, and community knowledge and perspectives have assisted us in designing and implementing our current education and support programs, ensuring they are both appropriate and effective.

Our Gender Based Violence (GBV) program aims to empower women and girls aged 15 and over who are subjected to or at risk of GBV. By educating and supporting both victims and those at risk of violence from partners and community members, CHEC provides these individuals with the necessary tools for accessing vital support services. In the past year, we have seen great improvements in awareness of the forms of Gender Based Violence among victims and those at risk of GBV and uptake and satisfaction with victim support services has also improved. Furthermore, local authorities have increased their actions towards combatting GBV, involving victims in action plans and reaching out to victims.

Secondly, our Youth project aims to encourage and assist vulnerable youths to avoid high risk behaviour, especially in relation to the transmission of HIV/AIDS. This education and support program increases awareness
of sexual and reproductive health and aims to shift behaviour and encourage safer practices. This past year has seen marked improvements in sexual health knowledge and improved sexual practices among youths, in an effort to reduce HIV/AIDS transmission. Furthermore, knowledge of family planning methods and women’s sexual rights has also increased, ultimately improving conditions for young women.

Finally, our Community-Based Care program delivers necessary support to people living with HIV/AIDS (PLHIV). This program encourages PLHIV to reach out to local authorities and community members for support and introduces livelihood training to these individuals to improve income generation. As a result of our program, PLHIV have experienced decreased discrimination from their communities and greater support from family, community members and local authorities. Furthermore, they have been given the necessary resources and support to develop livelihood activities to improve income generation, which has also been a great success.

Our CHEC staff work tirelessly to improve the health and livelihood outcomes of vulnerable populations each and every day. They are a committed team that cooperates to achieve goals and deliver work of the highest standard. My sincere appreciation for their dedication once again over the past year.

Furthermore, my deepest thank you to our international donors, local partners and government agencies, without whom, our work would not be possible. Together we continue to achieve great advancements in the livelihoods and health of the most vulnerable populations.

Thank you for taking the time to read our 2016 – 2017 Annual Report, we sincerely hope to continue to assist individuals experiencing great hardship in the years to come.

Dr Kasem Kolnary
CHEC Director
It is with great pride, that we present CHEC’s July 2016 – June 2017 Annual Report.

CHEC’s Board of Directors is extremely proud of the work carried out by the entire CHEC team including its large network of volunteers, as we continue to achieve our vision of a higher quality of life for vulnerable people, especially those with HIV/AIDS.

We are particularly pleased with our ability to adapt to the changing social and health environment and continue to produce significant results combatting issues outside of our traditional HIV/AIDS work. This first year of our 2016-2019 Strategic Plan has been an undeniable success, particularly in the growing area of Gender Based Violence as well as our continued Youth and Community Based Care programs.

Gender Based Violence continues to disempower women and encourage poverty and poor health and wellbeing. Through CHEC’s work, we have successfully linked victims with support services and increased awareness of GBV among both victims and perpetrators. Furthermore, we have encouraged women to speak out against violence and form support groups to assist one another through violent events.

Educating youths is also an integral piece of the puzzle, as it inspires the next generation to respect and empower women to stand up for their rights. The interrelatedness of CHEC’s Youth and Gender-Based Violence programs, which are prime examples of powerful widespread education programs, highlights the need for society-wide intervention and awareness-raising in order to mitigate Gender-Based Violence into the future and empower women in order to have the best possible outcomes for society.
Community-based care continues to be one of CHEC’s key priorities. Through the delivery of extra support services and livelihood training, CHEC has successfully increased the independence and livelihoods of hundreds of PLHIV. Individuals report greater support from local authorities and community members and are consistently reporting increased income available for daily life. It is extremely rewarding to see so many individuals improve their own situations with a little help from CHEC staff and donors.

None of CHEC’s successes could be achieved without the generous partnerships CHEC has formed over the years with international donors, local organisations and various government bodies. We respect all levels of government and work collaboratively with commune leaders and women’s groups to deliver our grassroots education and support programs. These partnerships along with our multitude of field volunteers, are invaluable to the work that we do as an organisation. CHEC’s board of directors and all our staff greatly appreciate the continued trust and support given by donors, government institutions and other stakeholders; all of which enable us to conduct this work.

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

Dr. Chiv Bunthy
CHEC Board of Directors
The current strategic plan, 2016-2019, is an exciting time for CHEC. It is with enthusiasm and fervor that we continue to expand our work to address other priority issues in addition to combating HIV/AIDS. It has become apparent that youth issues such as youth engagement in social accountability, youth income generation and job migration are becoming increasingly important social issues, thus CHEC has taken to address these issues in the programs it delivers. Furthermore, community discrimination towards PLHIV remains a barrier to income generation and public support services are persistently insufficient. CHEC has recognized livelihood activities are a viable avenue for improving self-sufficiency of PLHIV and other individuals living in extreme poverty and CHEC strives to assist such individuals through the delivery of necessary start-up resources to improve their situation. Finally, CHEC strives to empower women and victims of GBV, remove them from a cycle of violence and create an environment where women and men of all ages live in peace and harmony. In their current strategic plan, CHEC identified these vulnerable groups as the most important to empower over the next three years. These groups are vulnerable to HIV/AIDS infection, extreme poverty and decreased quality of live and thus CHEC strives to act to combat these adverse circumstances for individuals.
Gender Based Violence (GBV) is a serious social problem facing one of Cambodia’s most vulnerable populations. It is defined as violence including physical, emotional, sexual, economic, psychological and verbal abuse, targeted towards a person because of their socially constructed gender role.

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%
In July 2016, at the beginning of the new project cycle, program staff conducted a baseline survey in the 4 operating districts for its Gender Based Violence program: Chhouk, Preah Sdach, Srey Santhor and Boribo. It was found that of the local stakeholders, people at risk of GBV and people subjected to GBV interviewed, only 29.6% knew all forms of GBV. Furthermore, 36.3% accepted GBV and believed it was a normal matter which commonly occurred in families and society. Also, 18.5% of respondents stated that they ignored GBV when it happened because it was not their problem. This baseline study exposed a vast gap in education and service provision for individuals subjected to GBV, validating the need for intervention in the target areas.

**June 2017 Impact Monitoring Findings**

- Awareness of the forms of GBV increased 8.64 % points to 38.25 % of respondents since baseline in July 2016.
- There was an increase of GBV survivors accessing quality social services in their target areas by 14.2 % from 55 % at baseline.
- Acceptance of GBV among the people at risk of and subjected to GBV and local authorities had reduced by 10.58 % in the last semester and reduced by 11.76 % since baseline from 36.31% to 24.55 %.
- 57 % of local authorities had invited vulnerable groups including victims and those at risk of GBV to community meetings to discuss commune action plans and possible avenues for action against GBV.

Positive developments have been made towards achieving all project objectives, however, there is still work to be done to ensure goals are achieved over the next years of project implementation. Continued collaborations with local authorities and improved support networks for GBV survivors should ensure objectives are met by the end of program implementation.
In 2016-2017, CHEC expanded its original Out of School Youth education program to include Youths who were still in school alongside their original target group. By including all youth, it was ensured individuals were not excluded from the important education delivered. The Youth program now targets all individuals aged between 6 to 17 years old and aims to improve knowledge, attitudes and behaviours related to family planning, HIV and reproductive health as this age group is considered one of the most vulnerable groups in the persistent HIV/AIDS epidemic. The program also encourages youths to access VCCT for HIV and STI blood testing and treatment.

**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

In July 2016, at the beginning of the new project cycle, program staff conducted a baseline survey in the 4 operating districts for its Out of School Youth program: Sa Ang, Srey Santhor, Preas Sdach and Kampong Tralach. This baseline study exposed that the level of understanding of HIV modes of transmission was only 59.3 % amongst the youths interviewed across the four districts. Furthermore, 28.3 % of youths never used a condom during sex and of these, 52.8 % did so because they didn’t know how to use them. This baseline investigation highlighted the need for extensive youth education in the target areas on the topics of family planning and HIV and STI transmission and prevention.
87.3% of single youths aged from 15 to 24 practiced consistent condom use during sex. It has increased by 1.1% from 86.2% to 87.3% in the last six months of project implementation from January to June 2017.

It has increased by 29.3% since baseline from 58.0% to 87.3%. Knowledge of youths of family planning methods and unsafe sexual practices to avoid has increased from 57.31% to 82.54% over this period.

1,916 youths (1,162 females) were referred by CBEs to access HIV testing from January to June 2017.

1,734 (1,058 females) were referred by CBEs to access STI testing from January to June 2017.

So far, 58% of communes have integrated youth issues into CDP/CIP with 20% of these also successfully allocating commune funds towards such issues.

Although Youth are seen as one of the most vulnerable groups in the persistent HIV/AIDS epidemic, sustained sexual and reproductive health education targeting this group should reduce high-risk behaviours and assist in maintaining the current low HIV/AIDS infection rates.
Introduction

CHEC has been delivering its current community-based care (CBC) program since July 2016. This project delivers support services to people living with HIV/AIDS (PLHIV) and encourages independence through delivering vital resources and training necessary for developing livelihood activities. CHEC also aims to improve the understanding and support given by government officials and encourages the integration of HIV/AIDS programs into the CIP/CDP to provide additional support for PLHIV at the commune level.

Objectives and Indicators

Vulnerable households of PLHIV have increased support from their community and local authorities in the target areas.

Vulnerable households of PLHIV have increased support from their community and local authorities in the target areas.

- 60% of people living with and affected by HIV have increased supports from their community (e.g. parents, friends, relative, religious leaders) and local authorities.
- PLHIV have increased income to support their basic household need.
- 60% of PLHIV reached by this project have an increased income at their disposal.
In September-October 2016, baseline data was collected throughout the 5 community-based care target districts Sa Ang, Ta Khmao, Srey Santhor, Kampong Tralach and Preah Sdac. 30.9% of respondents stated that they did not have enough money to live day to day and 78% stated they had additional livelihood activities as well as their main work in order to provide supplementary income and support their families. 52.9% of PLHIV surveyed stated that they received assistance from community members when they had an issue and needed support. 67.1% said they liked the support services provided by local authorities, however, 8.8% felt they were discriminated against by local authorities for being either poor or HIV-positive. This baseline survey exposed a persistent need for income generation support for PLHIV and improved support from both community members and local authorities.

June 2017 Impact Monitoring Findings

- 42.5% of PLHIV reach out to their families more than before the current community-based care project was implemented, particularly asking their siblings and parents for support. 70% of respondents stated they did so because they were now more accepted for having HIV.
- 27.5% of PLHIV stated they reach out to local authorities for support more than previously, particularly for linking with other PLHIV and for receiving guidance from authorities.
- 100% of respondents stated they were satisfied with the support from local authorities, however, some PLHIV continue to request greater support for transport costs associated with accessing OI/ARV treatments and school kits for their children.
- 95% of respondents had participated in CHEC’s livelihood training with 58% stating they were now going well, 62.16% of participants also reported increased income since being involved in CHEC’s livelihood training.

PLHIV continue to request greater support for accessing their vital OI/ARV treatments from both CHEC and local authorities. Through continued collaborations with commune leaders, it is hoped we can maintain strong support networks for this vulnerable group and ensure they remain healthy well into the future. Continued livelihood training and support should enable all PLHIV to increase their income and live a higher quality, healthier life.
Throughout the past year, CHEC has warmly welcomed two volunteers to assist with proposal writing, editing and program design. Bianca Strugnell spent 2.5 months at CHEC from February to April and Abi Muir was at CHEC for the month of July. These volunteers have provided CHEC staff with invaluable insight into new ideas for health and education programs and provide exceptional English writing and editing skills, which are greatly appreciated. We thank them both for their hard work and dedication to CHEC’s programs.
## Financial Report July 2016 - June 2017

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<th>N</th>
<th>Project</th>
<th>Donors</th>
<th>Income</th>
<th>Expense</th>
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### BUDGET SPENT IN VARIOUS PROGRAMS

- Awareness Raising and Prevention of Gender-Based Violence and HIV/AIDS
- Strengthening the Capacity of Community Based Care Teams to Provide Care and Support for PLHIV & OVC in four Districts of Cambodia
- Improving Access to Care and Support of PLHIV and OVC in 5 Districts of Cambodia
- Income Generation

### FUND RECEIVE FROM DONORS AND INCOME GENERATION
For The Period Of July 2016 to June 2017
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.