



អង្គការកម្ពុជាអប់រំ និងថែទាំជីវិតអេដស៍ (តេក) CAMBODIAN HIV/AIDS EDUCATION AND CARE (CHEC)



ANNUAL REPORT JULY 2015-JUNE 2016

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ABOUT CHEC

Cambodian HIV/AIDS Education and Care (CHEC) 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 the Quaker Services Australia, CHEC formally registered as a local NGO with the Ministry of the Interior in January 2001. CHEC's programs work towards reaching the Cambodian Millennium Development Goals, particularly in response to combating HIV/AIDS, eradicating extreme hunger and poverty, promoting gender equality, and empowering women.

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 organisations, private sector organisations and government to improve the quality of life of vulnerable people, particularly people living with HIV/AIDS.

GOAL

Within the next 3 years the quality of life of vulnerable groups will be improved through improvements in health, education, income, access to basic human needs and increased support from the community and local authorities in 7 operational districts of Cambodia.





MESSAGE FROM THE CHEC DIRECTOR



It is my great pleasure to present our July 2015– June 2016 Annual Report. Over this past year CHEC has worked diligently to achieve our project goals and to think strategically about our future plans.

Through the successful implementation process of our projects, we also strengthened our partnerships and collaboration with local government partners, community members and field volunteers. This consolidation of effort is critical to our success in accomplishing our mandate for the year. Our activities culminated in the following vital programmes: “Women, girls and out of school youth living healthy lives free from gender based violence and HIV/AIDS” in seven operational districts; the “Community Based Care” programme in five operational districts; and the Improving Children’s Nutritional Status Using the Positive Deviance Approach” in three operational districts. Our focus for these activities was on increasing

the awareness of HIV/AIDS, STIs, Reproductive Health, Gender and Life Skills with specific attention on providing information on diagnosis, treatment and integration of HIV and AIDS into the Commune Investment Plan.

Our major accomplishments of 2015/2016 include:

- ⊕ Helping local authorities to successfully integrate HIV and AIDS programs into the Commune Investment Plans by conducting key meetings and providing coaching in Chhouk, Ta Khmao and Boribo.
- ⊕ With our support, community based educators actively participate in providing education to youth and their family members on HIV/AIDSs, STIs and reproductive health; as a result, youth have adopted new behaviours and now share household roles in the family, as well as practice more gender equality in their daily living.



- ⊕ Through our programs, 362 GBV victims are more empowered to access support and treatment services. The community people and women survivors are accessing support services at the commune level, and most importantly, reporting violence cases to local authorities.
- ⊕ Child nutrition is improving as a result of our positive deviance programme approach. Results from the end-line survey found a 68% increase in number of women with children aged 6-24 months who provide porridge for complementary feeding. We also saw a 51% increase in the number of positive deviant parents involved in home gardening proving important role modelling within their communities.
- ⊕ Our Strategic Planning workshop, which included staff and local community people, has helped focus our vision. We are proposing a new cycle funding phase for our donors to better help the poor rural people in Cambodia who we work with.

These and other significant accomplishments are only achieved by the commitment of the CHEC team and volunteers who work diligently to help us realize our goals. My sincere thanks and appreciation to everyone who is a member of our team.

We would also like to say a heartfelt “thank you” to our many donors who supported us both technically and financially in order for us to accomplish our mission. We are indebted to your commitment to our work and the people we assist.

I hope that this Annual Report offers a glimpse of our achievements as well as demonstrates our commitment as a steadfast champion of holding everyone accountable for ensuring a society free of HIV and violence, reducing stigma and discrimination against People Living with HIV and AIDS and helping improving the health of our children.

Dr. Kasem Kolnary



CHEC Director



BOARD OF DIRECTORS



Dr. Chiv Bunthy
Chairperson of
Board of Director



Mrs. Prum Dalis
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Member



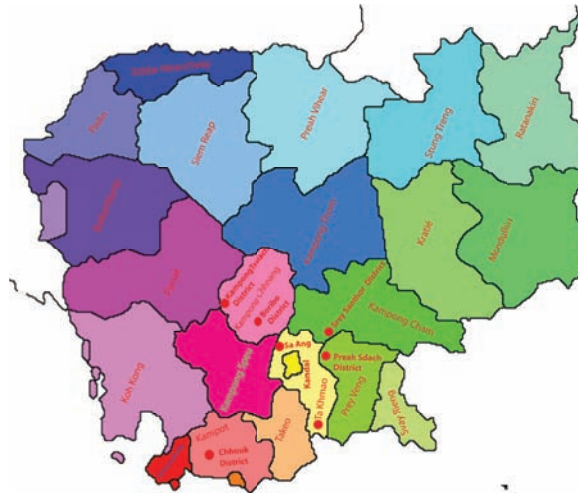
Mr. Tim Vora
Member



TARGET AREAS AND BENEFICIARY GROUPS

1. The Sa Ang and Ta Khmao Operational Districts (OD) in Kandal province
2. The Kampong Tralach and Boribo Operational Districts (OD) in Kampong Chhnang province
3. Preah Sdach Operational District(OD) in Prey Veng province
4. Chhouk Operational District (OD) in Kampot province
5. Srey Santhor Operational District (OD) in Kampong Cham province

- ⊕ Out of school youth
- ⊕ Women subjected to or at risk of gender based violence
- ⊕ People living with HIV and AIDS
- ⊕ Orphaned Vulnerable Children
- ⊕ Extremely poor men, women and children with ID poor 1 and 2



HIV/AIDS IN CAMBODIA

The HIV/AIDS situation in Cambodia is one of the most critical the world faces. However, it can also be considered one of the most successful turn-around stories, evidenced by the reduction of the number of new HIV infections by 67 percent since 2005.

In the last decade, availability of and access to comprehensive care and treatment services has been dramatically increased, and Cambodia has achieved critical success in reaching one of its millennium development goals in the significant progress in preventing and mitigating the impact of HIV and AIDS.

However, more must be done to maintain the momentum in combating the spread of the virus – as Cambodia still has the highest rate of AIDS in Asia. While the decrease in HIV prevalence rate among the general public from 2% in 1998 to 0.7% in 2012 (NCHAD) is an extremely positive trend, today, HIV has tightened

its grip on our most vulnerable and marginalized populations, which include women, youth and children. Women now represent more than half of the people living with HIV-40,553 women compared to 34,578 men in 2010. Not only are women generally infected at a younger age than men, government estimates reveal that nearly half of all new infections are among married women. This has obvious consequences for children, not only due to the increased risk of infection through mother-to-child transmission, but also through the impact on children's lives because of the loss or chronic illness of their mothers. While it is loosely estimated that there are approximately 6,000 children living with HIV in Cambodia, 5,836 children (aged under 15) were reported to be receiving HIV-related care and treatment at public health facilities by the end of 2010. These trends reflect the underlying gender

and cultural dynamics that drive the epidemic in Cambodia, where extra-marital sex is relatively acceptable for men, and women struggle to suggest condom use with their husbands. At the same time, a potential 'second wave' of new infections among most-at-risk groups, including: commercial sex workers and their clients, men who have sex with men, and injecting drug users, threatens to undermine the nation's progress in controlling HIV and AIDS. Young people under the age of 24 within these sub-populations are among those most at risk. Compounding this situation further, the level of HIV and AIDS resources that Cambodia has enjoyed so far has begun to decline as a result of the worsening economic climate. The need for high impact, low cost HIV programs in Cambodia is becoming more crucial in the face of increasing financial resource constraints. Without harmonized and intensive efforts, the epidemic in Cambodia is showing strong potential for resurgence.

OUT OF SCHOOL YOUTH PROGRAM

Introduction

Out of School Youth (OSY) range in age from 6 to 17 years old and are characterized as youth who do not attend school and are therefore able to work. OSY have been identified as a vulnerable group who are at risk for HIV and STIs transmission. The OSY Program aims to improve youths' knowledge, attitudes and behaviors related to HIV and reproductive health.

Outputs

Figure 1: A summary of CHEC's activities from July 2015 to June 2016 is highlighted in the table below.

Components	Training Titles and Frequency	Districts	Participants	
			Female	Total
Orientation Meeting	2 Orientation Meetings	Sa Ang and Kampong Tralach Operational District	9	63
Training courses	2 Training Courses On Gender And HIV/AIDS	Sa Ang and Kampong Tralach Operational Districts	30	52
	2 Refresher Courses On Reproductive Health And Life Skills	SKampong Tarch and Sa Ang Operational Districts	30	54

Components	Training Titles and Frequency	Districts	Participants	
			Female	Total
Training courses	7 Training courses on Leadership, CCEO, and Program Based Approach	Boribo, Rolearphea, Kandal Stoeung, Takmao, Chhouk, Chumkiri, Dornng Tung ADs.	95	209
Post Training Evaluations	2 Post Training Evaluation On Leadership, CCEO, And Program Based Approach	Boribo, Chhouk, and Takmao ODs	24	94
	2 Post Training Evaluation On Reproductive Health And Life Skills	Sa Ang and Kampong Tralach ODs	26	46
Community Forums	5 Community Forums	Chhum Kiri, Sa Ang, Boribo, Kampong Tralach, and Takmao ODs	300	870
Community Education Activities	453 Community Education activities conducted by Community Based Educators	Preah Sdach	1,704	2,587
		Srey Santhor	815	1,664
		Kampong Tralach	1,758	2,922
		Sa Ang	1,215	1,871
Meetings	16 Semester Meetings With Aids Committee, CBEs, and DFs	Provinces: Kandal, Kampong Chhnang, Kampong Cham, Prey Veng, and Kampot	119	230
	27 meetings to integrate HIV/AIDS activities to Community Investment Plan /Community Development Plan	Boribo, Chhouk, and Takmao ODs	161	448





Objectives

- ⊕ OSY practice gender equitable behavior in order to prevent HIV and STI transmission
- ⊕ Increased use of HIV and STI testing and treatment services by OSY
- ⊕ OSY receive increased support from community resources.

Findings/Conclusions

- ⊕ An increase of over 13% in participation regarding discussions on gender and negotiations between married partners on safe sex and condom use
- ⊕ 40% increase in use of HIV and STI testing services in 3 districts.
- ⊕ Family provision of education on HIV/AIDS and reproductive health (RH) increased over 12%
- ⊕ Increase of over 20% in the effective provision of HIV/AIDS and RH information by local authorities

Next steps for the Out of School Youth Program

- ⊕ Narrow focus more clearly on discrete populations (ex. adolescents, migrants, or women)
- ⊕ Provide short training on life skills based education to CHEC personnel and key partners to increase understanding and capacity to pass knowledge on to partners and beneficiaries in program target areas.
- ⊕ The concept and operation of youth-friendly centers should be reviewed, in order to increase access, give young people a greater role in running the centers and encourage the formation or strengthening of youth groups and networks.
- ⊕ Consideration for the use of IT, including text messaging and social media, and programming with young people.

GENDER BASED VIOLENCE PROGRAM

Introduction

Gender Based Violence (GBV) is a serious social problem facing Cambodia's vulnerable populations, with specific impact on the HIV/AIDS situation. GBV is defined as: "Violence that encompasses physical, emotional, sexual, psychological and verbal abuse, targeted towards a person because of their socially constructed gender role."

Outputs

Figure 2: A summary of CHEC's activities from July 2015 to March 2016 is highlighted in the table below.

Components	Training Titles and Frequency	Districts	Participants	
			Female	Total
Orientation Meeting	1 Orientation Meetings	Preah Sdach Operational District	15	33
Training courses	2 Training Courses On GBV And Counseling Skills	Preah Sdach Operational District	12	42
	1 Training Course On Case Management To Improve The Knowledge Of HC Staff And How To Manage DV/GBV Cases	Preah Sdach Operational District	1	102

Components	Training Titles and Frequency	Districts	Participants	
			Female	Total
Post Training Evaluations	1 Post Training Evaluation on community implementation (all of participants were police, CCs, Commune Leaders and CWCC)	Preah Sdach Operational District	1	102
Volleyball Contests	Volleyball Contest To Disseminate Information Related To GBV And The Law To Communities	Preah Sdach Operational District	475	1,114
Community Education Activities	227 Community Education Activities Conducted	Preah Sdach	2450	2892
		Chhouk	1,284	1,820
Meetings	6 Quarterly GBV Network Meetings	Sa Ang, Kampong Tralach, Chhouk, and Preah Sdach	73	102
Counseling	572 Home Counselling Sessions Provided To GBV Survivors By CBEs	Sa Ang, Kampong Tralach, Chhouk, and Preah Sdach	554	464
Referral	113 cases of DV & Rape to support Services	Sa Ang, Kampong Tralach, Chhouk, and Preah Sdach	113	113
	102 cases of DV & Rape to access health care	Sa Ang, Kampong Tralach, Chhouk, and Preah Sdach	92	102





Objectives

- ⊕ Increased knowledge on GBV among duty-bearers at sub-national levels and community members, including women, men, and girls, and as a results act together to prevent violence in their target areas.
- ⊕ Increased rate of women and girls who are survivors of and/or vulnerable to GBV to access enhanced quality and comprehensive services including legal, social, and health.
- ⊕ 80% of women, men, and youth in 4 target Operational Districts exposed to anti-violence campaigns have greater knowledge of GBV including awareness of laws, understanding rights and how to access the legal, health and social services available to them; and have a more positive attitude with regards to equality for women.

Findings/Conclusions

- ⊕ A 21% increase in reporting on GBV
An increase in knowledge and access to services for women and girl survivors; over
- ⊕ 69% received visits from local authorities who provided counseling or other support services
- ⊕ The number of people believing GBV is

acceptable fell by over 14%

- ⊕ An 11% increase in knowledge among beneficiaries on forms of GBV

Next steps for Gender Based Violence Program

- ⊕ Encouragement of active involvement of local authorities in community education and awareness-raising on GBV.
- ⊕ Long-term monitoring on the impact of GBV programs on communities.
- ⊕ Find ways to link GBV more strongly with other projects, in particular those that address the social and economic determinants of risk and vulnerability among target populations, such as labor migration and poverty.
- ⊕ Good practices regarding dealing with GBV cases should be documented and shared through various channels, such as learning platforms among CBEs and DFs, and other networks and forums in which CHEC is involved.

HOME BASED CARE PROGRAM

Introduction

CHECS's Home-Based Care Program is an essential mechanism to ensure PLHIV receive the necessary care and support to live healthier lives. The Program provides home visits, transportation to health centers and self-help groups in five OD's (Sa Ang, Ta Khmao, Kampong Tralach, Preah Sdach and Srey Santhor). The program's success is predicated on the use of community-based HBC teams. CHEC's Home-Based Care Program has achieved most of the target objectives, in particular the impact indicators that were set out in the objectives in the Log-frame.

Outputs

Figure 3: A summary of CHEC's activities from July 2015 to June 2016 is highlighted in the table below.

Components	Training Titles and Frequency	Districts	Participants	
			Female	Total
Training Courses	2 Training Course to OVC on nutrition, sanitation and water	Ta Khmao Operational District	36	80
	1 Training Course MSC and Impact Focus to DF and SHG Leaders	Kampong Tralach Operational District	146	285

Components	Training Titles and Frequency	Districts	Participants	
			Female	Total
Meetings	66 SHG And OVC Support Group Meetings	Kampong Tralach Operational District	935	1,699
	2 Semester meeting with DF/HBC	Kampong Tralach Operational District	4	14
	4 Quarterly Report "AIDS Network Meeting"	Kampong Tralach Operational District	14	59
Referrals	Support referral-times to PLHIVs/ CIAs to access OI/ARV through HBC teamsngs	Kampong Tralach Operational District	498	1078
	Support referral-times negative spouse to access VCCT	Kampong Tralach Operational District	211	394
	Support referral-times negative spouse to access VCCT	4 Operational Districts	541	1069
Counseling	Monthly Home visits to provide emotional support and counseling to PLHIV	4 Operational Districts	1840	3622
Distribution	Distribution of bikes and school kits to OVC	Kampong Tralach Operational District	108	180





Objectives

- ⊕ Families living with and affected by HIV engage in more gender equitable behavior
- ⊕ HIV negative spouses and children of PLHIV have access to VCCT services
- ⊕ PLHIV and people affected by HIV have an improved relationship with their community and local authorities

Findings/Conclusions

- ⊕ 88% of families reported increased gender-equitable behavior in four target provinces
- ⊕ 66% of PLWHIV & AIDS reported an improved relationship with their community
- ⊕ Over 1,180 VCCT referrals which is 129% of the planned target

Next steps for Home Based Care Program

- ⊕ Strengthen the capacity of local authorities and communities so that they can better plan for care and support of community members living with HIV and their families. Areas of focus: strategic planning, budget allocations and development of communities saving groups or social welfare funds.

NUTRITION PROGRAM

Introduction

Stunting in children is an important issue in Cambodia. In a 2009 Food Security Trend and Analysis report, 40% of children under the age of 5 are stunted and 14% are severely stunted. This program aims to improve the nutritional status and reduce stunting in children (ages 6-24 months) in poor rural households in target areas. Three of CHEC's target areas include Kampong Cham, Prey Veng and Kampong Chhnang.

This project utilizes the Positive Deviance Approach and complementary feeding training materials produced by UNICEF to address children's' nutrition and stunting. With this approach, the goal is to provide the necessary skills and techniques of porridge making (Bobor Khab Khrop Kroung) to mothers and fathers. These parents become role models who can then demonstrate good nutrition habits and practices to other parents in their communities.

Outputs

Figure 4: A summary of CHEC's activities from May 2015 to April 2016 is highlighted in the table below.

Components	Training Titles and Frequency	Districts	Participants
Training	6 Trainings on Child's physical development	Kampong Tralach, Preah Sdach, Srey Santhor ODs	Total
			94
Demonstrations	447 Demonstrations	Kampong Tralach, Preah Sdach, Srey Santhor ODs	12,441
Monitoring and supervision of progress activities	12 Monitoring activities	Kampong Tralach, Preah Sdach, Srey Santhor ODs	57
Meetings	18 Bimonthly Meetings	Kampong Tralach, Preah Sdach, Srey Santhor ODs	360
	12 Quarterly Meetings	Kampong Tralach, Preah Sdach, Srey Santhor ODs	376
	6 Semester Meetings	Kampong Tralach, Preah Sdach, Srey Santhor ODs	246

Objectives

- ⊕ Increase the number of parents with children aged 6-24 months using porridge for complementary feeding.
- ⊕ Increase the number of parents using additional nutritious foods with porridge .
- ⊕ Increase the number of parents involved in home gardening





Findings/Conclusions

- ⊕ Stunting in children was reduced in intervention groups by 0.5% (It's important to note that there was an increase in the control group of 0.3%). These changes are represented from the percentage of children stunted at baseline in 2013 compared to endline in 2016. These percent changes were obtained by:
 - A 68% increase in the use of nutritious porridge as a form of complementary feeding among children aged 6 to 24 months in the intervention group from 2013 baseline to 2016 endline.
 - An increase from 12% to 66.3% of participants preparing porridge with additional nutritious foods from 2013 baseline to 2016 endline.
 - A 51% increase in the skills of positive deviants using home gardens from the 2015 baseline to 2016 endline.

Next steps for Nutrition Program

- ⊕ Explore ways in which the Nutrition project can be linked more closely to other projects, in order to increase the prospects for sustainability of results, as well as ensure that activities complement those implemented with other beneficiaries. With increased resources, these families will be better equipped to buy or grow vegetables and other nutritious foods and reduce the need for labor migration.
- ⊕ Include additional training for peer educators to understand child development issues to discuss with participating families.
- ⊕ Implement mother club/forum in final stages of program at local health centers to allow for discussions between mothers and health professionals regarding the health of themselves and their families.
- ⊕ Increase cooperation with district agriculture office and health centers to ensure support for home gardens.

FINANCIAL REPORT JULY 2015 TO JUNE 2016

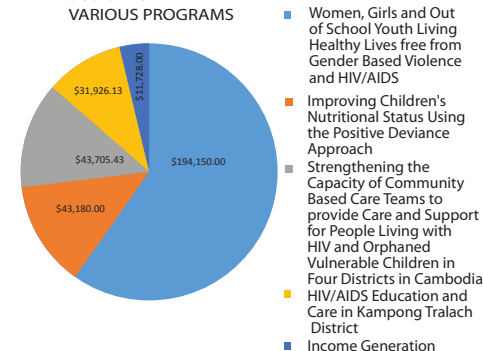
N	Projects	Donors	Budget	Income	Note	Expense
1	Women, Girls and Out of School Youth Living Healthy Lives free from Gender based Violence and HIV/AIDS	BfdW CHEC	\$221,273.00	\$171,288.31 \$10,648.00	*1	\$194,150.00
2	Improving Children's Nutritional Status Using the Positive Deviance Approach	DFAT	\$38,348.50	\$45,193.00	*2	\$43,180.00
3	Strengthening the Capacity of Community Based Care Teams to provide Care and Support for People Living with HIV and Orphaned Vulnerable Children in Four Districts in Cambodia	MISEREOR	\$46,909.00	\$37,290.61	*3	\$43,705.43
4	HIV/AIDS Education and Care in Kampong Tralach District	SCIAF	\$35,008.94	\$31,154.23		\$31,926.13
5	Income Generation	CHEC	\$0.00	\$11,594.58		\$11,728.00
		Total:	\$ 341,539.44	\$ 307,168.73		\$ 324,689.56

*Note 1: Indicating actual funds amount for the period although some figures reported in the last annual report.

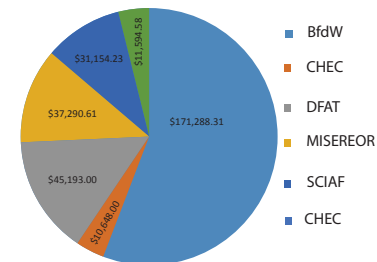
*Note 2: Indicating actual funds amount for the project period of May 2015 to April 2016.

*Note 3: Indicating income less than expenditure due to some funds left from the last period to settle it.

BUDGET SPENT IN VARIOUS PROGRAMS



FUND RECEIVE FROM DONORS AND INCOME GENERATION For The Period Of July 2015 to June 2016



VOLUNTEERS



Mrs. Tess Mclean, CHEC volunteer

What I believe is probably the most important things that I have done, CHEC is an organization who I am now working with for the second time and the organization provides incredibly important services and care and education to people living with HIV. When I compare what programs and what funding is available in Canada it breaks my heart to think that there is so little available for Cambodians, particularly for people living with HIV.

Dear Dr. Kolnary,
Thank you and your staff at CHEC so much for giving me the opportunity to work at your organisation. I have had an incredible month here in Cambodia and the work has been challenging but so rewarding. I hope that i will have the opportunity to come back and work at CHEC again one day in the future. The work that you will do is incredible and the people of Cambodia are so lucky to have organisation like CHEC working to improve the quality of life for all. Thank you once again for allowing me to work with yourself and your staff, I hope you have got as much out of this as I have. It has been such an eye-opener into the health and i can't wait to come back again.
see you again soon,



Bianca CHEC volunteer

Dear Dr. Kolnary,
First I want to thank you for having me. It is too bad that you weren't here during much of my visit but the CHEC team made me feels very welcome! It has truly been a pleasure to work for your organization and provide as much help as I could. I am sad that I have to leave but will hopefully have the opportunity to visit again in the future.



Lorri, CHEC volunteer

ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ARV	Anti-retroviral
CDP	Commune Development Plan
CHEC	Cambodian HIV/AIDS Education and Care
CIP	Commune Investment Plan
DF	District Facilitator
DFAT	Department of Foreign Affairs and Trade
DV	Domestic Violence
GBV	Gender-Based Violence
HBC	Home-based care
HIV	Human immunodeficiency virus
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
OD	Operational District
OI	Opportunistic Infection
OSY	Out of School youth
OVC	Orphaned Vulnerable Children
PLHIV	People Living With HIV
RH	Referral hospital
SHG	Self-help group
STI	Sexually transmitted infections
TB	Tuberculosis
UNICEF	United Nations International Children's Emergency Fund
VCCT	Voluntary confidential counselling and testing



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