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CAMBODIAN HEALTH AND EDUCATION FOR COMMUNITY

Annual Report

July 2022 to June 2023



ជួយសហគមន៍ឱ្យជួយខ្លួនឯង

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ACRONYMS

AIDS	Acquired immuno-deficiency syndrome
ART	Antiretroviral Therapy
ARV	Antiretroviral
BfdW	Bread for the World
CBE	Community Based Educators
CHEC	Cambodian Health and Education for Community
CHR	Community Health Responsiveness
CIP	Commune Investment Plan
GBV	Gender Based Violence
HC	Health Centres
Misereor	German Catholic Bishop's Organization for Development Cooperation
MoH	Ministry of Health
MoWA	Ministry of Women's Affairs
NAA	National AIDS Authority
NGO	Non Government Organization
PLHIV	People Living with HIV
SDG	Sustainable Development Goal
ODs	Operational Districts
UN	Trust Fund The UN Trust Fund to End Violence against Women
VCCT	Voluntary Confidential Counselling and Testing
YFC	Youth Friendly Centre

Message From CHEC Director

Dear readers,

I am very proud to present you the results from the past year of project implementation covering the period from July 2022 to June 2023.

CHEC is a Cambodian local NGO registered with the Ministry of Interior, Royal Government of Cambodia since 2001 and has been in operation until present. CHEC has established a reputation as a credible and effective service provider for health, youth volunteers and for women empowerment over the past several years. The most effective strategy was its partnership with the government's services delivery system, where the emphasis is on building the capacity and commitment to action of the sub-national and community public servants. CHEC complements these structures by building and strengthening volunteers among the community and youth through a peer education program. Its project staff have also adopted proven approaches for community education and mobilization within a human rights-approach. These learned skills for facilitation, information campaigns, participatory research, logistical management and popular education pedagogies enable them to mobilise the communities for action on their needs. Community network building served as the base where the program of services can be delivered effectively. The district offices are providing support to the commune councils for the preparation of their plan and are encouraged to support the districts and communes in their HIV work, in accordance with the Law on Prevention and Control of AIDS.

This current project contributes to 3 SDGs namely SDG 3 (health and well-being), 4 and 5. In Goal 4, CHEC has been working with youths, out of school youths by increasing awareness of reproductive rights through community youth peers.

This project responds to the 5-year National Strategic Plan of the Ministry of Women's Affairs (Neary Rattanak 4 from 2019 to 2022) and to community needs. It also responds to the needs of youth, both in and out of school, which is a priority target group for HIV prevention according to the National AIDS Authority. As HIV/AIDS and gender-based violence are often linked, both factors will be the main focus of the whole project cycle.

CHEC encompasses two project components: improving the lives of those who are victims or at risk of gender-based violence as well as tailoring information on sexual and reproductive health more widely available and accessible for young adolescents using most popular means such as facebook, webinar etc. For those young adolescents who cannot afford smart-phone and have no access to internet, CHEC has set up the libraries including computers at the Youth Learning Centre in each district so that youth in remote areas can spend time to read and learn the CSE subject.

Our intervention has helped young adolescents to understand the root causes of problems, and to be able to analyze them. This will enhance capacity of young people in terms of representing their community needs with the sub-national government. They will potentially become role models who can lead to positive changes in their communities.

In addition, CHEC also work closely with the relevant National and sub-national bodies and NGO network on CSE and SRHR in order to plan and manage the Adolescent Sexual Reproductive Health program at the commune level which will be more cross-cutting and more sustainable.

CHEC has experience since 2013 aimed 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. 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. CHEC staff have technical skills to ensure services provided to vulnerable people including PLHIV, youth and Gender Based Violence are of high quality.

CHEC work closely with the local stakeholders at the district level to provide support to GBV survivors. Collaboration is a fundamental principle that guides CHEC's work. Our primary partners of this project are the Departments of Women's Affairs, the Commune Committees for Women and Children, and the community-based educators. This achievement was made possible thanks to the strength of our partnerships and the tremendous support from our donors. Throughout the year, CHEC deepened its engagement with governments, the Ministries of Health, the Ministry of Women's Affairs, the National AIDS Authority and the networks of NGOs such as Health Action Coordinating Committee (HACC) and other LGBTIQ supporters.

We are grateful to our donors including Bread for the World (BfdW), The German Catholic Bishops's Organization for Development Cooperation (MISEREOR), the UN Trust Funds, we could not achieve what we are visioning for.

I wish to express our appreciation and thank you for the Board members of CHEC for their sound support, kind advice, make informed decisions, oversee the organization's performance, actively participate in meetings, and be vigilant for governance issues.

With warm regards, Thank you all readers for taking your time to read our annual report. Wishing you have a good time!



Dr. Kasem Kolnary
CHEC Director



Message from the Chairperson of CHEC Board of Directors

Dear Readers,

I am Phon Yut Sakara, the Chairperson of CHEC Board of Directors, and I am proud to share with you the CHEC Annual Report covering the period July 2022 to June 2023.

As the Chairperson, I am excited to report on the achievements resulting from the project implementation by our staff, field workers and volunteers in partnership with the local authorities and community stakeholders.

Through implemented and planned activities, the project aims to ensure that GBV victims, PLHIV and youth all have access to support and health services. The project aims to reduce gender inequality and other forms of inequity among the target groups and encourage change from within. In addition, we mobilize community leaders to add social credibility, support and sustainability to reproductive health and HIV programs. The project works in conjunction with local government health centres and Voluntary Centres for Counselling and Testing (VCCT) as CHEC partners.

This project improves primary prevention by educating youth and communities and increasing protection through providing victim-centred 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 delivered to youth and community leaders, support services at the local level have been strengthened, and referral networks increase access to relevant services.

Throughout the entire program, CHEC works with multiple key stakeholders, both local state and non-state actors to sustain the project.

At the national level, CHEC has built strong partnerships with key ministries, including the Ministry of Health, the Ministry of Women's Affairs, and the Ministry of the Interior. Over the years, CHEC has developed local partnerships with district councils, commune councils, health centre staff, community management committees, and adult and youth peer educators and local NGO partners to promote social rights and protection awareness, to localize community actions in responds to health and social needs. It has also strengthened its national advocacy and working partnerships with various ministries, notably with the Ministry of Health, Women Affairs and the National HIV/AIDS Authority to ease the policy environment and institutional delivery systems for its grassroots development programs aimed at improving lives in Cambodia.

As of survey findings in June 2023, the following results were achieved:

- The survey reported increased access to support from services for all groups compared to the baseline figures, (GBV survivors, LGBTIQ), through the counselling provided by the Local Authority, gaining knowledge on where to access support (from information cards of contacts for police, commune, and CCWC) and encouraging people to report GBV incidences to the authorities. For target groups applying skills to promote gender equality and reproductive health rights, the numbers and proportions had increased, particularly for members of the public. This has been supported by community debates on the issues, (World AIDS Day/16 days campaign) and receiving more knowledge, as well as through the men's, women's and peer referral groups.
- The volunteering of GBV men perpetrators to be activists to share and provide educations to other men GBV perpetrators in bi-monthly meeting and make the intervention during GBV occurred, was effective in changing the mind set of other GBV men perpetrators to stop exert violence in families as it is a good model to show why they changed their behavior and became good men.
- Some advances have been made within the first year of project implementation such as an increased number of youth of change as a result of attending CSE education sessions/webinars, group discussions at the Youth Friendly Centres located in 4 districts and so were sharing knowledge to their classmates or community.
- Quarterly meetings with local authorities (HC staff and teachers (CBEs)) were held in the target districts, encouraging Comprehensive Sexual Education (CSE) to be integrated in schools and community.

- In all 8 geographical locations, there are 414 duty-bearers who receive direct support from our project intervention. Through this intervention, we will reach 50,000 indirect beneficiaries (of which 51% are females including women GBV survivors, PLHIVs, and LGBTIQs).

As I am a witness of CHEC growth, I can assure you that their strategies are very efficiency and cost-effectiveness and what the organization does is to provide means and solutions to address GBV in Cambodia.

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 (MoWA) for the implementation of National Action Plan on Violence Against Women III (NAPVAW). At the sub-national level, CHEC has increased awareness among youth and citizens about the adverse effects of GBV. Likewise, the organization has connected people who are at risk of GBV and GBV’s survivors with the District Office of Women’s Affairs, Women and Children Consultative Committee (WCCC), and Commune Council for Women and Children (CCWC).

I would like to express my appreciation to all CHEC staff and its Director for their work and commitment in supporting citizens - PLHIV, GBV survivors and youth - to advocate with duty bearers in their constituencies for having greater accountability and responsiveness in the development agenda, such as Community Development Plan and Community Investment Plan.

Finally, I extent my warm thanks to our donors, supporters, volunteers and board members for their strong wonderful commitment through setting CHEC strategies and structure as well as exercising accountability to shareholders and being responsible to relevant stakeholders.

Thank you for taking your time to read this annual report.



Mr. Phon Yut Sakara
Chairperson of CHEC Board of Directors



ABOUT CHEC

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.

Values

Collaboration: We believe that developing and maintaining strong, respectful, and mutual relationships with individuals, communities, partner organizations, donors, and other stakeholders with whom we work are the best result of cooperation and teamwork.

Gender equality: We believe everyone must have equal opportunities and derive equal benefits from development, regardless of gender, religion, indigenous status, or disability. Women and girls cannot be left behind.

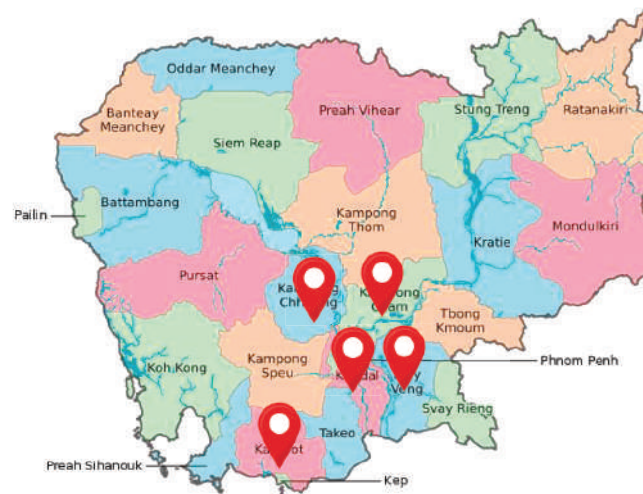
Equal participation: We believe all people should have a say in the matters that affect their lives, including and especially women, girls, and vulnerable groups.

Commitment: We believe that all the resources that we invest would help reducing discrimination against vulnerable women and their children and contribute to the promotion of equal access and opportunities, free voice and choice in all decisions affecting them.

Accountability: We believe we answer and are first accountable to women and girls of Cambodia. We also recognize the importance of answering to the government, our donors and each other.

CHEC Key project areas

CHEC is currently operating in five different districts across Cambodia, in eight provinces. This accounts for over 566 villages, and 79 communes across the nation. These provinces, namely Prey Veng, Kampong Chhang, Kampot, Kampong Cham and Kandal focus on youth, gender-based violence or community-based care, exclusively or combined. For instance, Kampong Cham implements projects targeting all three of the above, whereas Prey Veng only implements community-based care related projects. Below is a map of Cambodia, illustrating CHEC's project areas.



HIV AND AIDS IN CAMBODIA

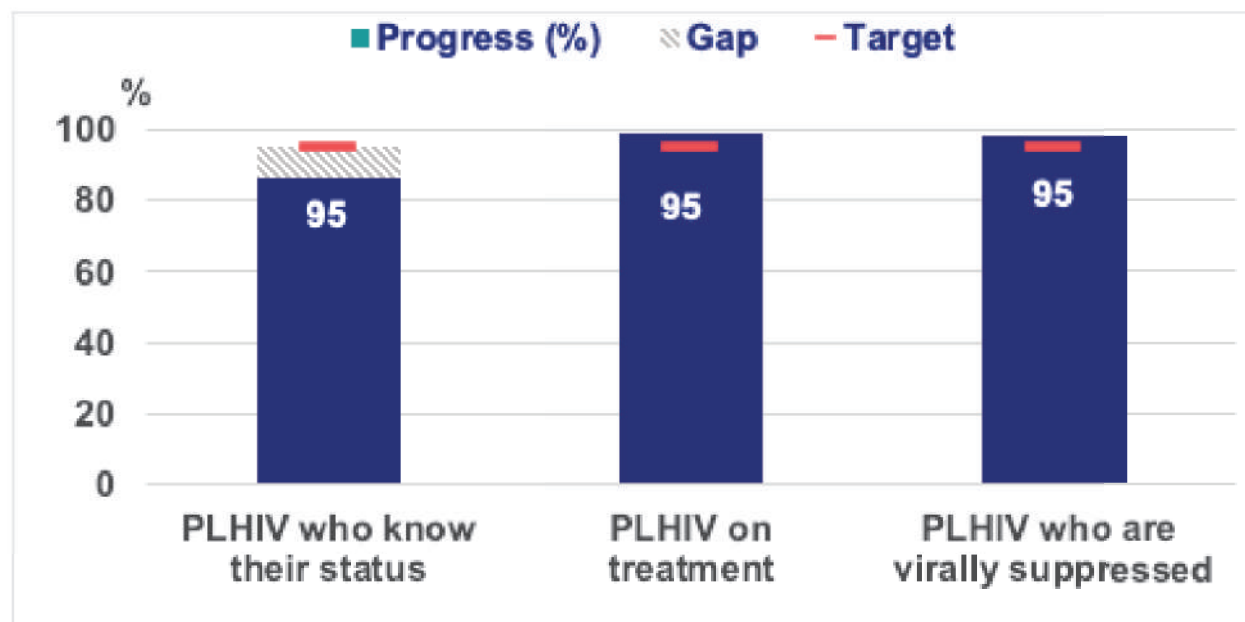
By the end of 2022, an estimated 76,000 (63,000-85,000) people will be living with HIV, of which 74,000 (61,000-83,000) will be adults aged 15 and over. And about 2,000 (1,600-2,400) children (0-14 years). Eighty-six percent of all people living with HIV are aware of their HIV status, and it is estimated that 11,000 people are unaware that they are still infected.

Estimates put the number of new HIV infections at 1,400 (1,200-1,500) in 2022, meaning about four people are infected with HIV every day. New HIV infections have been reduced by 91% since the peak of the HIV epidemic in 1996, but the rate of decline has been slowing to 33% since 2010. New HIV estimates show that an increase in the proportion of new HIV infections among men and boys will account for 79% of all new HIV infections by 2022. By population, 83% of all new HIV infections are among the key population (entertainment staff, women, men having sex with men and other men having sex with men, transgender women, drug users and injectors, and street partners). Cambodia's achievements are seen as a model for achieving the highest rates of access to treatment and the lowest rates of HIV infection among people living with HIV. As of December 2022, 64,931 people living with HIV were receiving antiretroviral treatment, and that means that 99% of people living with HIV who are aware of their condition are receiving treatment. The percentage of people living with HIV on treatment is reduced to a minimum. 98% of people who are on treatment have their viral load suppressed.

The priority action that must be focused from now on is that we must continue to work together to achieve the 95% goal, which by 2022, we have achieved 86% of the first 95% target through the promotion. Encourage people suspected of having HIV to get tested for HIV and increase prevention education to reduce new HIV infections, especially in key populations and young people.

Source: NCHADS and NAA

Progress towards 95-95-95 targets



GENDER BASED VIOLENCE SITUATION

In Cambodia, women and girls are vulnerable to violence. Violence against women stems from gender inequality and discrimination, which is recognized as both a public health problem and a human rights violation. According to National survey on women's Health and Life Experiences in Cambodia (2015), women are at greatest risk of violence from their intimate partners, and that this violence is often frequent and severe. 21 percent of ever-partnered women have experienced physical and/or sexual violence by a partner while 8 percent reported experiencing physical and/or sexual violence in the past 12 months.

In 2022, according to CDHS 2021-2022 recent findings show this has decreased to 10 percent and 5.4 percent respectively. Evidence demonstrates that inequitable social norms in Cambodia contribute to violence against women and girls placing blame on women and girls and promoting tolerance of violence. In 2014, about half of all women believed that a husband is justified in beating his wife for at least one of six specified reasons, while in 2022, recent findings show a decrease to just over one-third (37 percent) of all women. About one-third of young women and girls and young men and boys aged 13-24 years condone spousal physical violence. Women at risk of violence include women with disabilities, indigenous women, women migrant workers, women entertainment workers, lesbian, bi-sexual and transgender women, women living with HIV, female garment workers, and others. Cambodia has made significant progress in its efforts to prevent and respond violence against women, but challenges still persist. Violence against women is rooted in gender inequality and is a violation of women's human rights. GBV stems from unequal power relationships within families, communities and states, and is generally directed specifically against women for various reasons and affects them disproportionately. Article 2 of the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) elaborates that violence against women includes sexual, physical, and psychological violence in the family, community and state. As in Cambodia women are subjected to many forms of physical, psychological, sexual and economic violence, there is a need to combat GBV and promote gender equality in the society.

Women may experience a combination of different forms of violence. Overall, 11% of women aged 15–49 have experienced physical or sexual violence or both. Eight percent of women have experienced only physical violence, 1% have experienced only sexual violence, and 2% have experienced both physical and sexual violence.

The Royal Government of Cambodia (RGC) has developed a legal framework to reduce violence against women and girls (VAW/VAWG), and through the Ministry of Women's Affairs, with support from development partners, formulated the first, second and third National Action Plan to Prevent Violence Against Women (NAPVAW I 2009-2013, NAPVAW II 2014-2018, NAPVAW III 2019-2023). The overall objective of the NAPVAW III is that “violence against all women and girls is reduced through increased prevention interventions, improved response, increased access to quality essential services and multi sectoral cooperation and coordination”. To achieve this, NAPVAW III has focused on four strategic areas: 1) Prevention, 2) Legal Protection and Multi-Sectoral Services, 3) Laws and Policies, and 4) Monitoring and Evaluation and Learning.

PROJECT: EMPOWERING YOUTH FOR SEXUAL AND REPRODUCTIVE HEALTH AND RIGHTS AND COMMUNITY PARTICIPATION/CEDAW ADVOCACY FOR COMMUNITY EDUCATION TO END VIOLENCE AGAINST WOMEN

Introduction

Although Cambodia has made impressive progress in the last few decades in the fight against HIV/AIDS and in promoting effective family planning practices, health is still an urgent issue facing youth today.

Social and cultural transformations brought about new risks for the health of Cambodia's youth. The major challenges are sexual and reproductive health (SRH) issues, including STIs and HIV/AIDS (prevalence of 0.2% among youth aged 15-24), unwanted pregnancy, pregnancy-related illnesses, unsafe abortions, mental health problems, accidents and violence. There is still a large knowledge-behavior gap regarding condom use for HIV prevention, while only 1% of young females reported having used condom at last intercourse in 2011.

Through CHEC training and capacity building for youth leaders and peers, these youth can then alter others' perceptions towards gender discrimination and create safer living environments within families and communities. CHEC's Youth Program has created new opportunities for Youth Leaders and Youth Peers in target areas to promote collaborative learning in communities, as youth share information and ideas on reproductive health, HIV/AIDS, and STIs. Moreover, Youth Leaders and Youth Peers mentor, share experiences, and develop relationships with these youth. CHEC also built a young leadership and their partnership among all youth groups in the community level where CHEC work. Further training on GBV provides young people with the tools and expertise to understand the root causes of violence in their communities, to educate and involve peers and others in the community to work to prevent such violence and helps them to learn where they can access support, if they experience violence.

Gender-based violence is rooted in gender inequality, is a form of discrimination, and is a violation of women's human rights. GBV stems from unequal power relationships within families, communities and states, and is generally directed specifically against women and girls and affects them disproportionately. General Recommendations No. 19 and 35 of the Committee overseeing the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) elaborate that violence against women includes sexual, physical, and psychological violence in the family, community and state. As in Cambodia women are subjected to many forms of physical, psychological, sexual and economic violence, there is a need to combat GBV and promote gender equality in the society.

The plan of action 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.

Women GBV survivors deserve 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 responses require collaboration among survivors, service providers, local authorities, government and non-government actors and agencies.

Outcome and Impact

Indicators (information differentiated by sex or one indicator for the gender dimension)	Baseline	December 2022	June 2023	Justification
Objective 1: Adolescents' CSE (Comprehensive Sexual Education) has improved				
1.1. The number of schools that include CSE in their curriculum increases by 70%	56%	59%	65%	Based on the result interviewed with 63 teachers from 20 schools, it presented that 65% of teachers reported that there are any CSEs topics in curriculum of schools. It was increased by 6% to the last semester from 59% to 65%. Among those reported that 40.5% were focused on the growing o human body, 33.3% focused on other health of youth, 23.8% focused on safe abortion, 62% focused on STI and 74% focused on HIV.
1.2. 70% of the adolescents share their knowledge on CSE with their peers.	12%	15.7%	21.1%	Based on the result interviewed with 199 youth in 4 districts, it presented that 21.1% of youth reported that they used to share their knowledge on CSE with their peers. It was increased by 5.4% to the last semester from 15.7% to 21.1%. Among those, 69% of youth shared CSE in school, 50% shared during community educations, 33% shared with relative and sisters or brothers in families, 21% shared during community events and 10% shared in youth friendly centres.
Objective 2: The use of SRHR services by adolescents and LGBTIQ has been increased.				
2.1. HIV/STI testing in community health centres increases by 70%	HIV: Adolescents: 0% LGBTIQ: 26% STI: Adolescents: 1% LGBTIQ: 32%	HIV: Adolescents: 3.3% LGBTIQ: 44% STI: Adolescents: 1.3% LGBTIQ: 16.7%	HIV: Adolescents: 12% (24/208) GBTIQ: 21% (19/89) STI: Adolescents: 11% (23/208) LGBTIQ: 24% (21/89)	Based on the results interviewed with 208 youth, it presented the youth recently accessed both HIV blood testing and STI testing, or treatment increased to the last semester, but it was deducted for LGBTIQ because of no suspected cases.

Objective 3: By end of June 2025, Gender based Violence in project areas has been declined

<p>3.1. 90% of male community members respect the legal rights of women.</p>	<p>46%</p>	<p>67%</p>	<p>76%</p>	<p>Based on the results interviewed with 132 community men in June 2023 presented that 76% of them respected the legal rights of women like not blame women and not thought it is the fault of women during the GBV happened. It was increased by 9% from 67% to 76% to the last semester.</p>
<p>3.2. 90% of GBV survivors report to live free from violence for at least 12 months.</p>	<p>67%</p>	<p>56%</p>	<p>74%</p>	<p>Based on the results interviewed with 101 GBV women survivors in June 2023 presented that 74% of them reported that they live without violence and threat. It was increased by 18% from 54% to 74% to the last semester.</p>

PROJECT: COMMUNITY HEALTH RESPONSIVENESS FOR PEOPLE LIVING WITH HIV, YOUTH AND GENDER BASED VIOLENCE- PHASE 2

Introduction

Gender-based violence is rooted in gender inequality, is a form of discrimination, and is a violation of women’s human rights. GBV stems from unequal power relationships within families, communities and states, and is generally directed specifically against women and girls and affects them disproportionately. General Recommendations No. 19 and 35 of the Committee overseeing the UN Convention on the Elimination of All Forms of Discrimination Against Women (CEDAW) elaborate that violence against women includes sexual, physical, and psychological violence in the family, community and state. As in Cambodia women are subjected to many forms of physical, psychological, sexual and economic violence, there is a need to combat GBV and promote gender equality in the society.

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.

The goal of this project is to eliminate GBV in a holistic, systematic, complementary, and comprehensive manner, through multi-sectoral, and multi-dimensional approaches, and to provide appropriate care and services to survivors of GBV in the target areas. Besides, the project will provide the training on “Parenting Skills” to GBV families as well as the training on “Couple-to-Couple Approach” which will enhance the capacity of the target groups for living in harmony within families.

Building on past success, this project continues to also promote ART drug literacy and adherence among PLHIV and to ensure the availability of medicines and strengthen HIV prevention by, for instance, providing HIV-related information and education, and preventing mother to child transmission, through increased support from their communities and local authorities.

The main goal of this project:

Contribution to improved support services, structures and rights for PLHIV, GBV victims and youth in selected provinces and districts of Cambodia.

Indicator 1): Agreed target value at end of project:	Baseline value at project launch (month/year): August-2022	Any interim values (month/year): June 2023	Current value (month/year): CHR project conducted the acid-interview with 20 GBV survivors, 20 PLHIV and 20 youth in two districts to measure the project of work relating with indicators.
Project Objective 1: Access to relevant services for people who are at risk or are survivor of gender-based violence, people living with HIV/AIDS and youth has improved.			
70% of known GBV survivors received support from authorities or their social environment	37%	45%	20 GBV survivors interviewed in two districts, 10 per district reported that 45% in average received support from local authorities and communities like referral to access support servicer, supported for building cases or put the complains, provide counseling or home visit and intervention during GBV cases happened.... It was increased from 37% to 45% to the baseline.

70 % of GBV survivors reported not having experienced violence for at least 6 months	15%	30%	20 GBV survivors interviewed in two districts, 10 per district reported that 6 (30%) out of 20 not having violence in their living from partner. It was increased from 15% to 30% to the baseline.
	15%	30%	20 GBV survivors interviewed in two districts, 10 per district reported that 6 (30%) out of 20 not having violence in their living from partner. It was increased from 15% to 30% to the baseline.
Annually, four case studies of reduced violence in the family due to project intervention are reported	0	No	Will report in December 2023
Project Objective 2: The health situation of people living with HIV/AIDS has improved or remain stable.			
Over 80% of the PLHIV supported by the project practice regular ART adherence.	79%	86%	20 PLHIV in 2 districts interviewed were presented around 86% practice the best good adherence for their daily living as follow: 1. Used regularly ART (90%) 2. Never got Opportunity Diseases (75%) 3. Never change medicines recently (85%) 4. Accessed ARV services by hospitalized appointment (95%) Based on the result, the best practice on good adherence of PLHIV increased from 79% to 86% from the baseline.
Annually, four case studies of improved or stable health condition of PLHIV are reported.	0	1	One case study relating to PLHIV best practice on good adherence for living has been written.
Project Objective 3: Access for youth to relevant services has improved.			
Youth access VCCT for HIV testing and STI treatment increased by 30% from Baseline.	HIV testing: 5.7% STI testing and treatment: 6.2%	HIV testing: 20% STI testing and treatment: 25%	20 youth in 2 districts interviewed reported that 20% of them recently accessed HIV blood testing and 25% accessed STI testing and treatment at health centre in their local areas. It was increased from the baseline by 14.3% for HIV blood testing and increased by 18.8% for STI testing/treatment.
Youth leaders and peers received support in findings jobs and other opportunity from local stakeholders.	33% 8 youths	43% 9 youth	20 youth in 2 districts interviewed reported that they have supported from local stakeholder to find job with local authorities for contract staff with districts/communes, as commune/village activists and as promoters for making awareness in communities. It was increased to baseline from 8 youth to 9 youths.
Annually four case studies of job or vocational trainings provided to youth are reported.	0	1	One case study relating to youth received a job from local authorities and changed their attitude or behaviors to work with local authorities has been written as in attached file.

MOST SIGNIFICANT CHANGES MOST SIGNIFICANT CHANGED: MR. YEN PHENG AND MRS. CHEA SARAN TITLE: NEW LIFE JOURNEY

Mr. Yen Pheng, 43 years old has married to a 45 year old woman name Chea Saran. They both live in Bang Oek village, Svay Phlosh commune, Peam Chor district in Prey Veng Province. They have a child as a bond of their love. The life of this couple included quarrelling, sometimes it would lead to physical and economic violence when he got drunk. Their living conditions were not good as they earned little income from their farming work. In 2021, they both were invited to attend the community education and other campaign events focused on GBV and gender. They both started to receive home counseling and education from CCWC and CHEC district facilitator to discuss and share about impact of GBV, gender and law and integrated them into group members' meetings.

Since they both joined the self-help groups and attended the meetings, they learnt from other group members how to manage anger and use non-violent communication.



They also received training on Gender Equality with other men and women who experienced same GBV cases. Mrs. Chea Saran was then appointed as women group leader by group members, and she led the meeting together with support from CCWC to share good experiences with the group members to live without violence in family. Relating with the changes of Mr. Yen Pheng, he has changed his attitude and behaviors to use good words for daily living. He reduced drinking and stopped exerting violence in the family because he understood that exerting of violence was not lawful and impacted on the family's honor and disgrace with neighbors including lost family income when got an injury and also had high commitment to stop exerting violence in family and tried hard to earn money to supply the basic needs. In the bi-monthly meeting of men's groups, and quarterly meetings between men and women, Mr. Yen Pheng always raised the negative points that lead to GBV and shared a good experience to stop violence for daily living among the team members. Now, he often intervenes with other families who are subject to GBV and provides educations to other men perpetrators in communities. These changes became a factor of economic improvement with enough income to support daily living with family happiness. At the end, they both expressed their thankful to CHEC and Donors including local authorities for providing them education that helped changed behavior of Mr. Yen Pheng to be a good man to stop exerting violence in family.



MOST SIGNIFICANT CHANGES

Mrs. Leuy Srey Mom

“After Raining, the Sky is blue”

Ms. Ley Srey Mom, 42 years old, has 4 children, including 3 daughters), she lives in Trapaing Mtesh, Svay Chhuk commune in Samaki Meanchey, Kampong Chhnang province. She found out that she was infected with HIV from her husband in 2007 when her first child was born. The first child got infection with HIV and fell ill and died at the age of 13 months. She felt suffering and was unhealthy with CD4 around 480 cells and then she suggested divorce from her husband, but he refused.

Since her life was full of discrimination in communities, she was never invited to join the ceremonies and not allowed to have food at the places in communities and it was suggested she packed the food to take home. She joined the CHEC project in 2020 and attended training on Art Adherence for 3 days with CHEC. Since 2022, she has worked with CHEC as a volunteer (Community Health Volunteer, CHV) for providing home counseling to other PLHIV in their communities. As a results of attending training with CHEC, she understood the good Art Adherence and put it into practice for living. She accessed health care with a referral to hospital by appointment, she took ARV regularly around 6 AM every morning, she lives with sanitation and clean. Today, her health is good with her Viral Load undetected, it meant her Viral Load less than 1000. Besides working as volunteer with CHEC, she is a school cleaner receiving UD\$50 per month and she is also a cake seller in school that sometimes she earns around UD\$7.5 to US\$10 per day. She thanks CHEC for training her on Art Adherence and provided tasks for home visits to other PLHIV in communities. It built her hope and strength to encourage her to continue with good Art adherence that it makes healthy and dare to share a best practice for living with other PLHIV in community.



She conducted home visit and provided counseling to other PLHIV in Community



She sells fried cakes in school

DONORS

We can successfully implement our activities in the target areas with strong support from our strategic donors who are all supporting from overseas. We are grateful to our current donors who are Bread for the World (BfDW) and MISEREOR for their on-going support to our projects and UN Trust Fund, which CHEC received grant for the CEDAW Advocacy to End Violence Against Women project of its 25 grant cycle.



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



MISEREOR is the German Catholic Bishop's Organization 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 organization also helps ensure human rights are upheld and the way is paved for the people concerned to live in dignity.



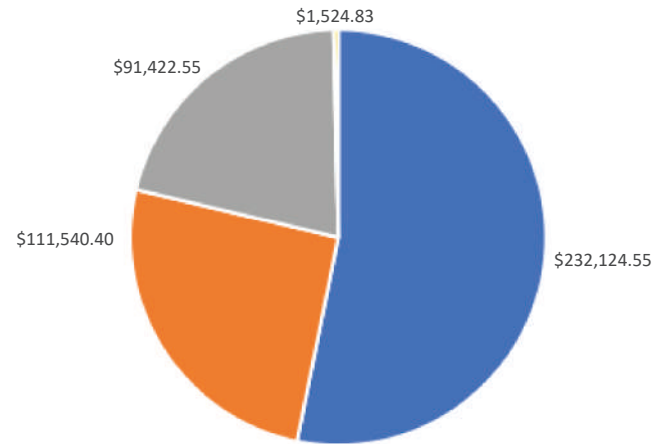
The UN Trust Fund to End Violence against Women (UN Trust Fund) was established by the United Nations General Assembly in 1996 (resolution 50/166). It is a global, multilateral, grant-making mechanism that supports national efforts to prevent and end violence against women and girls. The UN Trust Fund is administered on behalf of the United Nations system by the United Nations Entity for Gender Equality and the Empowerment of Women (UN Women), which provides a strong institutional foundation and field support through its regional, multi-country and country offices.

FINANCIAL REPORT JULY 2022-JUNE 2023
CAMBODIAN HEALTH AND EDUCATION FOR COMMUNITY

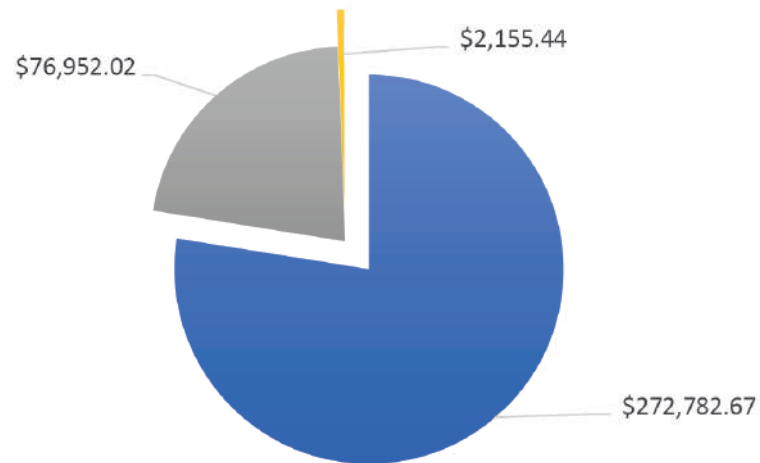
Annual Report for Period (1-Jul-22 to Jun-2023)

No.	Projects	Donors	Income	Expense
1	Empowering Youth for Sexual and Reproductive Health and Rights and Community Participation, Phase 2 (BfdW) & CEDAW Advocacy and Community Education to End Violence Against Women. (UNTF)	BfdW	\$ 232,124.55	\$ 272,782.67
		UNTF	\$ 111,540.40	
2	Community Health Responsiveness For People Living With HIV/AIDS, Youth And Gender Based Violence In 2 Districts Of Cambodia	MISEREOR	\$ 91,422.55	\$ 76,952.02
3	Income Generation	CHEC	\$ 1,524.83	\$ 2,155.44
Total:			\$ 436,612.33	\$ 351,890.13

Income

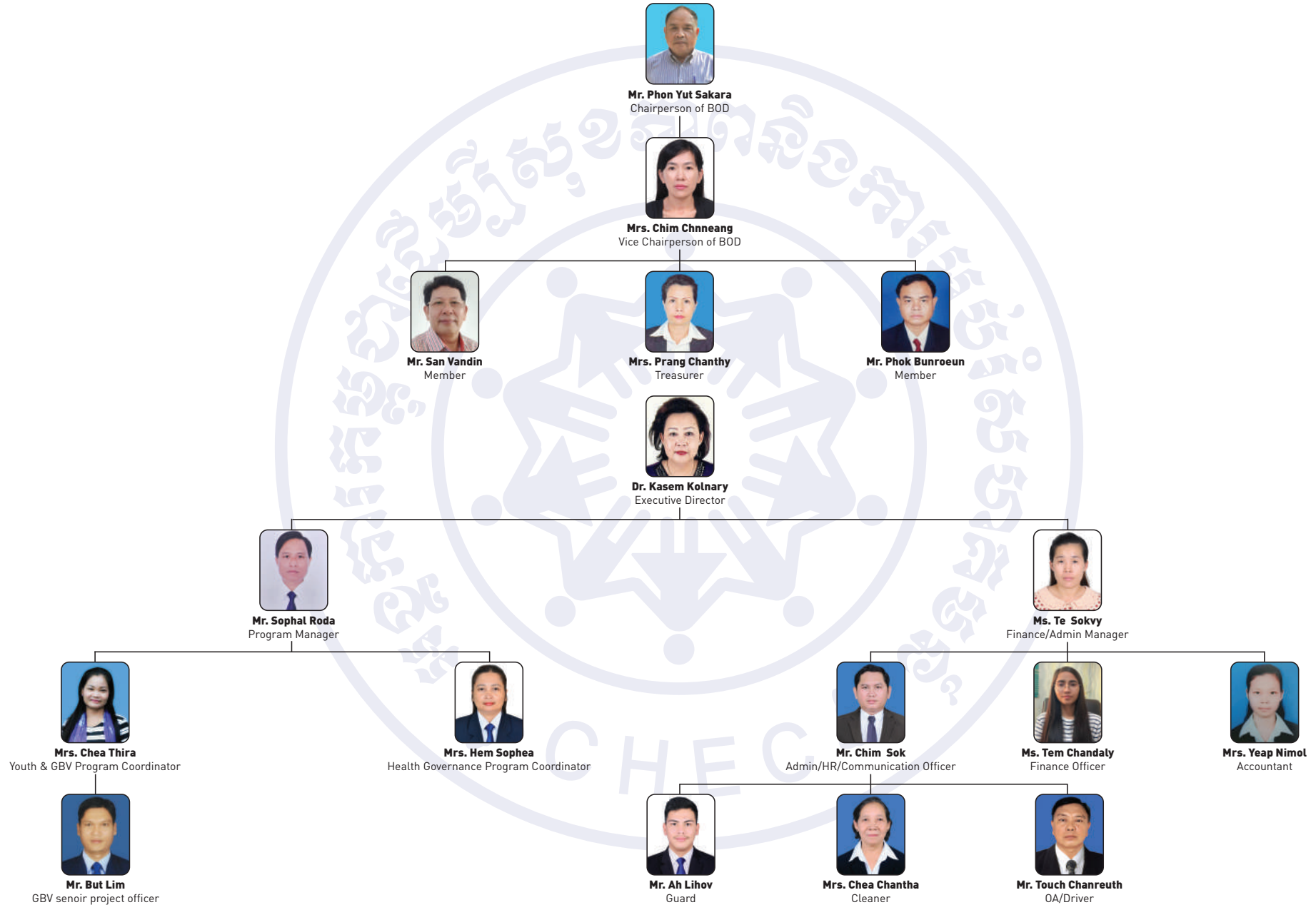


Expense



- Empowering Youth for Sexual and Reproductive Health and Right and Community Participation, Phase 2 (BfdW) & CEDAW Advocacy and Community Education to End Violence Against Women. (UNTF)
- Community Health Responsiveness For People Living With HIV/AIDS, Youth And Gender Based Violence in 2 Districts of Cambodia
- Income Generation

CHEC ORGANIZATIONAL STRUCTURE IN 2023



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HELP THE COMMUNITY TO HELP THEMSELVES

ជួយសហគមន៍ឱ្យជួយខ្លួនឯង

