



Annual Report

2023-2024



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ACRONYMS

AIDS	Acquired immunodeficiency syndrome
ART	Anti Retroviral 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
CSE	Comprehensive Sexual Education
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 Governmental Organization
PLHIV	People Living with HIV
SDG	Sustainable Development Goals
ODs	Operational Districts
UN Trust Fund	The UN Trust Fund to End Violence against Women
VCCT	Voluntary Confidential Counseling and Testing
YFC	Youth Friendly Centre

CHEC Director's Message



Dear readers,

It is my pleasure to present the annual report on the results of our project. This year has been a remarkable journey of growth, learning, and impactful change."

Since 2001, as a local registered NGO "Cambodian Health and Education for Community" (CHEC) work focuses community engagement, education, training, advocacy, and support programming targeting vulnerable populations, including women, children, and people living with HIV.

Over its 24-year history CHEC has seen that community-driven responses to solutions are the most sustainable way to address social and health challenges within districts. As a result, in the Districts in which CHEC is currently active, strong relationships have been built with the District Councils, Commune Councils, the District Health Management Committees, the Provincial Health Departments, and local service providers. The organisations work together planning and implementing programs with local communities.

CHEC currently runs three programmes, including a Gender-Based Violence (GBV) Programme with over 4,500 direct beneficiaries, the programme uses a multi-stakeholder approach, focusing on changing social and behavioural as to reduce and eliminate violence against women, supporting at risk and vulnerable women and girls, and increasing access to service and interventions for victims. The Youth Programme that support vulnerable youth uses a primary prevention approach to improving gender-equity and health as it helps the beneficiaries become change-makers among their peers.

The Community Health Responsiveness Programme support positive behavioural health changes among targeted women and helps them empower their communities through improved prevention of violence and health outcomes.

The project contributes to 3 SDGs, namely 3 (good health and well-being), 4 (quality education) and 5 (gender equality). As part of Goal 4, CHEC has been working with youths, both in and out-of-school youths by increasing awareness of reproductive rights through community youth peers.



So far, the intervention of the program includes production of community education, youth debates, community forums at community level have provided the opportunity for in and out of school youths and community people at all age express opinions and accept to change behaviour in relation to sexual reproductive health and sexuality as well as gender equality.

We have enhanced equal participation and non-discrimination of the target groups. They are part of the dialogue and process of implementing the strategy. In support of the 2030 Sustainable Development Agenda's human rights-based commitment to 'leave no one behind', we highlight the human rights concerns of women, young people, person with disabilities and persons with HIV and AIDS, including as defenders of rights.

Through training sessions, CHEC formed a network of community-based educators, including youth leaders and local authorities, equipped to raise awareness about violence against women and girls, and destigmatize people in marginalized communities. Community-led social media campaigns, events and public debates have progressively changed their mindset on gender-based violence, recognizing the need to respect women's rights and to end victim blaming.

In addition, CHEC has established youth-led and youth-friendly centres, which provide sexual and reproductive health and rights education as well as referrals and counselling. These activities focus on people with multiple, intersecting identities, such as LGBTIQ+ persons, people living with HIV or women from the lowest income group.

CHEC is committed to leaving no woman or girl behind by establishing peer referral support groups for survivors. Over a year, the network of community-based educators has referred around 400 women, to health centres as well as the police and justice system.

GBV survivors with access to information and knowledge is the most effective method of empowerment as they dare to report their cases to supporters and duty bearers. Before the project, they feared their perpetrators and the social stigma, but since they joined the Self-Help Groups for Women, they continued to learn skills in negotiation and non-violent communication. Within the group meetings, they can share their concerns, ask questions to the group facilitators for support in many ways. They know where to access support services. CHEC conducted regular quarterly meetings with key relevant stakeholders to discuss progress, challenges, and ways for more improvement in service provision and share good experiences of work to each other.

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).

The project was designed to ensure that the majority of its interventions would be sustainable through the investment of knowledge, skills and confidence of the target beneficiaries. While the project met with some challenges, CHEC has organised an effective programme that is on track to continue achieving its goals.



I like to extend my warm thanks to our long lasting donors, whose funding has the power to unlock opportunities that would otherwise remain out of reach. It is both a driving force and a catalyst for progress and growth. [which] fosters commitment, promotes transparency, helps to identify roadblocks, encourages collaboration, and drives results.

I like to express my sincere gratitude and thank you for all Board members, for your dedication to CHEC's board. This role carries immense responsibility, and you've taken on the role with wisdom and integrity. The amount of time and dedication you've given us this year is tremendous. I can't thank you enough.

We will continue to expand our programs, deepen our research, and advocate for policies that address the root causes of inequality. Our goal is to create a more inclusive and equitable society where everyone has the opportunity to succeed.

In conclusion, I would like to extend my heartfelt gratitude to our dedicated team, partners, and community members. Your support and collaboration have been instrumental in our success. Together, we are making a difference, one step at a time.

Thank you.

A handwritten signature in blue ink, which appears to read "Kasem Kolnary".

Dr. Kasem Kolnary
CHEC Director

CHEC plays a crucial role in providing support services, raising awareness, and advocating for policy changes. We work directly with survivors and communities to address violence at the local levels.

Chairperson Message



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 from July 2023 to June 2024.

As the Chairperson, I am excited to report on the achievements resulting from the project implementation by our staff, field workers and volunteers. They have worked to support People Living with HIV (PLHIV), Gender-Based Violence (GBV) survivors, and youth. They have also advocated with duty bearers to hold them accountable for their obligations to eliminate discrimination and promote substantive equality. From an economic perspective, where there is more demand there should be more supply. As a result of our interventions, we have seen duty bearers change their attitudes, respond with better services and integrate citizen's issues into their local development agenda. Historically, CHEC has been a provincially and locally based intervention non-governmental organization. We have developed strong partnerships with local governments at all levels in the field of HIV/AIDS, GBV and youth empowerment.

CHEC has highly experienced in strengthening the capacity of youth, women and men to work together with local authorities. We have disseminated information and services to the wider community, youth groups, and marginalized groups so that they can sustain the project activities within their own communities. CHEC staff are very knowledgeable and highly experienced in providing training to these target groups on Sexuality, Gender, Reproductive Health and Life Skills for many years and conduct interactive peer-to-peer through the peer gathering at the community level.

CHEC works towards the sustainability of the program through provision of training and community participation and mobilization. This creates a sense of self-reliance and ownership of the responses to HIV and Sexual Reproductive Health, gender based violence and other issues.

We support the communities to run their own education sessions and take ownership of the initiatives. CHEC also provides technical support for the Commune Council for Women and Children in their role to support women subjected to, or at risk of, gender based violence and trafficking. We assist in linking these women with the police service. Gender equality is a fundamental human right. Women are entitled to live with dignity and freedom from want and from fear. Gender equality is also a precondition for advancing development and reducing poverty. Empowered women contribute to the health and productivity of whole families and communities, and they improve prospects for the next generation.

The project has effectively disseminated knowledge about HIV transmission among the youth. As a result, they have started using condoms to prevent HIV/AIDS, which will have a long-term positive impact on their lives and society. Further, due to the increase in awareness, youth were able to access to HIV and STI testing services. PLHIV in the target areas have become more concerned about their problems and issues. The HIV program has been integrated into the Commune Investment Plan (CIP) and Commune Development Plan (CDP) to address the problems faced by PLHIV. Through empowering beneficiaries and building awareness in the community, along with involving the local authorities as stakeholders, the responsibility of project implementation has gradually been handed over to the target group. This ensure the sustainability of the initiatives.



Currently, CHEC is leading a three-year project to address three main barriers facing survivors of gender-based violence:

- Lack of awareness within communities and local authorities about violence against women and girls;
- Limited access to multisectoral services for survivors; and
- Gaps in the law implementation.

As a result, CHEC's contribution toward gender equality is equipping girls and boys, women and men with the knowledge, values, attitudes and skills to tackle gender disparities which is a precondition to building a sustainable future for all. Working together, we leverage each other's skills and collaborate to plan and implement successful programs with local communities.

Additionally, CHEC has established and fosters strong relationships with the Ministry of Women's Affairs, Ministry of Education, Youth and Sport, the Ministry of Health, and the Ministry of the Interior.

CHEC is also collaborating with other NGOs and women's rights activists and they advocate with the CEDAW committee on specific recommendations.

As a witness of CHEC's efforts in driving transformative change for Cambodian Women and Girls, I can inform you that this Project is moving ahead successfully in achieving all of its objectives, meeting or exceeding all of its indicators, and has proven its continued relevance to the needs of the target beneficiaries.

I would like to express my great appreciation to all CHEC staff and its Director for their work and commitment in protecting and empowering underserved women and girls in Cambodia through health services and education. In Cambodia where one in five women has experienced physical violence at least once, the multi-pronged work led by CHEC, its partners and networks is creating tangible and sustainable changes in local communities.

Last but not least, our gratitude and thanks to our donors, supporters, volunteers and board members for their strong, wonderful commitment through setting CHEC's strategies and various policies in organizational development, achieving considerable great strides in the life of the organization.

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



Mr. Phon Yut Sakara
Chairperson of CHEC Board of Directors



Historically, CHEC is a provincially and locally based intervention non-governmental organization. We have strong partnerships with local governments at all levels in the field of HIV/AIDS, GBV and youth. For the next three years, CHEC will continue to work in 5 provinces which are Prey Veng, Kampong Chhnang, Kampot, Kampong Cham and Kandal.

Therefore, CHEC will keep working in most of the current districts and will expand to 2 new districts – Chumkiri and Kien Svay - with youth and GBV projects and 2 new districts- Samaki Meanchey and Pear Raing- with Community Based Care project. Overall, we are working with 61 Health Centres, 79 communes, and 566 villages in the 8 districts out of 5 provinces.

About Us



Prey Veng, Cambodia. A woman talking during the Debate program on the theme: "Gender-Based Violence and Victims Protection" 2024.



Because of its reputation in HIV/AIDS work in Cambodia, CHEC has expanded its capacity for developing gender-based violence (GBV) projects in 4 target districts across 4 provinces. The scope of its work makes CHEC the first national NGO integrating GBV and HIV/AIDS together. 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 (NAPVAW).

Our Vision

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

Our 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.

Our 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.

Our Value

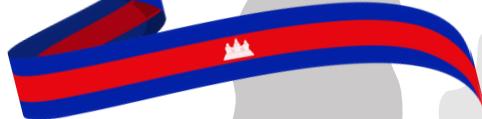
Collaboration: We believe that developing and maintaining strong, respectful, and mutual relationships with individuals, communities, partner organizations, donors, and other stakeholders with whom we work are the best result of cooperation and teamwork.

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 in Cambodia. We also recognize the importance of answering to the government, our donors and each other.



WHERE WE WORK



5 Provinces
8 Districts
500+ Villages

CHEC is currently operating in five different provinces across Cambodia, in eight districts. This accounts for over 566 villages, and 79 communes across the nation. These provinces, namely Prey Veng, Kampong Chhnang, 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.

Kampong Chhnang

Boribo District
Kampong Tralach District
Samaki Meanchey District

Kampong Cham

Srey Sonthor District

Prey Veng Province

Piem Chor District
Pear Raing District

Kampot

Chhumkiri District

Kandal

Kean Svay District





HIV AND AIDS IN CAMBODIA

Cambodia, officially known as the Kingdom of Cambodia, is an agricultural country with a total land mass of 181 035 square kilometres (69 898 sq. mi) and borders Thailand to the northwest, the Lao People's Democratic Republic to the northeast, Viet Nam to the east and the Gulf of Thailand to the southwest. It has a population of nearly 16 million. Most (about 75%) of the country lies at elevations of less than 100 meters (330 feet) above sea level, the exceptions being the Cardamom Mountains [highest elevation 1813 m (5948 feet)] and its ranges.

Cambodia's estimated population in January 2021 was 15.5 million with 51.4% female and 48.5% male population, with an annual population growth rate of 1.46%. About 80% of the population lives in rural areas. Rural to urban migration, however, has increased rapidly within the last decade. The population growth rate, at 1.8%, is second only to that of Laos among ASEAN nations. Over 38% of the population is under 15 years of age. However, the growth rate has decreased dramatically from 2.4 in 1998. Ethnically, approximately 90% of the population is Khmer, while 10% is minority groups such as indigenous peoples, Cham, ethnic Chinese, and Vietnamese. Approximately 95% speak Khmer.

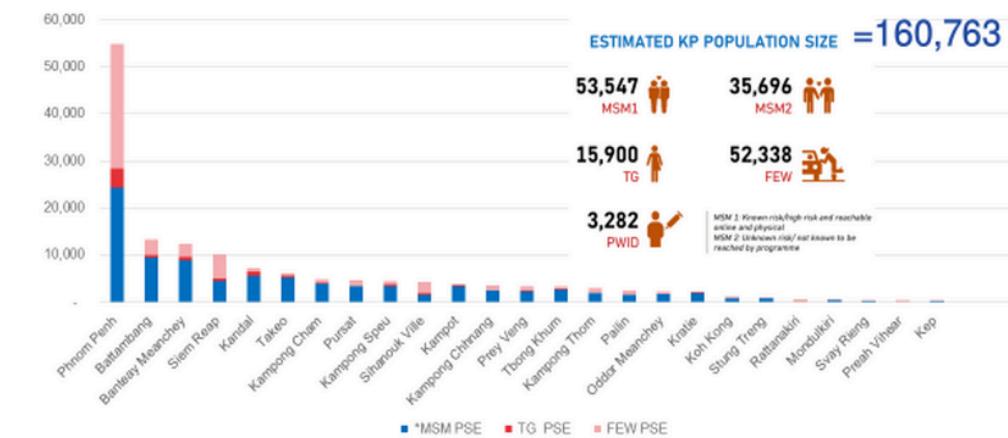
Along with the decline in knowledge about HIV/AIDS, the development partners have also reduced their priority in supporting prevention programs, especially direct education programs to target groups. Cambodia is committed to working with all UN member states to set a goal of On Ending AIDS by 2025 for Cambodia to ensure that the Cambodian people live in peace and free from HIV/AIDS threats through the efforts to fully control the transmission of HIV/AIDS and to make HIV/AIDS a public health issue.

To achieve this goal, the Royal Government of Cambodia has decided to formulate a national policy to end AIDS by 2025 and HIV Sustainability 2023-2028 to ensure a conducive environment to facilitate a multi-sectoral HIV/AIDS response in a smooth and effective manner by promoting comprehensive engagement from all stakeholders in a single national

response mechanism in line with the three-one principles, principles of equality and respect for human rights in order to end discrimination and stigmatization in the delivery of and access to prevention, care, treatment and support services for all target groups.



Key population size estimation by provinces and KP types, 2023



Source: 2023 HIV estimates based on ADT and spectrum modelling estimates

GENDER BASED VIOLENCE SITUATION

In 2022 in Cambodia, according to CDHS 2021-2022 recent findings show the likelihood of violence by any husband/intimate partner in the last 12 months increases with women's age; 9% of women age 15–19 reported experiencing physical, sexual, or emotional violence by any husband/intimate partner, as compared with 17% of women age 40–49. Sixteen percent of women in rural areas reported experiencing any form of intimate partner violence in the last 12 months from any husband/intimate partner, compared with 9% of women in urban areas. Women's likelihood of experiencing intimate partner violence by any husband/intimate partner in the last 12 months declines sharply with increasing education and household wealth. The percentage of women who experienced physical, sexual, or emotional violence from any husband/intimate partner in the last 12 months decreases from 20% among those with no education to 3% among those with more than a secondary education. Similarly, the percentage of women who experienced physical, sexual, or emotional violence from any husband/intimate partner decreases from 22% among those in the lowest wealth quintile to 6% among those in the highest wealth quintile.

Access to education, including comprehensive sexuality education, and to sexual and reproductive health services is essential to supporting the autonomy and agency of women and girls. When women are empowered in decision-making, they are more likely to negotiate safer sex, have higher HIV-related knowledge and use condoms.

Additionally, the integration of sexual and reproductive health services with other health services improves access to, for example, tuberculosis and cervical cancer screening, prevention and treatment, and mitigates the impact of gender-based violence. In Cambodia, women and girls are vulnerable to violence. In 2015, 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, recent findings show this has decreased to 10 percent and 5.4 percent respectively.



According to the Cambodia Demographic and Health Survey 2021-2022, the percentage of women who have ever experienced one or more forms of intimate partner violence generally increases with age. Women in rural areas are more likely than their urban counterparts (23% versus 17%) to have experienced physical, sexual, or emotional violence by their current or most recent husband/intimate partner. By province, the percentage of ever-married women who have experienced physical, sexual, or emotional violence by their current or most recent intimate partner is lowest in Koh Kong (6%) and highest in Mondul Kiri (45%).

In CHEC target provincial areas, there were percentage of ever-married women who have experienced physical, sexual, or emotional violence by their current or most recent intimate partner (19%) in Kampong Chhnang and (26%) in Prey Veng respectively.

The National Council for Women has also set up a one-stop service network for women victims of violence in nine provinces and 39 districts. The multi-service facility to help victims operates in four hospitals (Kampong Cham, Stung Treng, Tbong Khmum and Preah Vihear) and continues to expand to Phnom Penh and Battambang.



In April 2024, The Ministry of Women's Affairs has officially launched the sixth edition of the "Neary Rattanak Strategic Plan (2024-2028)" to promote gender equality and empower women in line with the government's Pentagonal Strategy.

Neary Rattanak VI has a vision for "every citizen, man, woman, girl and boy to have equal rights, personal safety, full participation in social work, self-reliance and leadership, and equality to receive well-being in the family, community, and society," according to the Minister.



Programs

Achievements

in 2024



Kampong Chhnang. Cambodia. A girl talking on World AIDS Day campaign.

PROJECT

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

CHEC works with community driven responses to social and health challenges. We are currently active in 8 districts in 5 provinces over the years. We have established a reputation as a credible and effective service provider for health, youth volunteers and for women understanding of their rights the past years. The most effective strategies was its partnership with the government service delivery system, where the emphasis is on building the capacity and commitment to action of the sub-national and community public servants.

CHEC compliments these structure by building and strengthening volunteers among the community and youth through a peer education system. Our project staff have adopted proven approaches for community education and mobilization within a human-right approach. These learned skills for facilitation, information campaigns, participatory research, logistical management and popular education pedagogies enable them to mobilize the communities for action on their needs.

Community network building served as the base where the program of services can be delivered effectively.

Cambodia's youth is particularly exposed to vulnerabilities, primarily in the context of poverty, physical and mental weaknesses, violence and abuse, and migration. In terms of poverty and social exclusion, 36 percent of young Cambodians live below the poverty line. Being exposed to a wide range of physical and mental health problems, lack of access to basic needs, isolation and dangers like sexual exploitation, street children, orphans and young migrants are among the most vulnerable groups. Rural-to-urban and cross-border migration in search of economic opportunities is common among young Cambodians.

CHEC works extensively in local communities to improve health, care and support services, and to educate, raise awareness and change behaviours related to Comprehensive Sexual Education (CSE) through community-based prevention programs. All these strategies were coordinated to mainstream gender sensitization, prevent HIV/AIDS and STI transmission including mother to child transmission, increase access to services, increase income generation, reduce stigma and discrimination, and to facilitate increased, sustained community support.



Kampong Chhnang. Cambodia. A group of local authority celebrate World AIDS Day.

Various key stakeholders, both local state and non-state actors have been engaged to sustain the program. CHEC has worked diligently to build and maintain strong and active relationships with the District Councils, Commune Councils, the District Health Management Committees, the Provincial Health Departments, and local service providers in the Operation Districts in which CHEC is active.



Kampong Chhnang. Cambodia. A boy talking on World AIDS Day campaign.

Working together, we leverage each other's skills and collaborate to plan and implement successful programs with local communities. Additionally, CHEC has established and fosters strong relationships with the Ministry of Women's Affairs, Ministry of Education, Youth and Sport, the Ministry of Health, and the Ministry of Interior.



As the results have demonstrated successful achieved according to the project indicators below:

Outcome and Impact

PROJECT Indicators IN JUNE 2024						
Indicators	Baseline	December 2022	July 2023	Decemb er 2023	June 2024	Justification
Objective 1: Adolescents' CSE (Comprehensive Sexual Education) has improved						
The number of schools that include CSE in their curriculum increases by 70%	56%	59%	65%	75%	76%	76% of 58 teachers from 25 schools in 4 districts report that there is CSE in school curriculum. It was increased by 1% from 75% to 76% to the last semester.
70% of the adolescents share their knowledge on CSE with their peers.	12%	15.7%	21.1%	49%	53%	29% of youths from impact results and 78% of youth from community debates share knowledge on CSE with their peers
Objective 2: The use of SRHR services by adolescents and LGBTIQ has been increased						
The number of LGBTIQ using psychological counselling increases by 50%	0%	11%	32%	35%	41%	26% of 93 LGBT accessed health facilities, among of those 41% (11/27) of LGBT access for psychological counseling.
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) LGBTIQ: 21% (19/89) STI: Adolescents: 11% (23/208) LGBTIQ: 27.38%	HIV: Adolescents: 29.19% (54/185) LGBTIQ: 27.96% (93/26) STI: Adolescents: 27% LGBTIQ: 33% (109/33)	HIV: Adolescents: 35% (115/33) LGBTIQ: 35% (43/122) STI: Adolescents: 33% (109/33) LGBTIQ: 27.38%	The rate of youth access HIV blood testing and STI treatment increased to the last semester and baseline. (data from impact study and community debates and LGBT meeting)

			(21/89)	(23/84)	34% (41/122)	
Objective 3: By end of June 2025, Gender based Violence in project areas has been declined						
90% of male community members respect the legal rights of women.	46%	67%	76%	83%	87.90%	Among of those: <ul style="list-style-type: none"> Often respected legal rights of women by men is 67%. Absolutely unacceptable to any threats or word abuses from partners with weapons, and other tools is 94% All GBV cases happened not to blame women, and it is not fault of women is 93%. Husband did not has rights to beat wife when she has mistake is 98%.
90% of GBV survivors report to live free from violence for at least 12 months	67%	56%	74%	78.3%	84%	84% of 113 GBV survivors reported that they live free from violence, however they have occasionally strongly debated in discussion for daily living.

PROJECT

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

Cambodia's health challenges are still shaped by limited resources, and by a burden of disease marked by epidemiological, demographic and socio-economic transitions.

Health and education remain both important challenges and development priorities for Cambodia. According to Cambodia Demographic and Health Survey 2021-2022 shows that less than 1% of women age 15–49 had two or more sexual partners or had intercourse with a person who neither was their husband nor lived with them in the 12 months preceding the survey. Among women who had two or more sexual partners in the 12 months before the survey, 8% reported using a condom during their last sexual intercourse. Nearly half (47%) of women who had intercourse in the last 12 months with a person who neither was their husband nor lived with them used a condom during the last sexual intercourse with such a partner. 2% of men age 15– 49 reported having two or more sexual partners in the 12 months preceding the survey, and 4% had intercourse in the last 12 months with a person who neither was their wife nor lived with them. Among men with two or more sexual partners, 32% using a condom during their last sexual intercourse. Seventy six percent of men who had intercourse in the last 12 months with a person who neither was their husband nor lived with them used a condom during the last sexual intercourse with such a partner.

More significantly, there is a decrease in the level of the actual knowledge about HIV among young people, with the report showing only 23% of young women and 27% of young men having actual knowledge about HIV/AIDS (compared with that in 2014, 38% of young women and 46% of young men)[1].

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	Any interim values (month/year): December 2023	Any interim values (month/year): June 2024	Current value (month/year): CHR project conducted impact study in June 2024 with 79 GBV survivors, 80 PLHIV and 54 Youth in 2 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.					
At least 70% of known GBV reached by the legal holder, receive support from authorities or their social environment	37%	45%	46%	51%	Responded to indicator as below: 1. received support from local authorities (56%) 2. received support from local Communities (61%) 3. received support from local philanthropism (35%)
Four case studies are available annually regarding the reduction of violence in the family due to project intervention.	0	0	0	0	
Project Objective 2: The health situation of people living with HIV/AIDS has improved or remain stable.					
At least 80% of the PLHIV who are supported by the project practice regular ART adherence.	79%	86%	88%	90%	Responded to indicator as below: 1. PLHIV are healthy and never got opportunity diseases (61%) 2. PLHIV have energy to work for income generation (Regularly took ARV) (100%) 3. Never change medicines recently (100%) 4. Access health facilities (ARV) by hospitalized appointment (99%) <i>Note: Only 17 PLHIV knew that their Viroload < 1000 in this period</i>

Four case studies are available annually regarding the improved or stable health status of People living with HIV/AIDS	0	1	0	0	
Project Objective 3: Access for youth to relevant services has improved.					
Access for youth to testing for HIV /AIDS and other sexually transmitted diseases has improved in the project areas.	HIV testing: 5.7% STI testing and treatment: 6.2%	HIV testing: 20% STI testing and treatment: 25%	HIV testing: 32 % STI testing and treatment: 27%	HIV testing: 34% STI testing and treatment: 30%	Youth access VCCT for HIV testing increased by 28%, and STI treatment increased by 24% from baseline.



Before Chhunly sought counselling from Cambodian Health and Education for Community (CHEC), she and her three children were bearing the brunt of her husband's frustration and internalized sexism. A Cambodian mother living with HIV, Chhunly and her husband met with the village leader and CHEC district facilitator to attend a number of sessions on behavior change towards gender-based violence. This has led to a significant shift in role sharing in the family, and no violence has since been reported since these sessions. Chhunly is among hundreds of women seeking support from CHEC, a women-led and women's rights organization working to protect and empower underserved women and girls in Cambodia through health services and education.

Her name is Chhunly, 46 Years old. She is living with 3 children in Thnoth 2 village, Prek Rodeng commune, Srey Santhor District, Kampong Cham Province. The living condition of her family was unhappy because her husband is low educated and very angry, and always shouted out at her without shaming to others in communities. He thought that he is head of household and earning money to support daily living, thus he has rights to hit her and children who do not listen to him. When he has a little bit money, he always got drunk and used inappropriate words to threaten for violence in family. She was very upset and also unhealthy because of HIV and poor income.

In 2023, Village Leader and CHEC district facilitator invited the couple to attend meeting and listed them into group members of women and men group. Since then, they both often received GBV educations and counseling from CCWC and CHEC district facilitator. During the bi-monthly meeting of men and women groups that facilitated by CHEC-district facilitator and CCWC, she was selected by group members to be women group leader to organize the meeting and share on what they learnt and received training courses from CHEC. She was invited to join the training courses on GBV, women rights, and gender equality that trained by Mr. But Lim, GBV senior project officer. The outcome of meeting and training, the knowledge of both on GBV, gender and women rights increased and they applied these knowledge in their daily living. The mind-set and behavior of this couple changed, they shared role responsibilities for house works and dared to talk

openly among her and her husband, they always listen each other and more than this even they had strongly debated but not leaded to violence in families. Since that time, she is very happy and she reported that she and her children lived without violence.

Because of she is a women group leader, she leaded the bi-monthly meeting of women groups and shared knowledge on what she learnt from trainings and good experiences to stop violence to other group members during meeting and also intervened to provide GBV educations, counselling to other women in communities who subjected to GBV and made a referral GBV women survivors to access local support services such as health care and legal services in cases of serious cases.



She always mentored to other women in the groups that we are the women, we must be brave to discuss with our husbands on gender equality and women rights especially the impact of GBV and used the appropriate words for daily living, as they are the good ways to stop violence in family. At the end, she expressed her gratitude to donors through CHEC that supported the program to prevent intimate partners violence in the families and she said that her group members also could discuss and solved both physical and mental issues relating with GBV and educated about GBV, gender and women rights in community especially her husband has changed the mind-set and behavior from negative to positive point without violence. She wishes to donors and CHEC staff with good luck and healthy all the time to be able to continue the project to provide educations and helped stop violence against women and girls in Cambodia.

Mrs. Khen Van, 43 years old living in Kraing Sramor village, Svay Chuk commune, Samaki Meanchey district, Kampong Chhnang province, she has one son and lived with HIV since 1997. Her husband was a Khmer Rouge soldier from Samlot district, he fell ill and died in 2000 because of HIV.

After her husband passed away, she lived with child and nephew with discrimination and stigma and her living situation was difficult either unhealthy and hopeless. However, she was unhealthy but she tried hard to work for money (servant) to supply daily basic needs with receiving US\$5 per day.

She joined with project since 2022 through CHVs that visited her and provided education on Art Adherence. After She gained this knowledge and changed her adherence for living and practiced good adherence. She observed that she is healthy without opportunity diseases, she has energy to work for income generation activities. Beside working as servant, she also raises chickens, ducks and cash-crop as supplementary income to support for living and her son go to school. Because her healthy and resistance, she observed that their neighbors change a lot by visiting her and provided some food with some donations either supporting from local authorities. He felt happy, excited and confident, as well as brave to face the communities specially she active shared these good practices of adherence to other PLHIV in communities.



Representative photo

Currently, Mrs. Ken Van lives warmly with her son and nephew, her living situation also improved and have good relationship and communication with communities. She also has equity card which issued by commune leader to access health care and treatment without charge money.



Thank YOU
DONORS

Kampong Chhnang. Cambodia. A boy talking on World AIDS Day campaign.

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.

**Brot
für die Welt**

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.



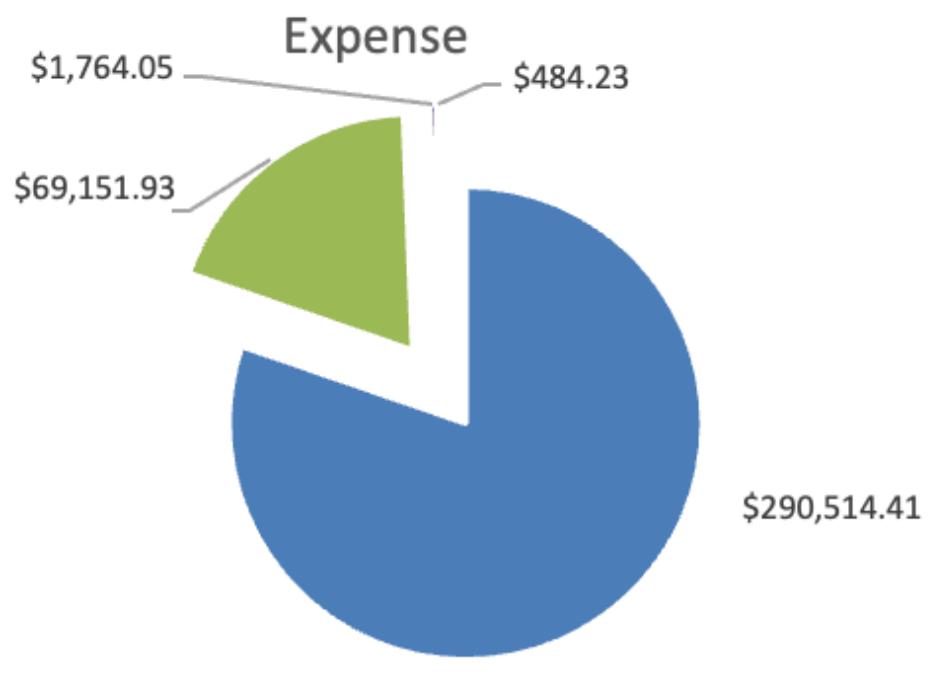
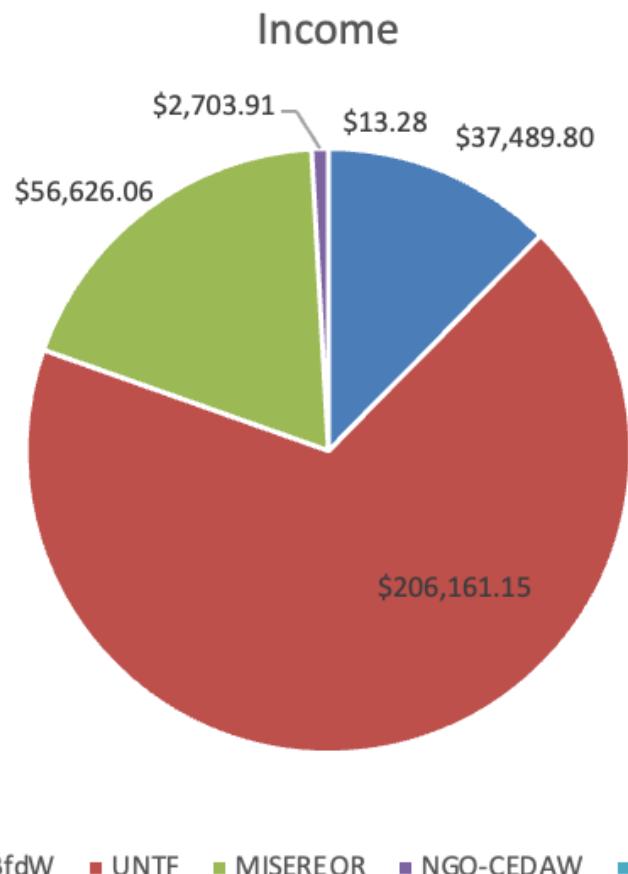
The UN Trust Fund to End Violence against Women (UN Trust Fund) was established by the United Nations General Assembly in 1996 (resolution 50/166). It is a global, multilateral, grant-making mechanism that supports national efforts to prevent and end violence against women and girls. The UN Trust Fund 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.

MISEREOR
• I H R H I L F S W E R K

FINANCIAL REPORT (1-Jul-23 to Jun-2024)

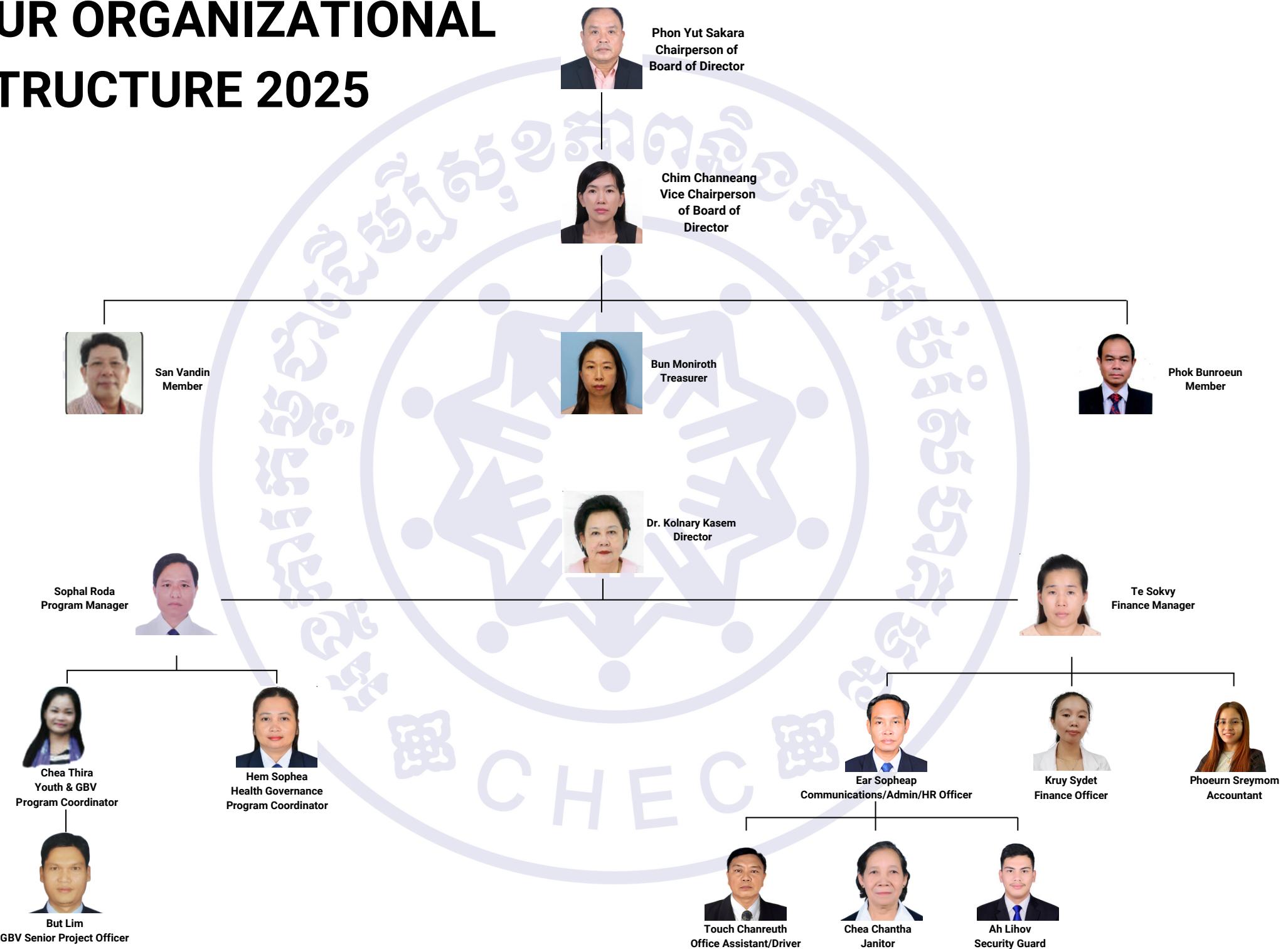
No.	Projects	Donors	Income	Expense
1	Empowering Youth for Sexual and Reproductive Health and Rights and Community Participation, Phase 2 (BfdW) & CEDAW Advocacy and Community Education to End Violence Again Women. (UNTF)	BfdW	\$ 37,489.80	\$ 290,514.41
		UNTF	\$ 206,161.15	
2	Community Health Responsiveness For People Living With HIV/AIDS, Youth And Gender Based Violence In 2 Districts Of Cambodia	MISEREOR	\$ 56,626.06	\$ 69,151.93
3	Small Research Project	NGO-CEDAW	\$ 2,703.91	\$ 1,764.05
4	Income Generation	CHEC	\$ 13.28	\$ 484.23
Total:			\$ 302,994.20	\$ 361,914.62

FINANCIAL REPORT (1-Jul-23 to Jun-2024)



- Empowering Youth for Sexual and Reproductive Health and Rights and Community Participation, Phase 2 (BfdW) & CEDAW Advocacy and Community Education to End Violence Again Women. (UNTF)
- Community Health Responsiveness For People Living With HIV/AIDS, Youth And Gender Based Violence In 2 Districts Of Cambodia
- Small Research Project
- Income Generation

OUR ORGANIZATIONAL STRUCTURE 2025





**HELP THE COMMUNITY
TO HELP THEMSELVES**

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