

Narrative Report

(Standards A and A-flexible)

Financial Support

For all projects supported by Protestant Agency for Diakonie and Development Bread for the World (hereafter referred to as Financing Partner) a progress report is required after every six months. The report shall be sent to the Financing Partner 3 months after the end of the reporting period at the latest. Its volume should not exceed a total of 12 pages. Any additional information should be added as appendices. This applies also to statistical data, photographs, etc.

1. General Information

Name of the Organisation	Salvation Center Cambodia
Address	Salvation Center Cambodia Prum Thoeun #12Eo, St.79BT Chamroeunphal Village, Sangkat BeoungTompon Phnom Penh Khan Meanchey, Kambodscha
P.O. Box	PO. Box 812
Contact Person	SCC Prum Thoeun
E-Mail	thoeun@scc.org.kh
Phone number	85523219234
Fax number	85523365311
Project title	Integrated HIV, Education and Livelihood Project (I-HELP)
Project number	N-KHM-2018-0203
Project period	From 01.08.2018 till 31.07.2021
Reporting period	From 01.08.2018 till 31.01.2019
Date of report	30.04.2019
Author	Mr. Chhneang Sovanpheap, Program and M&E Manager

2. Change within the Organisation

During the reporting period, did any important events or changes take place within your organisation?

2.1

related to the management structure?

Yes

No

If Yes, please describe:

In this reporting period, from August 2018 to January 2019, there were no management staff members changed. Mr. Prum Thoeun, president and founder, is playing important roles as a SMT Chairman. Mr. Chhneang Sovanpheap, Program and M&E manager

is a member, Mr. Sar Sokthary, Finance Manager is a member, and Ms. Sim Tola, Admin and HR Manager is a member.

2.2

related to your planning system?

Yes

No

If Yes, please describe:

SCC's program planning and implementation have been carried out based on the strategic plan documented from 2018 to 2023. SCC has a clear direction in the overall management and execution of the strategic plan 2018-2023 and Project proposal for financial support toward its desired outcomes and impact. SCC has the monitoring tools in place, quarterly M&E plan, quarterly work plan, annual M&E plan and annual work plan.

In November 2018 due to not enough fund to hire the existing head office, SCC management team decided to change office from the old address 12E0, Street 79BT, Sangkat Boeng Tumpun, Khan Meanchey to new head office #B1, Street 107 BT, Sangkat Boeng Tumpun 1, Khan Mean Chey, Phnom Penh, Cambodia

Even though the new head office is too small, SCC still works smoothly including our activities and routine work are also strong.

2.3

related to the composition of your staff?

Yes

No

If Yes, please describe:

There were 49 remaining contractual staffs including 4 management staff that is one female and three males; 11 administrative staff including 9 security guards; 30 program/project staff, and 4 financial staff.

At the project level, there were staff turns over as follows:

Ven. Khoun Vothy, SCC monk team leader based in SCC Phnom Penh left the monkhood to work with private company and Ven. Ann Sovat was new recruited as a monk team leader to be responsible for funeral support project of Singaporean donor.

- Mr. Phath Sophal, SCC Phnom Penh head office security guard resigned from his position to work with private company and replaced by Mr. Som Rotha. He was recruited as a new staff who is responsible for day-time security guard in Phnom Penh, SCC head office.

- Mr. Chim Ban, a security guard, resigned from SCC-BTB because of his health problem. Ven. Ren Theara and two core monk trainers help guarding the office at night because they live at Norea pagoda.

- Mr. Lang Long, SCC security guard in Siemreap Province was finished his contract with SCC.

- Ms. Ban Sek, SCC brand office helper at Siemreap resigned and instead, Ms. Chhoy Sreyneth was appointed to be responsible this.

- Mr. Noun Sothea, previously as a project coordinator has been added more job to respond as Brand Management Team Leader.

- Ms. Seng Lina, previously job as an accountant has been promote to be a Brand Management Team Member. Nowadays those Brand Management Team and all the staffs are working smoothly through the policy or guideline which has been released by Senior Management Team to ensure that the whole organization is running by effective and accountability process.

Even though some staff had left, SCC management still works smoothly. SCC management has assigned core work to the remaining staff for their responsibility for each project. SCC plans to recruit new staff for the new project cycle.

2.4
related to other issues?

Yes No

If Yes, please describe:

Most NGOs often lack the technical and organizational capacity to implement and fulfill its mission, and few are willing or able to invest in training for capacity building. Weak capacity affects fundraising ability, governance, leadership, and technical areas. In particular, SCC is continuing to received funding from Bfdw (Germany) to work with the widespread need for HIV / AIDS in communities with high demand for economic and health services. At the same time, the SCC is also required to comply with the national policy, which requires to PLHIV in low travel costs, access to ART services in the hospital, which cannot be fully realized. On the other hand, people who are living with HIV/AIDS in greatest need and new cases detection are treating immediately in the hospital is need our support for their social welfare because they are living in a very poor condition It is also the suggestion of leaders of health department. Replying with the above requirements SCC has little access to social services even if it does not meet the actual needs of them. It might be great if we can have more support funding to the greatest need PLHIV treatment.

The drug trafficking was the huge issue which has still been existing in the communities. Adult, youth, and some of children have been affected by illegal drug. Responding to this, the local authority and other relevant parties have been trying to stop it day by day.

There are a lot of old grandparents who stay at home and take care of the children instead of their parents who have migrated to work far away from home or outside the country. In case, their grandparents are healthy, it is okay. But if their grandparents are sick, so it puts the pressure on the children themselves to take care of their old sick grandparents.

There was about the life and health insurance of the construction workers which still did not have. Working as the construction workers did not get high wage, and they also faced many problems such as health problem. Moreover, when they encountered the accident coincidentally while they were working, they would be in charge of themselves to solve the problems. The government also has tried to solve (they want the construction workers to have health or life insurance), but it has not worked yet. Lastly, there were a small number of youth who have lacked of knowledge about HIV/AIDS prevention have faced HIV/AIDS easily.

3. Changes of social, political, economic and ecological project context

3.1
Are there important changes (social, political, economic, ecological) in the projects' immediate environment since its inception?

Yes No

If Yes, please describe:

Actually, Cambodia is a middle-income poor developing country among Southeast Asia but one of SCC target area Siem Reap is the potential province through tourism and it is a world heritage and historical site in Cambodia and also being to improve some services relate such as:

An Education System is enhancing the presence of educational innovation throughout the school system. Other activities involving project work, subject clubs in education will also greatly promote educational innovation. Finally, these guidelines will enable the Ministry and its development partners to make investments in selected schools in a way that achieves 'maximal' standards of learning for Cambodia's children and youth.

Health System is very important and being improves its guidance to strengthening health services and welfare to the general people. Also, today SCC is working with HIV/AIDS people and being good collaborating with Health Department by the way the provincial Referral Hospital leader is pushing and Ensure that all people living with HIV are diagnosed, treated, and able to live a complete life without stigma and discrimination.

Tourist source: Generally spoken Cambodia especially, Siem Reap Province is all in all economically focusing on foreign tourism due to the famous Angkor Temples. Since the year 2000, the economic growth rate is gaining double-digits. It's all sub-sectors such as hotels, restaurants, bars, entertainment places, and transportation to profit from the annual influx of tourists.

Farmer and Agriculture: Except the tourism sector the economy was and still is growing due to the enforced fishery. Thousands of tons are annually exported to other provinces within the country or outside Cambodia. Farming and fruit cropping have probably become a minor profitable sector, but is still done by the vast poor rural population and HIV/AIDS people, who are the underdogs regarding the annual provincial revenue.

Overall, more importantchanging is the encouragement of provincial governor and departments related, local authorities to social development partners especially private sector and NGOs to collaborate on health care as well as educational services everywhere, especially for poor people and children. Development partners also applaud to the actions that take full responsibility of the authorities.

3.2

Is the underlying problem analysis of the project still valid considering possible changes in the context?

Yes No

If No, please describe:

Most the problems which have been analyzed both SCC-Strategic plan 2018-2023 and SCC- application proposal 2018-2021 still possibly changes.

3.3

Do these changes have implications for the work, the project objective and the latter's achievement?

Yes No

If Yes, please describe:

No need to change of project objective and the latter's achievement in the reporting period

4. Outcome and Impact

Project objective: The project contributes to the sustainable improvement of life prospects for people living with HIV (PLHIV) and their family members in the provinces of Phnom Penh, Battambang and Siem Reap.

Indicators (information differentiated by sex or one indicator for the gender dimension)	Achievement of objectives (Assess using indicators)	Planned activities	Implemented activities
<p>1. 90% of the people living with HIV (1,003 out of 1,115) accompanied by the project accurately take anti-retroviral medications while the success of their treatment is continuously monitored.</p>	<p>Based on baseline report issued by April 2019 expressed as an average that there were 85.79% of People living with HIV accompanied by the project accurately take anti-retroviral medications while the success of their treatment is continuously monitored.</p> <p>As a result of an average above, the data shown that 98% of the 71 people interviewed said that they regularly used ART and applied doctor's advice. 8% of PLHIV said that they were unable to take ART on time because they sometimes are very busy with their work and delayed around 5 to 10 minutes, while 92 % of them said they always take ART medicine on time. Likewise, only 40.5% of PLHIV and OVC being interviewed, they expressed that their viral load result below 1000 copies/ml.</p> <p>The people living with HIV/AIDS and their family members also said they have received supports provided by SCC and other NGOs in different services. 83 percent said they have received counselling on mental health from SCC and other NGOs. 81 percent said they have also received transportation means for traveling to get health services at health centers and 64 percent said they have also participated in awareness raising organized by SCC and by other NGOs</p>	<p>1.1. Encourage and counselling cases who miss appointment, with cases who lose follow up to re-enroll in care.</p> <p>1.2. Support nutritional and rehabilitation services (fee for birth certificates for their children, legal documents or support materials etc.) to greatest need PLHIV and detection in communities.</p> <p>1.3. Provide transportation support to greatest need PLHIV, newly identified cases HIV-Infections, children living with HIV, Positive PW, ALHIV, HIV, TB to get Pre-ART/ART services, CD4 Count, STI, TB and VL test.</p> <p>1.4. Collaborate with staff of Health Centre, Village Health Volunteers and local authorities to organize community outreach sessions on HIV/AIDS, TB, FP/SRH, primary health care and other social related issues.</p>	<p>All of activities plan have been implemented in this reporting period.</p>

<p>2. 85% of the participating youth between 15-24 years (510 of 600, of which 50% are female) use their acquired knowledge of HIV through behavioral changes.</p>	<p>According to the formulated data of baseline survey report revealed that only 63% of youth between 15-24 years have used their acquired knowledge of HIV through behavioral changes.</p> <p>The 63% of above-mentioned data, 94% of youth in the community have little know HIV/AIDS, 37% change their behavior relating to having many sexual intercourses with others and having sex when under influence of drug, and 60% of key informants said youth in the community know very well on how to prevent themselves from HIV/AIDS transmission.</p>	<p>Provided awareness sessions with participating youth in each meeting.</p>	<p>The activity of Provided awareness sessions with participating youth in each meeting have been implemented in this reporting period</p>
<p>3. 70% of 230 trained participants (of which 50% are female) apply newly learned techniques of organic farming and permaculture for a subsistence production of agricultural products.</p>	<p>Because our project has just started up, so this activity wasn't done in the semester I and we did not have any tool to measure this indicator yet. But referred to the data of baseline study shown as average 54% of 81 key informants of PLHIV, CLHIV and Positive members have participated in training provided by SCC existing activity and other NGOs.</p> <p>The 54% of above-mentioned data, there were an average only 26% of applied modern techniques in their family. These included 6% of them said they have applied organic farming, 8% said they have applied seasonal cropping, 5% said they have applied soil management for their farming products, 69% said they have applied home garden for their daily lives, 45% said they have practiced animal husbandry, and 23% said they have applied vegetables or fruits.</p>	<p>1.1. Identified and selected families and marginalized families with HIV-positive members in the communities as SCC direct beneficiaries.</p> <p>1.2. Provide and support agricultural techniques to PLHIV, PLHIV members and child infected members) on farming, home gardening, composting, animal raising and permaculture.</p> <p>1.3. Encourage the beneficiaries to access and learn skills at the SCC's livelihood demonstration centre.</p>	<p>Only selected positive family member activity have done in this reporting period. This because we are just start up new project in the first semester.</p>

<p>4. Through establishing a small or micro business or through starting a permanent employment relationship, the average household income of 300 trained participants has increased by 30% (from 100 USD/month to 130 USD/month) by the end of the project.</p>	<p>In this first semester, we did not do any activity relating to this indicator yet. The data that have reported was from baseline study has issued on April 2019 by the external consultant as an average incomes of PLHIV and positive member family were 120 US dollars.</p> <p>As average data also shown only 7% of 80 PLHIV, CLHIV and Positive member have learnt about small business and job opportunity to increase their incomes, while 93% of them did not have any knowledge regarding to the small business and how to find job for their family.</p> <p>The income sources for target beneficiaries. 16% said they get from growing rice. 8% said the main income source they get from growing vegetable for consumption and selling to local consumption and sometimes sell to provincial market. 18% said the main income source of their family coming from raising livestock. 20% said the main income source for supporting their family come from construction workers. 1% said the main income source for their family come from garment factory. 3 % said the main income source for their family come from transportation services. 10 % said the main income source for surviving their family depends on their son and daughter transfer from Thailand or Korea. 9 % said the main income source for their family get from doing small business in community and 16 % was unable to give answer.</p>	<p>2.1. Mobilize internal and external experts and capital to assist PLHIV, OVC and vulnerable families to start up, and extend businesses for families and communities.</p> <p>2.2. Provide and support capacity building to beneficiaries on bookkeeping, small business managing, marketing and job opportunities.</p> <p>2.3. Linkage and networking to relevant institutions to support beneficiaries access vocational skills, sustainable livelihood and social enterprises.</p> <p>2.4. Assist the beneficiaries to access to micro loan to expand their business and the agricultural products.</p>	<p>There are 4 main activities to support to this indicator but we did not plan for the first semester.</p>
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If the project is more complex and composed of different project components, kindly use the spread sheet attached.

Please see the annex attached.

4.1

What other changes beyond the ones described in the above table did you observe/detect? Please mention anything that may be of relevance to the project progress.

In this reporting period, the PLHIVs received knowledge on positive prevention. Through the awareness sessions, they understood the consequences of transmitting HIV to others. Then one PLHIV said, "I have used condoms properly and at any time of having sex with a partner." She added, "I have used condoms, even when I have sex with my husband. I need to use condoms because I both have different viruses and have different blood types."

PLHIVs gained motivation on self-esteem, self-confidence, ability to self-care, and self-love; these are very important things for them. We continued to educate them that you already have infected by HIV, you do not remind it; you should do something else instead. A good solution is to do something new for the benefit of yourselves and your society right now. You want to be safe, as for others want to be safe the same as you. So action of transmitting HIV to others is unwholesome actions. Besides, spreading infected with HIV to others you must face the threat of criminal prosecution.

Most of the PLHIVs reported that they have taken ART regularly and correctly. Based on our observation, those patients are as healthy as those without the disease. On the other side, they went to meet doctor on a date. They told us that for more than a year and no any organizations have helped them, they still go on their own to meet doctor but they have suffered from lacking of transportation support.

Regarding youths, SCC staff conducted the awareness session with them. As results, the youths gained knowledge of the history of HIV/AIDS have found at the Pasteur institution in France since 1981 and in Cambodia, HIV/AIDS was found since 1991. Moreover, they also learnt about the tragedy of the massacre of a million people were killed by HIV/AIDS since 2005-2016 (11 years). In addition, the youths learnt about 'What is AIDS? AIDS means Acquired Immune Deficiency Syndrome. What is HIV? HIV means Human Immunodeficiency Virus. On the other hand, they learnt How HIV is transmitted? How to protect ourselves from HIV infection? HIV is NOT transmitted, for instance, by hugging, shaking hands, sharing toilets, sharing dishes, or closed-mouth or "social" kissing with someone who is HIV-positive. Through saliva, tears, or sweat that is not mixed with the blood of an HIV-positive person. Furthermore, they gained knowledge of HIV not transmitted by mosquitoes, ticks or other blood-sucking insects and through the air. The youths were educated about the consequences of using drugs and this behavior leading to getting HIV infection as well. Moreover, they were educated about other very useful verses of Khmer proverbs. Consequently, they learnt it by hard with clear meaning was explained at that time. All youths participated in the awareness meeting firmly stated that they committed to avoiding getting HIV.

Regarding health care, the PLHIVs gained knowledge of a slogan "eat clean, drink clean, and clean living" and they learnt the three groups of food. Eat three groups of foods made them strong and healthy indeed. But some PLHIVs told us that sometimes we are not able to afford these because we are living in poor situation right now. In addition, the PLHIVs know the ways to search for motivation from their friends and families, a psychologist, and especially go to see their own doctor regularly.

Based on our observation, current situations in Cambodia, new HIV infections among youths (aged 15-25) might be increased because many of these young people taking alcohols, using drugs, and playing illegal games at the internet shop at night time. These might be the causes.

Furthermore changes that SCC observed between August 2018 and January 2019. PLHIV without ID Poor are also being provided transportation to treatment. This is allowing for

additional PHLIV and children to be provided a much-needed transport service to make treatments more accessible.

Additionally, the project staff at SCC observed additional changes in regards to hygiene and sanitation of PLHIV and their families. There has been a notable difference in the behaviours and attitudes towards health with cleaner households, communities, bodies, food and the focus on using clean drinking water regularly. These improvements in hygiene and sanitation standards have had a direct impact on the decreased number of cases of diarrhoea, cholera and other hygiene and sanitation related diseases. On the way target area is very big site, all the staff which are implementing are passed in hand to monitoring. In addition to the improvements in hygiene and sanitation standards, communities are also becoming more aware of environmental impacts and instabilities. Based on awareness sessions and meetings on environmental factors, people in communities understand environmental impacts as well as the advantages and disadvantages of environmental challenges. Community people understand environmental risks such as the danger of floods and are preparing important compulsory documents as well as safety plans for evacuations to secure hills and higher ground.

During the majority of the education and community outreach sessions that SCC provides to local communities, the attendance is predominantly female. This has meant that the rate of female participation in public issues has increased. Traditionally, men are predominant income earners so are often at work during the session times while women are still predominant care givers to children. This has meant that more women are aware of the rights of women and children which have seen a shift in reduced discrimination towards women and girls and progress towards more equal male and female treatment.

Another strong focus of SCC continues to be its partnerships with government agencies as well as other NGOs. SCC has a strong relationship with Commune Committee for Woman and Child (CCWC) that continues to provide great opportunities for collaboration and partnership. SCC continues to support CCWC with their meetings to strengthen the protection of women and children with a key focus on reducing violence against women and children, child education, child trafficking and child labour. These sessions have seen a change in the behaviours and attitudes of communities and families. There has been an increase in parents or care givers supporting their children's education by encouraging them to attend school; additionally, teaching their children at home; and supporting their studies in school. Children and women are also sharing their knowledge with other vulnerable families. This has allowed for women and children to use their new knowledge to help deal with problems as well as taking more responsibility in being good children, good students, good parents and good citizens. Due to the decline of additional NGO support for women and children due to no budget both SCC and CCWCs have taken on the responsibility to provide even more support.

Lastly, SCC continues their stakeholder engagement with Ministry of Education, Youth and Sport, NGOs, Networks, Health Centre Staff, Districts, local authorities and communities to ensure that PHLIV continue to have opportunities to access public services. SCC also continues to influence stakeholders to ensure PLHIV's requirements are integrated into yearly investment plans.

4.2

In case you observed any direct negative outcome of the project, please describe it, too.

There have been some potentially negative impacts of the work within the PLHIV area since August 2018. Changes in government and international funding has meant that new NGOs are providing support for PLHIV and children and many are not aware of how to best engage with communities. This has led to some PLHIV not accessing HIV/AIDS services by missing or losing their appointments. SCC continues to work and follow up to ensure as many PLHIV and the children are seeking treatment.

Additionally, although we now provide transportation to PLHIV without ID Poor, or real need, there is some community push back. As we predominantly provide services to the poorest and most at need members of the community, other community members see the NGOs focus as unfair as it does not see a broad distribution of services. As reported by SCC's Community Support Officer (CSO) some community members worry that the poorest people are waiting for aid rather than helping themselves.

The work that SCC has done with women and children to improve their understanding of women's and children's rights as well as the need for child protection and education has seen great improvements. It has allowed children to be strong and responsible and understand what it means to be a good student and citizen. However, it has also allowed children to push back on their parents and not listen to and saying that it is their right. In some cases, parents are following a more traditional disciplinary model but, in some cases, children are just not listening to their parents.

SCC also has a strong connection with monks and nuns in the community who also help to conduct group and individual counselling. Due to the respect for monks and nuns, many SCC sessions and groups are fully attended in order to listen and learn advices from monks and nuns. However, for some members of the communities (in some cases up to 70% of the community) still believe that monks and nuns should be confined to the monastery. They believe that monks and nuns should not be participating in social work and instead should only provide advice to people attending a monastery.

Lastly, although the work that SCC does with the communities is having noticeable and measurable effects on the improvement of wellbeing and livelihood of PLHIV, it has had some negative impacts. Because community members see the value in the work that is done, they will often stop working temporarily to work with SCC project staff to improve their condition. Although this is great improvement, it can be a reduction in income or job security if PLHIV and other family member are temporarily not working.

4.3

Which incidents / events could you observe which you consider to be contributing to or interfering with the accomplishment of the development goal (impact-level)?

As briefly discussed in 4.2, the change of strategy for funding HIV/AIDS programs from USAID, Global Fund and Ministry of Economics and Finance in Cambodia (from 2018 – 2020) has forced many NGOs working with PLHIV to close their activities and missions. SCC wants to ensure it continues to receive funding in order to maintain its support to vulnerable communities and PLHIV.

In addition to changes by Ministry of Economics and Finance in Cambodia, the Ministry of Education, Youth and Support also affects the work that SCC does in supporting children and communities. The Ministry of Education, Youth and Sport will still not often allow NGOs to do activities inside schools because they believe this will disturb studying hours for children. By not allowing school activities, SCC is unable to reach a broad number of students to run sessions on child protection, child rights, child trafficking, child labour and more. Instead, SCC provides some of these activities and sessions in their own schools (CBE) to students who come from poor communities or whose families are affected by HIV/AIDS. Both of these funding and political situations have an impact on SCC successfully supporting PLHIV and vulnerable members of the community.

Many NGOs find it difficult to garner sufficient and continuous funding for their work. Gaining access to appropriate donors is a major component of this challenge. we still not have a resource mobilization skill locally, so instead, we wait for international donors to approach us. Current donors may shift priorities and withdraw funding because of an economic growth up report from the government unite. The NGO might suffer from a general lack of project, organizational and financial sustainability.

There were several big issues that happened during this report. It was about the climate change_ the drought. According to the temperature forecast, the temperature would rise up to 42 degrees Celsius. Furthermore, farmers were advised to delay the next rice crops growing season because of the drought. In additional, not only the water to grow crops, but also the water to use as daily would also be shortage, too. This problem is very serious for mankind. So, community people should know the reasons of climate change. It seems like they have not known yet about the reasons of climate change.

4.4

Which methods did you apply to assess your project's outcome and impact?

The result of baseline report as a methodology was done in this reporting period. PME has collaborated with external consultant, all SCC departments and the following methods were used:

Key Informants interview were used as the only method for field data collection and based on the set of questionnaires formulated using key development indicators stated in the project logical framework. The key informants were selected among people from the different categories including People Living with HIV (PLHIV), Children Living with HIV (CLHIV), Youths, Vulnerable Children Parent, PLHIV and OVC positive members, vulnerable children and some other key stakeholders.

Literature Reviews: we conducted literature reviews on relevant papers, records, reports, project proposals, strategic plan and other reports. This literature review was designed for all key questionnaires before conducting data collection.

5. Conclusion for the Future Work

5.1

Based on your experience gathered, do you see a need to change the planned activities in order to accomplish the project objective?

Yes

No

If Yes, please state the reasons and elaborate on the changes:

In this reporting period, there was no need to change the planned activities in order to accomplish the project objectives, but SCC will see any need to change the planned activities for the next semester.

5.2

In case you require consultancy services, please state the respective area:

- How to develop and update monitoring and evaluation tools.
- How to develop Management Information System.
- How to establish reporting system for quarterly, semester and annually.
- How to write a good narrative report for Bread for the World.
- How to formulate Baseline survey.

5.3

Which are the most important lessons learned during the reporting period?

Please refer to gender equality issues also.

At present, PLHIVs expressed that when they just have infected by HIV, many organizations have supported them, but while they getting older and older and their health are going down, no any organization supports them.

Most PLHIVs, in this reporting period, have the amount of HIV in the blood is too low to be detected with a viral load. But due to direct observation of SCC staff and CSV found that some PLHIVs get thinner and thinner. This was because they are very busy with their work, not regularly taking ART, taking much alcohol, eat a little food, some have gone to work far away from their home and some of them going to meet doctor over date one or two days.

Most PLHIVs' sons and daughters have a chance going to schools. SCC staff who made conversation with them, majority of them told us that their children have gone to schools regularly and others not regularly. It was because they went to work all day and some half day work and they left their children at schools. As for their children left schools, they are waiting and playing with their neighbours outside houses until the parent arrived home around 12 o'clock, so they can enter home and lunch.

Even though now is very less discrimination against PLHIVs, they are living the same as normal people without HIV, but PLHIVs indeed themselves still hidden their status, they do not really brave show their status in the public and especially at work place. This means that HIV really makes PLHIVs suffer not only physical but also mental problems.

Daily education group at Pre-ART/ART site got also good lessons learned for Community action approach project. We have learned about various spots like atmosphere/environment, mix-up beneficiaries plus a place. We could include our services into this session. It seems to be new to staff at the beginning as an education environment is not appropriate to dedicate key messages around attended clients but ultimately CoE could deal successful with this situation.

We actually learnt the most of poorest people or family does not think about their healthy, but they are looking for jobs and other incomes to improve their livelihoods. An exactly geographical, economic and living condition of the people in Siemreap is depending on the potential of the economy, agriculture and tourism. And for the agricultural sector of the farmers, there are still significant levels of agricultural products, lack of technical skills, packing and tourism. These parts the governor of the province has not pay much attention to the poor families and their incomes.

There are still many children whose families could not fulfil the basic needs for them yet. Similarly, the parents really want their children to study, but they have no enough money for their children to buy learning materials, school uniforms and some food to eat while coming to schools. Some children are forced to quit their studying in order to help families earn incomes because they feel sympathy for their parent.

The culture of helping each other in the community is very interesting. People who live in the poor community always love to help each other when their neighbors met the crisis or problem even they did not have money to help each other, they still supported other help that did not relate to the money.

In the target community, not only the men who can earn money, but women also come to work to get money to support the family, too. This means women stop relying on only men to live anymore.

People living with HIV/AIDS were very happy when they knew the news that SCC has a project related to People Living with HIV/AIDS again especially, SCC-Battam Bang Province. Moreover, Battambang provincial health department was also happy that SCC has the prevention project to promote through the target communities because many people seemed to forget HIV/AIDS and forget to protect their selves, too. It seems opposite to the vision of government, "Getting to Zero of HIV".

Annexe (Narrative Report):

Project components' Objectives	Indicators (information differentiated by sex or one indicator for the gender dimension)	Achievement of objectives (Assess using indicators)	Planned Activities	Activities implemented /carried out
<p>1. <u>Objective 1: (Health Care)</u> Treatment and prevention services for people living with HIV (PLHIV) and for those at increased risk of contracting HIV are increasingly being used.</p>	<p>1. 90% of the people living with HIV (1,003 out of 1,115) accompanied by the project accurately take anti-retroviral medications while the success of their treatment is continuously monitored.</p>	<p>Based on baseline report issued by April 2019 expressed as an average that there were 85.79% of People living with HIV accompanied by the project accurately take anti-retroviral medications while the success of their treatment is continuously monitored.</p> <p>As a result of an average above, the data shown that 98% of the 71 people interviewed said that they regularly used ART and applied doctor's advice. 8% of PLHIV said that they were unable to take ART on time because they sometimes are very busy with their work and delayed around 5 to 10 minutes, while 92 % of them said they always take ART medicine on time. Likewise, only 40.5% of PLHIV and OVC being interviewed, they expressed that their viral load result below 1000 copies/ml.</p> <p>The people living with HIV/AIDS and their family members also said they have received supports provided by</p>	<p>1.1. Encourage and counselling cases who miss appointment, with cases who lose follow up to re-enroll in care.</p> <p>1.2. Support nutritional and rehabilitation services (fee for birth certificates for their children, legal documents or support materials etc.) to greatest need PLHIV and detection in communities.</p> <p>1.3. Provide transportation support to greatest need PLHIV, newly identified cases HIV-Infections, children living with HIV, Positive PW, ALHIV, HIV, TB to get Pre-ART/ART services, CD4 Count, STI, TB and VL test.</p> <p>1.4. Collaborate with staff of Health Centre, Village Health Volunteers and local authorities to organize community outreach sessions on HIV/AIDS, TB, FP/SRH,</p>	<p>446 counseling cases have been provided by SCC project staffs, Community Support Volunteers and SCC monks to the beneficiaries on how to use ART adherence.</p> <p>1.2.1. 327 greatest need PLHIV were selected based on the SCC PLHIV current list the same as hospital's criteria for improving their health conditions.</p> <p>1.2.2. 4 newly identified cases of HIV-infections in this reporting period.</p> <p>1.3. 26 in which 13 females referral cases for PLHIV and children living with HIV were referred to get Pre-ART/ART, CD4, Viral Load test and other related services in this semester.</p> <p>1.4.1. 2 rotating awareness meetings with 52 PLHIVs (female:36) participants received knowledge on HIV/AIDS, TB, FP/SRH, primary health care and other</p>

		SCC and other NGOs in different services. 83 percent said they have received counselling on mental health from SCC and other NGOs. 81 percent said they have also received transportation means for traveling to get health services at health centers and 64 percent said they have also participated in awareness raising organized by SCC and by other NGOs	primary health care and other social related issues.	social related issues. 1.4.2. 4 supported network meetings with Health Department Services with 251 participants and 120 females were attended the meetings.
	2. 85% of the participating youth between 15-24 years (510 of 600, of which 50% are female) use their acquired knowledge of HIV through behavioral changes.	According to the formulated data of baseline survey report revealed that only 63% of youth between 15-24 years have used their acquired knowledge of HIV through behavioral changes. The 63% of above- mentioned data, 94% of youth in the community have little know HIV/AIDS, 37% change their behavior relating to having many sexual intercourses with others and having sex when under influence of drug, and 60% of key informants said youth in the community know very well on how to prevent themselves from HIV/AIDS transmission.	Provided awareness sessions with participating youth in each meeting.	1 awareness session was participated by 30 Youths aged between 15-24 years have comprehensive and correct knowledge on HIV/AIDS in SCC slum areas in this reporting period.
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2. <u>Objective 2: (Food and Income Security)</u> The food and income situation of marginalized families with	1. 70% of 230 trained participants (of which 50% are female) apply newly learned techniques of organic farming	Because our project has just started up, so this activity wasn't done in the semester I and we did not	1.1. Identified and selected families and marginalised families with HIV-positive members in the	1.1. 120 families and marginalized families with HIV-positive members in the communities as SCC direct

<p>HIV-positive members is improved</p>	<p>and permaculture for a subsistence production of agricultural products.</p>	<p>have any tool to measure this indicator yet. But referred to the data of baseline study shown as average 54% of 81 key informants of PLHIV, CLHIV and Positive members have participated in training provided by SCC existing activity and other NGOs.</p> <p>The 54% of above- mentioned data, there were an average only 26% of applied modern techniques in their family. These included 6% of them said they have applied organic farming, 8% said they have applied seasonal cropping, 5% said they have applied soil management for their farming products, 69% said they have applied home garden for their daily lives, 45% said they have practiced animal husbandry, and 23% said they have applied vegetables or fruits.</p>	<p>communities as SCC direct beneficiaries.</p> <p>1.2. Provide and support agricultural techniques to PLHIV, PLHIV members and child infected members) on farming, home gardening, composting, animal raising and permaculture.</p> <p>1.3. Encourage the beneficiaries to access and learn skills at the SCC's livelihood demonstration centre.</p>	<p>beneficiaries in three provinces.</p> <p>1.2. SCC hasn't conducted this activity yet. This because we have just approved financial support from BfdW. We will do by next semester.</p> <p>1.3. This activity will be done by the year II.</p>
	<p>2. Through establishing a small or micro business or through starting a permanent employment relationship, the average household income of 300 trained participants has increased by 30% (from 100 USD/month to 130 USD/month) by the end of the project.</p>	<p>In this first semester, we did not do any activity relating to this indicator yet. The data that have reported was from baseline study has issued on April 2019 by the external consultant as an average incomes of PLHIV and positive member family were 120 US dollars.</p> <p>As average data also shown only 7% of 80 PLHIV, CLHIV and Positive member have learnt about small business</p>	<p>2.1. Mobilize internal and external experts and capital to assist PLHIV, OVC and vulnerable families to start up, and extend businesses for families and communities.</p> <p>2.2. Provide and support capacity building to beneficiaries on bookkeeping, small business managing, marketing and job opportunities.</p>	<p>In this semester, we did not do any plans, we will do this activity by the year II.</p> <p>2.2. Not yet do this activity yet. We plan to do it by the year II</p>

		<p>and job opportunity to increase their incomes, while 93% of them did not have any knowledge regarding to the small business and how to find job for their family.</p> <p>The income sources for target beneficiaries. 16% said they get from growing rice. 8% said the main income source they get from growing vegetable for consumption and selling to local consumption and sometimes sell to provincial market. 18% said the main income source of their family coming from raising livestock. 20% said the main income source for supporting their family come from construction workers. 1% said the main income source for their family come from garment factory. 3 % said the main income source for their family come from transportation services. 10 % said the main income source for surviving their family depends on their son and daughter transfer from Thailand or Korea. 9 % said the main income source for their family get from doing small business in community and 16 % was unable to give answer.</p>	<p>2.3. Linkage and networking to relevant institutions to support beneficiaries access vocational skills, sustainable livelihood and social enterprises.</p> <p>2.4. Assist the beneficiaries to access to micro loan to expand their business and the agricultural products.</p>	<p>2.3. Not yet do this activity yet. We plan to do it by the year II</p> <p>2.4. Not yet do this activity yet. We plan</p>
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3. <i>Objective 3:</i>	1. The school	According to the data	1.1. Identify and select	1.1. 272 targeted

<p><i>(Education)</i> Children living with HIV and children from families with HIV-positive members enjoy equal educational opportunities as children from families without HIV infection.</p>	<p>attendance rate of 560 children with increased vulnerability (orphans, children from families with HIV-positive members, children living with HIV) reaches the average national school attendance rate of all school-age children</p>	<p>analysis in the baseline study, as average 95% of children with increased vulnerability are staying in school, while 5% dropped out of schools in this reporting period.</p> <p>The data also shown that 13% said children living with HIV/AIDS in their community are unable to go to school, while 48% confirmed that children living with HIV/AIDS in their community are able to go to school as other children. 18% said they don't know about this issue and 21 % could not give answers. These because they are lazy to study, no money for buying school materials, their parent migrant, some family careless and other children have poor working memory.</p>	<p>target children as beneficiaries.</p> <p>1.2. Support vulnerable children to access SCC-Children's Basic Education school and public schools.</p> <p>1.3. Integrated basic life skills such as hygiene and sanitation, personal development, green environment and home gardening into the CBE curriculum.</p> <p>1.4. Providing educational materials, school uniforms, nutritional support and happy happy program to the most vulnerable children.</p>	<p>children of which 133 are girls, who are fit to the criteria selections to be SCC beneficiaries.</p> <p>1.2.1. 260 disadvantaged children in which 127 are girls including HIV-positive members for both inside SCC-CBE schools and outside SCC-CBE school have accessed to three SCC-CBE Schools.</p> <p>1.2.2. Only 1 children living with HIV/AIDS, children infected members, orphans and vulnerable children with HIV-positive members from SCC-CBE School and in communities to re-enroll into SCC-CBE Schools and public schools.</p> <p>1.3. 223 children of which 104 are girls of inside SCC-CBE School received extra knowledge on Mathematics, Khmer literature, English, moral, social green environment, growing home gardening at their houses. Furthermore, they received supplementary food and breakfast/lunch.</p> <p>1.4.1. 8 times of happy happy program were organized and participated by 438 children include 201 girls from SCC-CBE schools and the communities.</p>
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	<p>2. At the end of the project, 60% of 560 children with increased vulnerability (orphans, children from families with HIV-positive members, children living with HIV) report higher acceptance, less discrimination and physical integrity.</p>	<p>external consultant still analyzes it. Furthermore, we lack of tools for measuring this. In the next semester, we will report this indicator's achievements.</p>	<p>2.1. Collaborate with local public schools, parent and local authorities for children's studies</p>	<p>2.1.1. 12 communes have been signed contracts with SCC in year I and these contracts were ensured that those commune councilors help facilitate some activities such as integrate child protection and education into the Commune Investment Plan (CIP).</p> <p>2.1.2. 103 meetings of Commune Committee for Women and Children (CCWC) have been conducted with 2,379 of which 1,055 are girls participated in the meetings.</p> <p>2.1.3. 22 DWCCC each meetings were conducted by</p>

			<p>2.2. Provide capacity building to staffs and relevant stakeholders on Skilful Parenting, child education and child protection.</p> <p>2.3. Support regular meetings and outreach session with parents, care giver, CBE schoolteachers and other relevant stakeholders on Skilful Parenting, child education and protection.</p> <p>2.4. Support and participate in the International Children Day (ICD) to increase awareness on child rights, anti-child trafficking, and other forms of child's abuse.</p> <p>2.5. Integrating child education, care and support and child protection work into Commune Investment Plan (CIP).</p>	<p>636 participants.</p> <p>2.2. 1 training was conducted on Skillful Parenting child education to staff and CCWC members.</p> <p>2.3.1. 7 meetings (awareness sessions) were provided for 244 parents on skillful parenting, child rights, gender and child protection.</p> <p>2.2.1. 33 awareness sessions were provided for 1656 general populations on child rights, gender and child protection.</p> <p>2.4. Not yet do this activity. SCC will do it by the next semester.</p> <p>2.5. SCC has encouraged and challenged 12 communes /Sangkat that SCC works with, integrated activities for women and children into the priority list of Commune Investment Plan (CIP).</p>
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