

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

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|--------------------------|--|
| Name of the Organisation | Salvation Center Cambodia |
| Address | #B1, Street 107 BT, Sangkat Boeng Tumpun 1, Khan Mean Chey, Phnom Penh, Kingdom of Cambodia. |
| 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 01.02.2019 till 31.07.2019 |
| Date of report | 31.10.2019 |
| 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:

SCC Phnom Penh: In the reporting period, from February to July 2019, there were no senior management staff of our organisation has been changed. We still kept the four senior management staff the same, but they are playing roles and responsibilities differently. Mr. Chhneang Sovanpheap is responsible for both Executive Director and Program Manager positions under advice from Mr. Prum Thoeun, SCC Founder and President. Moreover, for the Program Manager position is assisted by two program assistants – Mr. Hun Socheat and Venerable Ann Sovat.

SCC Siemreap province: There are four Branch Management Team (BMT) members, including Mr. Noun Sothea is a BMT Chairman and representative of SCC Siemreap, Ms. Khim Chamrong is a vice-chairwoman, Ms. Seng Lina and Ms. Lun Polin are members.

SCC Battambang province: There are three Branch Management Team (BMT) members, including Mr. Yay Bunchhen is a BMT Chairman and representative of SCC Battambang, Ms. Chhorn Sreymuch and Mr. Khun Bunloun are members.

2.2

related to your planning system?

Yes No

If Yes, please describe:

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

2.3

related to the composition of your staff?

Yes No

If Yes, please describe:

There were 46 remaining contractual staffs including 4 senior management staff (of which one female and three males); 11 administrative staff, 30 program/project staff and 5 financial staff.

At the project level, there were staff turnover as follows –

- Ms. Tok Sambath, a cook assistant based in SCC-CBE School Christine at Siemreap replaced by Ms. Sorn Sok Jen because she resigned for her pregnancy.
- Miss So Pov Thida, a part-time teacher at SCC-CBE School Christine at SCC Siemreap was promoted to be a full-time teacher replaced Mr. Vorn Leap Heng resigned from SCC and he is doing internship in Germany for one year.
- Mr. Veth Chhor Vin has been select to be a part-time teacher at SCC-CBE School Christine at SCC Siemreap.
- Ms. Hav Sokmach, SCC Accountant based in SCC Phnom Penh, left to work with private company and Miss Prob Sokkhy was recruited as a new Finance Assistant Volunteer.

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.

2.4

related to other issues?

Yes No

If Yes, please describe:

Having worked with HIV/AIDS patients, we experienced that ALHIV stopped taking ART medicine because he got a psychiatric disorder and the other lost to follow up. PLHIV changed resident and nobody know where she was. Some were very hard to communicate and work with them. One HIV/AIDS patient has strongly denied receiving services from SCC because he did not want to

show his HIV status publicly. Furthermore, some of our beneficiaries live far away from SCC office. Whereas each household of the patients far away from each other. It is hard for staff to access to them.

On the remaining issues, drinking alcohol and drug uses have been listed as the common issues, resulting in family violence, gang fighting amongst young people as well traffic accidents. In Cambodian context, female entertainment workers (FEWs) are young women working at establishments such as karaoke bars, restaurants, beer gardens or massage parlors. FEWs may sell sex to male patrons and are considered high-risk groups for HIV. We also have observed that currently new HIV infections among young people might be increased because many of them taking alcohol, using drug, and playing illegal games on internet. These might be the causes. In addition, some of young people who lack of knowledge on HIV prevention have been facing HIV easily. Therefore, condom is still an effective weapon to prevent HIV transmission in Cambodia. Moreover, the migrant to work far away from home of community people because of the poverty and unemployment in their own homeland have caused their old parents who stay at home and take care of the children instead of them. Children who are staying with their grandparents still have a good luck than children who their parent have migrated and they do not have any relatives to live with, so it is forced their parent bringing their kids to migrate with to the workplaces where are no schools for children to study. There is no a good solution yet for this problem.

Many families in Siemreap who are struggling to survive without finding solutions outside their communities. However, this solution is not found in the tourist dollars of Siemreap, but instead through illegal migration to Thailand for seasonal labor – generally in the construction industry. While processing of migration can be dangerous, this is substantially more than many people can hope to make in a day in rural Cambodia and even in unskilled jobs in the city. Starting salaries in hotels and restaurants don't pay much more than this (some pay less) and if employers require a completed high school education then most rural students will not even bother to apply.

PLHIVs are more likely to have lost their employment or source of income, most of the times, the loss of employment or income because of the ill health. For PLHIV often have caregivers or family members, they had to leave paid jobs. PLHIV are often discriminated by neighbors, friends, and spouse and family members. The discrimination is often related to other fear of getting infected with HIV and associated with lack of knowledge about HIV transmission. Some of children who affected by HIV and OVC have a lower school rate and are more likely to miss out on education opportunities. These issues have just found while project has been supporting and preventing HIV new infections. It is an essential goal for SCC is to create the potential income generation for PLHIV.

While having conducted field observation to SCC targeted areas, we found one HIV/AIDS patient gave up ART medicine around one year ago from 2018 to at present (we made her on October 16, 2019). Even though SCC staff and CSV have tried their best to motivate her to re-enroll in care for three times, but she strongly denied the motivation. She took a perspective that “Although I take ART medicine I still die, and if I do not take ART medicine I still die.” SCC staff has committed to seek for solutions.

Most of community people have unclear job to earn money. It meant they have been working through jobs which are available when someone hired them, but it was not the stable job for them to earn money for supporting their lives. It also caused the poverty.

During February 2019, there was the big concern of people about the “Rabies” disease. They were so afraid of dying because they have seen the news from social media – Facebook about people died by rabies. So, they came to the rabies centre where located near Battambang referral hospital to get injection for protecting themselves from rabies. It also caused rabies centre ran out of vaccine. Rabies centre and department health of Battambang also have promoted the detailed information of rabies (symptom and the causes of rabies) to the public, too.

The climate change, the high temperature caused rice crop in the community died, and there was the shortage of electricity for using, too because there was not enough water to produce electricity and as many people need to too much electricity to reduce hot temperature in each house. As the result during March and April, the electricity department officers decided to support only half in daytime until May 2019 (it was stable as normal).

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:

Most of local authority has changed their behavior to help the citizens who have faced the problems. Moreover, they have usually joined with other NGOs to promote useful knowledge through their community where they are working for. They have always called for other donation from NGOs and kindhearted people who are rich to help the poorest community people, too. It showed that they have really cared about the poorest people's problems.

For general populations, most of them have changed their behaviour about gender conception, lifestyle, environment, domestic violence, and child rights. As a result, women had the chance to learn and work as men. "What the men could do and why women not", this sentence was in all of women's thought, nowadays. These results from community people have understood human rights as men and women are equal. For lifestyle, people have changed it because they needed to adopt the climate change like the high temperature. They also cared about the environment. Some of them have always kept their house clean, and collected trash into the trash bin. For domestic violence, we could not say that we could not eliminate it all, but we could see that most of people have known the bad effects of it, and they have also avoided making it happen. Another change is the understanding of basic child rights, and most of parent have taken care and raised their children positively.

Education and Training: Access to free, good quality education in Cambodia is a right set out in the country's Constitution:

Article 65: The State shall protect and promote the right of the citizen to a quality education at all levels and shall take every measure to progressively make this education available to all the citizens.

Article 66: The State shall establish a comprehensive and unified system of education throughout the country, capable of guaranteeing the principles of freedom of education and equal access to schooling, in order to offer each citizen the equal opportunity for the betterment of his/her living conditions.

Article 67: The State implements a curriculum and modern pedagogic principles including the teaching of technology and foreign languages. The State shall oversee public and private educational establishments and classes at all cycles.

Article 68: The State shall ensure for all citizens free primary and secondary education at public schools. Citizens shall receive schooling for at least nine years.

Cambodia is moving towards 100 percent enrolment of children in primary education. Government spending on education has increased substantially in recent years. Hundreds of new schools are being built, and literacy rates have improved. But while some areas of education have made big advances, enormous challenges remain.

By 2020, the Ministry of Education, Youth and Sport plans to increase the minimum teacher training from nine years basic schooling plus two years teacher training at provincial centers to 12 years basic education and four years of teacher training.

Health System: It is very important and being improved its guidance to strengthening health services and welfare to the general people. In the meantime, SCC is working with HIV/AIDS patients and contributing to Cambodia that have committed itself to achieving the global "90-90-90" targets by 2020 (that 90 percent of people living with HIV are diagnosed, that 90 percent of those diagnosed are on anti-retroviral treatment, and that 90 percent of those on treatment are virally suppressed). Cambodia has pledged to go even further and reduce new HIV infections to fewer than 300 annually by 2025 and effectively end the AIDS epidemic as a public health threat, five years ahead of the global

goal. If Cambodia achieves these targets – and the country is on track to do so – it would set an important precedent for the rest of the world.

Tourism: Residents of Siemreap province and tourists say the political crisis has a negative impact on tourism. They expressed that Siemreap's main source of employment and income depends largely on tourism, but if tourism has declined, tourism companies, guesthouses and hotels and many tourist facilities will be closed and staff will lose their jobs: "The decline of tourists has always been a challenge for those who are in the business of tourism business." That means that the benefits of tourism also not shared to the restaurant, the souvenir shop or any of the guides who might have a job can have an impact."

Agriculture and Food Security: Agriculture has the potential to boost economic growth and food security in Cambodia, but Cambodia needs to improve post-harvest production and infrastructure, facilitate business environment, and improve the ability for financial services to rural entrepreneurs. Nearly 80 percent of Cambodians live in rural areas and 65 percent depend on agriculture, fishing and forestry. One fifth of Cambodians are malnourished, meaning the amount of calories they consume daily is less than the amount of calories a person consumes.

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 planning from 2018-2023 and SCC application proposal from 2018 to 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. | | | |
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| 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 six months survey report expressed as an average that there were 86.50% of people living with HIV accompanied by the project accurately take anti- retroviral medications while the success of their treatment is continuously monitored. In this reporting period from February to July 2019 increased 1% if we compared to the last semester.</p> <p>As a result of 86.50% as an average above, the data shown that 97% of the 29 PLHIV and CLHIV interviewed said that they regularly used ART medicine. 100% applied doctor's advice. While 97 % of them said they have taken ART medicine on time. Likewise, only 52% of PLHIV and OVC interviewed, they confirmed that their viral load result below 1000 copies/ml. PLHIV and their family members said that they received supports which provided by SCC and other NGOs in different services. 83% said they received counseling on mental health from SCC staff. 66% said they received transportation for travelling to get health services at health centers and 83% said they participated in awareness sessions organized by SCC and other NGOs.</p> | <p>1.1. Encourage and counseling 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>79% All of activities plan have been implemented compared to the plan in this reporting period.</p> |

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| <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>Based on the formulated data of six months survey report revealed that only 73% of youth between 15-24 years used their acquired knowledge of HIV through behavioral changes. If we compared this figure to the last semester, it increased 10% in this reporting period from February to July 2019.</p> <p>The formulated data 73% in detailed by 86% of youth at the community have a little knowledge on HIV/AIDS, 56% changed their behavior relating to having many sexual partners, having sex without condom used with others, sexual intercourse under influence of drug, youth have more than 4 sexual partners, and youth who used drug by injecting or reusing needles with others, and 77% of key informants said that youth at the community know well how to prevent themselves from HIV/AIDS transmission.</p> | <p>2.1. Provided awareness sessions with participating youth in each meeting.</p> <p>2.2. Provide transportation support to suspected youth, to HTC or other health services.</p> | <p>2.1. 162% of this activity which provided awareness sessions with participated youth in each meeting has been implemented in this reporting period compared to the plan. This because more youth who are interested in awareness sessions attended.</p> <p>2.2. 7% of the activity as plan providing transportation support to suspected youth, to HTC or other health services has been implemented in this reporting period compared to the plan for this semester.</p> |
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| <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>Referred to the data of six months survey report shown as an average 35% of 38 key informants of PLHIV, CLHIV and Positive members have participated in training provided by SCC existing activity and other NGOs. In this reporting period from February to July 2019. It decreased 28% if we compared to the last semester</p> <p>The 35% of above- mentioned data detailed by as an average 50% of applied modern techniques for home gardening in their family, zero percent of them said they have applied organic farming, 10% said they have applied seasonal cropping, zero percent said they have applied soil management for their farming products, 80% said they have practiced animal husbandry, and 70% said they have applied vegetables or fruits.</p> <p>The data also show 90% of beneficiaries who applied new techniques used their products for consumption and selling, whereas 10% have used their products for consumption only.</p> | <p>3.1. Identified and selected families and marginalized families with HIV-positive members in the communities as SCC direct beneficiaries.</p> <p>3.2. Provide and support agricultural techniques to PLHIV, PLHIV members and child infected members) on farming, home gardening, composting, animal raising and permaculture.</p> <p>3.3. Encourage the beneficiaries to access and learn skills at the SCC's livelihood demonstration center.</p> | <p>1.1 78% of the activities to select positive family members have done in this reporting period compared to the plan.</p> <p>1.2. This activity has not been done yet. We are on the processing to select an agricultural skilled person to prepare lesson.</p> <p>1.3. 100% we have implemented this activity in this semester.</p> |
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| <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>The data which has been reported was from survey study shown as an average income of PLHIV and their positive members were 110 US dollars. The income of them decreased 10 US dollars compared to the last six months.</p> <p>As average data also shown only 4% of 38 PLHIV, CLHIV and positive members have learnt about small business and job opportunity to increase their incomes, while 96% of them did not have any knowledge regarding the small business and how to find job for their family.</p> <p>The income sources for target beneficiaries in this semester shown that 8% said they get from growing rice, 16% said the main income source they get from growing vegetable for consumption and selling to local consumption and sometimes sell to provincial market, 11% said the main income source of their family coming from raising livestock, 13% said the main income source for supporting their family come from construction workers, 5% said the main income source for their family come from garment factory, 5 % 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. 23% said the main income source for their family get from doing small business in community, 34% and 19 % was unable to give answer.</p> | <p>4.1. 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>4.2. Provide and support capacity building to beneficiaries on bookkeeping, small business managing, marketing and job opportunities.</p> <p>4.3. Linkage and networking to relevant institutions to support beneficiaries access vocational skills, sustainable livelihood and social enterprises.</p> <p>4.4. 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 this semester. We will start to implement this activity on year II of the project.</p> |
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If the project is more complex and composed of different project components, kindly use the spread sheet 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 the reporting period, PLHIV have not only received knowledge on positive prevention, but they have also known how to take care themselves. Through the awareness sessions, PLHIV have always shared the experience with each other; especially, PLHIV who the new infected HIV about the

first symptom and how to adopt symptom, and they had to talk to doctors immediately if they had something strange. Most of PLHIV have concentrated on the doctors' appointments to get ART. There were just a few of them who missed appointments because they are working far away from home. SCC staff also conducted the awareness sessions with general populations about how important of HIV/AIDS blood testing and HIV/AIDS. As a result, they were suspected might infected by HIV virus. They came to health testing blood to make sure by themselves.

In a report July 2019, Cambodia has made great gains in reducing violence against children. "Since 2000, the latest data suggest Cambodia has cut its child homicide rate by 76 percent. The total number of victims fell from an estimated 210 to 50 per year during this time. Children in Cambodia are increasingly protected by improved national legislation and services to prevent violence and exploitation. Recent laws have strengthened the juvenile justice system and discouraged violence against children at home, in school and in institutional settings."

Parents have been taken an active role in their children's education. They monitored and supported their children's learning at home and at schools. The parent, caregivers and community people have used received knowledge on the importance of their children's learning, child rights, child protection, and ways to access to the appropriate children rearing support from SCC staff and CCWCs. The targeted parents/caregivers of SCC have protected their children from being abused. Similarly, the villagers have been practicing the educational concepts in their family provided by CCWCs and SCC staff. They also have been aware of how to access to legal services.

The review used quantitative and qualitative methodology to assess the impact of the main project outcome indicators. The overall findings showed that 75% of PLHIV felt they would be able to access health services by themselves if there was no referral support.

National roads for travelling to Angkor Wat Temple are smooth. Alternatively, some roads in Siemreap city are rough roads. They are uncomfortable ways to travel. Similarly, some paths can also be difficult to reach SCC beneficiaries' houses. Paths for going to the communities which we work with are wet surface. The targeted areas are far away from SCC office and also distance between each household of SCC beneficiary, either. Moreover, their houses surrounding by forest/bushes. These are the shelter of mosquitos. Hence dengue fever is easily happen to children include young adults as well.

Dengue fever: Since 03 June 2019 till at present, The Angkor Hospital for Children (AHC) has expressed its concerns over an increase in severe dengue cases in Siemreap province. AHC admitted 265 children infected with the virus in the past two months alone, which is more than all of last year. Whereas SCC staff when conducted awareness sessions also disseminated about signs and symptoms of dengue fever include a sudden onset of high fever, headache, joint and muscle pains, plus nausea and vomiting. A rash of small red spots appears three to four days after the onset of fever. Seek medical attention if you think you or your children may be infected. There is no vaccine against dengue fever. The best prevention is to avoid mosquito bites at all times.

Approximately 9 million people do not have adequate sanitation. This has serious consequences. For example, more than 1,000 children die each year from diarrhea caused by poor sanitation and drinking water. The National Strategic Development Plan sets the goal of increasing access to sanitation services for rural people from 37.5% in 2013 to 60% by 2018.

Work efficiency has been strengthened. Moreover, collaboration has been working well between SCC and relevant stakeholder including local authority in the coverage areas. Through collaboration, SCC have engaged with Ministry of Education, Youth and Sport, NGOs, Networks, Health Centre Staff, Districts, local authority and communities, as results PHLIV have accessed to public services and PLHIV's requirements are integrated into yearly investment plans. The local authority and community people have received a lot of benefits from the project's activities.

Dead family at three provinces of SCC Siemreap, Battambang and Phnom Penh received support from SCC amount 40 UDS for each dead body of poor family. The donation supported by Firefly Mission donor. Exactly, some poor dead bodies living with HIV/AIDS no responsibility at the public, communities, hospitals due to the absence of relatives and families. Whenever this case is known to our SCC monks and nuns, the funeral support was arranged to the dead persons through responsible departments or their families and relatives. The grief and lamentation are subsided while the supports of both material and spiritual assistance are provided by our monks and nuns.

The IDPoor Program has provided information on poor households by government institutions, non-governmental organizations, sector programs and projects, and charities, to enable them to target services and development assistance to the poor more effectively. Between 2015 and 2017, IDPoor reached over 550,000 poor households in rural areas. By 2019, the poor living in Cambodia's towns and cities were also included for the first time. Cambodians who have received IDPoor from the government they were entitled to free social services. The card is truly a lifesaver.

4.2

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

Even new PLHIV could accept their status, but they still felt embarrassed to the public – their neighbour. So, they want to keep confidential. When we visited their houses, it would make others know their situation. It affected their feeling.

Some of PLHIV patients are well, healthy and an undetectable viral load, so they thought that their body have no virus in the blood; then they start to work hard like building houses, made desks, construction workers, dishwashing and so forth, so they got serious illness. They have been cured at provincial hospitals for over a month.

While directly conducted a study at the communities, one of infected by HIV patients has given up ART medicine for a year because an undetectable viral load in her body and she has believed that traditional medicine can cure HIV virus. Then she has migrated to live at Kampong Cham province with her new husband. When she was ill, she returns to Siemreap Hospital for re-enrol in care again.

Most patients (SCC's beneficiaries) are living on the Apsara land (Angkor Temple, Siemreap province). They are facing issues and being evicted by local authority. Getting evicted can make them difficult to find a new place to live and it can affect their living standard decreased, especially earning income for their family. Moreover, eviction can hurt PLHIVs' lives both physical and mental.

Some of HIV patients have been found that they still meet difficulty to talk about HIV publicly because they thought that it was the work of NGO staff and some of them said they had never been made relations with the society because they are hated by these communities.

Despite the progress has been achieved, some populations and regions continue to fall behind. HIV stigma continues to be a major barrier to prevention, testing, and treatment. It affects certain groups of people such as men who have sex with men, people who inject drug and transgender women more than others.

A number of HIV patients have decreased Viral Load undetectable, but they have not known well about the benefits of the decreased viral load.

At present, SCC still has a well connection with Buddhist monks and nuns at the communities. They help to conduct group or individual counselling. Due to the respect to monks and nuns, many SCC sessions have been fully attended by community people to listen to and learn teachings of the Buddha. The monks really help to develop a society and encourage people to keep doing good deeds in their lives. They also have taught people about how to budget their earnings to be able to provide for their families. However, some people have not satisfied with monks' social work because those people still have believed that monks and nuns should stay in the monastery to recite the Dhamma. They believe that monks and nuns should not participate in social work and they should provide advices to people who enter to the monastery.

Most children have been educated about child rights from aged 9 or 10 years old over in Cambodia. They are educated by NGOs sector, primary school grade 3 or 4 and many private schools do also. Moreover, they learnt a lot from television or cell phone, especially cartoon programs. Child rights, child education and protection have been also educated by SCC for many years and used by children to protect themselves and gain their power. These knowledge and power gained by children were able to break the old traditional regulations: "Children must always obey their parents." In fact, children should be taught to question, actively listen, and speak up. Even though there are things a child must do, they still should have an explanation as to why so they can understand and have a connection to it. They need to understand why so they can make the best decisions when they are on their own. Children also need to be allowed to practice disagreeing and voicing their opinions, and questioning things, and the safest is to practice on their parents. These have allowed children to be strong and

responsible and understand what it means to be a good student and citizen. In contrast, children cannot follow all what their parents told to do. It can be challenging as a parent.

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)?

The hospitals have issued a policy that if any patients come to meet the doctor late at least two weeks; the physician must call the organization which supports HIV-positive people to be witness and to prevent those patients not doing that again. In a similar way, if HIV-positive people go to hospital late around 3 or 4 days the doctor will give ART medicine only per month in order to motivate or push patients to see doctor often.

National Center for HIV/AIDS, Dermatology and STD issued a guideline to ART treatment, HIV patient appointment, and determination of patients who lost to follow-up. The guideline is carried out by doctors and health centre for HIV/AIDS Care for Adults, Adolescents and Children. Moreover, it is very useful for the relevant development partners working for education, care and support relating to HIV/AIDS epidemic.

Ministry of Interior, Minister of Interior Sar Kheng issued a guideline on the cooperation between the Royal Government of Cambodia and the sub-national administrations with local associations and Non-Governmental Organizations as well as local communities. This guideline helps SCC conduct awareness sessions and other meetings at SCC's coverage areas without obstruction from local authority. Furthermore, His Excellency Sar Kheng have decided to establish the Committee for fighting HIV/AIDS, Ministry of Interior. The Committee has been working on this since its signing on August 23, 2019 by the Deputy Prime Minister and Minister of Interior.

Local authority have kept cooperation with NGOs for conducting awareness sessions at their communities on HIV knowledge and prevention, but the government has not yet allocated a budget for spending on HIV/AIDS awareness sessions at the community level.

Ministry of Education, Youth and Sport have integrated HIV/AIDS knowledge into the state school curriculum framework, but we have observed the state schools' teachers felt that the time which has been allocated for officially teaching HIV/AIDS knowledge is very short about 10 minutes for each class in over half of the schools located in four districts in the SCC targeted areas, Siemreap province. Even so teaching HIV/AIDS knowledge is very short; SCC has learnt that stigma and discrimination on most HIV-positive children have been remarkably reduced. The Ministry of Education, Youth and Sport, Ministry of Health staff and Civil Society Organizations (CSOs) have issued a guideline on children aged from 8-10 years old "Not Show All about HIV/AIDS knowledge" and children aged from 11-14 years old "Show All about HIV knowledge." It was because children have the right to learn HIV/AIDS knowledge.

PLHIV were hard to contact. Even SCC staff has directly visited them towards their houses, SCC staff also could not meet them because they worked at various places. It caused some of our activities did not reach the plan which we had set such as home visit.

The weather was the problem for the staff to work through target community, too. They could not come to target community because of this.

In the reporting period, there were some remarkable problems that have happened related to the Climate Change in Cambodia. Some operational districts of SCC have the flood, this flood damaged vegetables such as beans, chilli, and papaya of SCC's beneficiaries. Flood caused mice ate rice and other vegetables that they are growing at the fields. It was a severe drought has ruined the crops. Recently the rain has fell irregular seasons, this affected growing rice or vegetables no water for watering their rice or vegetables/cropping. It had heavy storm, either in Cambodia. The above mentioned problems are so difficult for human beings. The people seem have not known yet about climate change. So, community people should know the reasons and how to seek for solutions concerning climate change.

4.4

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

The result of the six months report as a methodology was done in the reporting period. PME has collaborated with all SCC departments within three provinces – Phnom Penh, Battambang and Siemreap the following methods were used:

Literature review is conducted by SCC PME Manager and PME Assistant on relevant papers, records, reports, project proposals, strategic planning and other reports. The literature review is required to design all key questionnaires.

Structured interview is employed and based on the set of questionnaires that formulated and used key development indicators stated by the project logical framework. The interview is carried out amongst 7 different types of people such as PLHIV, OVC, CSV, Youth, Positive Members, CLHIV, and Parent/caregivers.

Direct field observation was conducted by management staff from SCC Phnom Penh to the projects sites.

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 the reporting period, there was no need to change the planned activities in order to accomplish the project objectives

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.

5.3

Which are the most important lessons learned during the reporting period?
Please refer to gender equality issues also.

One of the PLHIV patients told the neighbours about his HIV status in case he was bleeding. He added that two months go to meet the doctor once is a good thing for him to get medical advice. While having Opportunistic Opportunity (OI), so he can consult the disease on time. Indeed, he understood well ways of benefiting and taking ART medicine. He shared on how to take ART medicine easily. He told that he always put ART medicine into a piece of banana, and then swallow it. This is a good lesson learned.

Most of HIV patients are well and healthy. They can earn incomes as much as they can base on their health's conditions. For example, one of PLHIVs knows well on how to take care of his health. He also earns income like driving Tuk Tuk, waste collector, or buying waste. He has done these as not driving Tuk Tuk. He also made loans from company loans for improving his small business as well.

Through discussion meeting many times with Buddhism for Development (BFD) and Catholic Relief Services (CRS), SCC are able to manage referral support for helping PLHIV amongst three provinces – SCC Phnom Penh municipality, Battambang and Siemreap provinces.

Process of selecting healthy HIV patients and their relatives for participating in training on new techniques of organic farming and permaculture have not been done yet. Alternatively, PLHIV and some of the poor families want to start growing organic farming rather than working for the private

sectors because they want a sustainable livelihood for their family. Furthermore, now private companies need more vegetables/fruit.

Currently, although some of people say there is no stigma and discrimination against HIV patients; some of PLHIV were taking up the job in private sectors. However, they still have hidden their status. They normally have just gone to work like others not live with HIV. Though, they are self-discrimination.

So far, a few PLHIV have told others that they had recovered from the disease because no virus in their blood while testing. In this case, SCC always continues to educate PLHIV do not to confuse this idea. It is the viral load which has been identified was undetectable.

Many PLHIV who are living with poverty need help; especially, they need welfare supports, but according to budget of our project, we cannot afford them all. It was difficult to solve with them.

The minority of PLHIV have still hidden their status from their partners because they were afraid of their partners not accepted and leave them alone. Response to this, SCC staff had consulted them to open their mind to disclose with their partners and gave the advice to them; they should ask their partners to find HIV/AIDS by testing the blood at health centres or hospitals.

It was so hard to invite youth to join with the awareness sessions because they were so busy with work and study. Some of them have migrated to work at Thailand. So, when we conducted the awareness sessions; there were not enough youth like our plan 30 youth per awareness session.

We also encountered hard to invite 30 PLHIV to join the awareness sessions because they live far from each other. As the solution, we separated them into two groups.

Through good collaboration with local authority/CCWCs most of the times participated in outreach sessions conducted by SCC project staff in order to share about HIV/AIDS knowledge, child rights, childcare, child education and protection.

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 |
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| <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 six months survey report expressed as an average that there were 86.50% of people living with HIV accompanied by the project accurately take anti-retroviral medications while the success of their treatment is continuously monitored. In this reporting period from February to July 2019 increased 1% if we compared to the last semester. As a result of 86.50% as an average above, the data shown that 97% of the 29 PLHIV and CLHIV interviewed said that they regularly used ART medicine. 100% applied doctor's advice. While 97 % of them said they have taken ART medicine on time. Likewise, only 52% of PLHIV and OVC interviewed, they confirmed that their viral load result below 1000 copies/ml. PLHIV and their family members said that they received supports which provided by SCC and other NGOs in different services. 83% said they received counseling on mental health</p> | <p>1.1. Encourage and counseling cases who missed 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</p> | <p>776 counseling cases have been provided by SCC project staffs including CSV and SCC monks for the beneficiaries on how to use ART adherence.</p> <p>1.2.1. 428 greatest needed PLHIV have been selected based on the SCC PLHIV current list the same as hospital's criteria for improving their health conditions.</p> <p>1.2.2. 9 newly identified cases of HIV-infections in this reporting period.</p> <p>1.3. 388 of which 236 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. 11 rotating awareness meetings with 330 PLHIV (female: 264) participants received knowledge on</p> |

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| | | from SCC staff. 66% said they received transportation for travelling to get health services at health centers and 83% said they participated in awareness sessions organized by SCC and other NGOs. | community outreach sessions on HIV/AIDS, TB, FP/SRH, primary health care and other social related issues. | HIV/AIDS, TB, FP/SRH, primary health care and other social related issues. 1.4.2. 1 supported network meetings with Health Department Services with 54 participants and 32 females 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. | Based on the formulated data of six months survey report revealed that only 73% of youth between 15-24 years used their acquired knowledge of HIV through behavioral changes. If we compared this figure to the last semester, it increased 10% in this reporting period from February to July 2019. The formulated data 73% in detailed by 86% of youth at the community have a little knowledge on HIV/AIDS, 56% changed their behavior relating to having many sexual partners, having sex without condom used with others, sexual intercourse under influence of drug, youth have more than 4 sexual partners, and youth who used drug by injecting or reusing needles with others, and 77% of key informants said that youth at the community know well how to prevent themselves from HIV/AIDS transmission. | 2.1. Provided awareness sessions with participating youth in each meeting. 2.2. Provide transportation support to suspected youth, to HTC or other health services. | 6 awareness sessions with 173 youth of which 106 are girls 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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| <p>2. <u>Objective 2: (Food and Income Security)</u> The food and income situation of marginalized families with HIV-positive members is improved</p> | <p>1. 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>Referred to the data of six months survey report shown as an average 35% of 38 key informants of PLHIV, CLHIV and Positive members have participated in training provided by SCC existing activity and other NGOs. In this reporting period from February to July 2019. It decreased 28% if we compared to the last semester</p> <p>The 35% of above- mentioned data detailed by as an average 50% of applied modern techniques for home gardening in their family, zero percent of them said they have applied organic farming, 10% said they have applied seasonal cropping, zero percent said they have applied soil management for their farming products, 80% said they have practiced animal husbandry, and 70% said they have applied vegetables or fruits.</p> <p>The data also show 90% of beneficiaries who applied new techniques used their products for consumption and selling, whereas 10% have used their products for consumption only.</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 center.</p> | <p>1.1. 248 families and marginalized families with HIV-positive members in the communities as SCC direct beneficiaries in three provinces.</p> <p>1.2. SCC hasn't conducted this activity yet. This was because we planned to do it in year II.</p> <p>1.3. 1 times of meetings with 25 youth each meeting for the sake of learning and sharing on cultures, vocational skills, environmental protection, and arts..., etc., were done.</p> |
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| | <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>The data which has been reported was from survey study shown as an average income of PLHIV and their positive members were 110 US dollars. The income of them decreased 10 US dollars compared to the last six months.</p> <p>As average data also shown only 4% of 38 PLHIV, CLHIV and positive members have learnt about small business and job opportunity to increase their incomes, while 96% of them did not have any knowledge regarding the small business and how to find job for their family.</p> <p>The income sources for target beneficiaries in this semester shown that 8% said they get from growing rice, 16% said the main income source they get from growing vegetable for consumption and selling to local consumption and sometimes sell to provincial market, 11% said the main income source of their family coming from raising livestock, 13% said the main income source for supporting their family come from construction workers, 5% said the main income source for their family come from garment factory, 5 % said the main income source for their family come</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>1 documentation on bussiness lesson is prepared in this semester.</p> <p>2.2. Not yet done this activity yet. We plan to do it in year II.</p> <p>2.3. Not yet done this activity yet. We plan to do it in year II.</p> <p>2.4. Not yet done this activity yet. We plan to do it in next year.</p> |
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| | | from transportation services. 10 % said the main income source for surviving their family depends on their son and daughter transfer from Thailand or Korea. 23% said the main income source for their family get from doing small business in community, 34% and 19 % was unable to give answer. | | |
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| <p>3. <u>Objective 3:</u> <u>(Education)</u> 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>1. The school 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>According to the data analysis of the six months survey from Feb-Jul 2019, as average 94% of children with vulnerability increased are staying in school, while 6% dropped out of schools in this reporting period. Among 6% of dropped out, they gave us any sequences 1) the children did not attend schools by themselves. 2) Their parent decided to stop children's study to help family to earn income. 3) Because the family very poor which cannot send their children go to school.</p> <p>It decreased 1% compared to the last semester while some children they followed their family to other areas for generating their income.</p> <p>If we asked the question "In your village, do you know some children are unable to go</p> | <p>1.1. Identify and select 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</p> | <p>1.1. 560 targeted children (of which 285 are girls) fit to the criteria selections of SCC's beneficiaries.</p> <p>1.2.1. 175 disadvantaged children in which 88 are girls including HIV-positive members both inside SCC-CBE schools and outside SCC-CBE school have accessed to three SCC-CBE Schools.</p> <p>1.2.2. Only 3 children living with HIV/AIDS, children infected members, orphans and vulnerable children with HIV-positive members from SCC-CBE Schools and in communities to re-enroll into SCC-CBE Schools and public schools.</p> <p>1.3. 120 children of which 60 are girls inside SCC-CBE School received extra</p> |

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| | | <p>to school because they are living with HIV/AIDS and vulnerable family, 35% among 40 respondents said children living with HIV/AIDS in their community are unable to go to school, while 60% confirmed that children living with HIV/AIDS in their community are able to go to school as other children, and 5% said they don't know about this issue. These because they are , no money for buying school materials, their parent migrated, some family careless and other children have poor working memory.</p> | <p>development, green environment and home gardening into the CBE curriculum.</p> <p>1.4. Providing educational materials, school uniforms, nutritional support and happy program to the most vulnerable children.</p> <p>1.5. Referring the most at risk children to appropriate social, legal and other related services.</p> | <p>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. 4 times of happy happy program were organized and participated by 167 children include 95 girls from SCC-CBE schools and the communities.</p> <p>1.4.2. 150 most at-risk children received one set of school uniforms and materials, health care kids and nutrition support for improving their regular class attendance.</p> <p>1.5.1. 35 Most at risk children in which 19 are girls received social and legal services.</p> <p>1.5.2. 41 cases of children of which 18 are girls have been referred to malnutrition, health issue, a missing or wrong birth certificate, and school enrolment.</p> |
| | <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</p> | <p>Based on data analyses on this indicator, there were 82% of 56 children with increased vulnerability (orphans, children from families with HIV-positive members, children living with HIV) report higher</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</p> |

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| | <p>discrimination and physical integrity.</p> | <p>acceptance, less discrimination and physical integrity.</p> <p>82% as above the data also shown, 93% normal children acceptance vulnerable children, 82% of vulnerable children said no discrimination toward them both inside the school and communities, 75% of vulnerable children never received any abuses from their teacher while they are studying school classes, 82% of vulnerable children report their teacher paid attention toward them, and 82% of those children reported that never been received any physical abuse from their families and other person in the communities</p> | <p>2.2. Provide capacity building to staffs and relevant stakeholders on Skillful 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 Skillful 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</p> | <p>the Commune Investment Plan (CIP).</p> <p>2.1.2. 60 meetings of Commune Committee for Women and Children (CCWC) have been conducted with 877 of which 522 are girls participated in the meetings.</p> <p>2.1.3. 10 DWCCC meetings were conducted by 430 participants.</p> <p>2.2. We have not done yet in this semester, while our plan has only 1 training for a year. SCC will do it on year II.</p> <p>2.3.1. 6 meetings (awareness sessions) are provided for 190 parents on skillful parenting, child rights, gender and child protection.</p> <p>2.3.2. 13 awareness sessions are provided for 988 general populations which 661 are girls on child rights, gender and child protection.</p> <p>2.4. 81 SCC targeted children attended 1 times of The International Children's Day.</p> |
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| | | | trafficking, and other forms of child's abuse. | |
| | 3. | | 2.5. Integrating child education, care and support and child protection work into Commune Investment Plan (CIP). | |