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ARV Users Association

ARV USERS ASSOCIATION



AUA Strategic Plan For 2013-2017

Five-year strategic plan for the ARV Users Association
covering environmental scan results, programs and
organizational priorities.

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A. ACKNOWLEDGEMENTS

Dear friends, colleagues, and partners,



With the support from Nation AIDS Authority (NAA), Ministry of Health (MoH), NCHADS, donors and close collaboration with OI/ART staff, NGO partners, and AUA staff, ARV Users Association is able to operate smoothly and effectively to achieve our objective and goal aligned to National Strategic Plan of Cambodia. The management team and staff of AUA value the partnership and communication with government agencies, NGOs, and PLHIV in order to improve the participation of PLHIV in implementing our activities..

I would like to thank all staff and members of AUA for their effort, commitment and time spent to build a second five-year strategic plan for AUA. 2013 – 2017 is a period of hope and this is shown clearly in the direction of the plan for AUA's improvement and sustainable development. This Strategic Plan has the power to inspire and expand our services to benefit more PLHIV and we all hope that the plans will become a reality.

I would like to sincerely thank our donors, Solidarite SIDA in France, Medecins Sans Frontiers-France (MSF-F), Family Health International 360 (FHI 360), for their ongoing support to AUA.

Finally, I would like to thank NAA, NCHADS, AUA Board of Directors, volunteers, staff, and members of the AUA. With their support I believe that the five-year strategic plan can be achieved successfully.

Warmest Regards,

A handwritten signature in blue ink, appearing to be 'Sj'.

Ms. Han Sienghorn
Executive Director
ARV Users Association (AUA)

B. LIST OF ACRONYM

- PLHIV - People Living with HIV
- HBC - Home Based Care
- IPD - In Patient Department
- OPD – Out Patient Department
- KCHRH – Kampong Cham Referral Hospital
- KCH - Kampong Cham
- KSFH – Khmer Soviet Friendship Hospital
- NH - National Hospital
- RH - Referral Hospital
- HC - Health Center
- OI – Opportunistic Infection
- ART- Anti-Retroviral Therapy
- NGO - Non-Governmental Organization
- IEC- Information, Education Communication materials
- LoA- Letter of Agreement
- MoU – Memorandum of Understanding
- MOH- Ministry of Health
- PHD - Provincial Health Department
- OD – Operational District
- CSARO - Community Sanitation and Recycling Organization
- HACC – HIV/AIDS Committee of Cambodia
- CPN+ - Cambodian People Living with HIV/AIDS Network
- CCW - Cambodian Community of Women Living with HIV/AIDS
- WNU – Women Network of Unity
- CHC – Cambodia Health Committee
- IDA - International Development Association
- VC -VitheyChivit
- SCC – Salvation Center Cambodia
- RHAC - Reproductive Health Association of Cambodia (RHAC)
- BSDA – Buddhism and society development Association
- BC – BandanhChaktomuk

C. EXECUTIVE SUMMARY

Introduction

ARV Users Association (AUA) has undertaken a long term strategic planning process which directs AUA's activities for the next five years from January 2013 to December 2017. During this period, AUA will embark on the extension of its service locations, programs (services), beneficiaries, membership, strategic partnerships, long term funding; and the improvement of its organizational development priorities. AUA's strategic plan gives a clear picture of the organization's goals and intended development process for the next five years, and the specific steps it will take to achieve each goal.

Background

ARV Users Association (AUA) began informally in 2002 as a small group of patients gathering in front of the Khmer Soviet Friendship Hospital OI/ARV clinic to discuss their treatment and other personal issues affecting them. This group provided a unique opportunity for mutual support, understanding and advice between people living with HIV in Phnom Penh and was facilitated on a voluntary basis with no structures or administrative support. From these small beginnings AUA has grown to attract the support of international donors and partners, formalized its structure and status as an association and expanded its activities in Khmer Soviet Friendship Hospital and Kampong Cham Referral Hospital, as well as in the community.

AUA has grown rapidly in the last several years in implementing best-practice governance and management structures and expanded its programmes in Phnom Penh, Kampong Cham and Kandal Provinces, covering OI/ART clinics in 1 national hospital, 7 referral hospitals and 1 health center, to reach a total of over 6500 PLHIV and 1,878 active members as in June 2012. AUA's mission is to empower PLHIV in Cambodia, through raising their knowledge of their illness, improving treatment literacy, promoting positive prevention, effective adherence to their treatment and advocates for improved quality of care and treatment. By working closely with local partners, AUA is able to create an active community of PLHIV that mutually supports each other through implementing point-of-care services that provide psychosocial support, education and home-based care. AUA has established strong strategic partnerships with government, development partners, local health services and civil society stakeholders and has been an active leader in advocacy and representation of the interest of PLHIV in national and subnational. 85% of AUA's current staff members are PLHIV.

Environmental Scan

During the strategic planning process, AUA reviewed its internal and external environment highlighting its strengths and weaknesses as a growing association, as well as identifying opportunities it can take advantage of and threats that could hinder the execution of its plan during the stipulated five year period. Following this review, AUA identified its critical success factors and the specific strategic issues it needed to address in the plan. AUA further evaluated progress against the previous strategic plan (2009-2011), identifying actual outcomes, and developed new goals and strategies that will direct the organization in its expansion process.

Strategic Issues

AUA's strategic plan addresses the **situation** of maintaining and improving on implemented and ongoing strategies from the previous strategic plan; and implementing those strategies that are yet to be executed. Another point addressed in the strategic plan is the process of launching four new projects: Livelihood, domestic violence intervention, anti-stigma/discrimination and quality care advocacy and emergency relief; and how these projects will be operated to improve the lives of PLHIV and effectively address the challenges they face. Also addressed in the plan is the issue of how AUA is going to improve on and structure its operational processes to make them more relevant and effective.

Opportunities

The persistent stigma and discrimination attached to being infected with HIV in Cambodia, in spite of the numerous educational campaigns to change society's attitude, creates an opportunity for AUA to initiate an anti-stigma/discrimination and quality care project with the sole objective of finding out why stigma and discrimination still permeates Cambodia's communities and to identify more effective approaches of resolving stigma and discrimination against PLHIV. Activities in this project will also be linked with advocacy for quality care for PLHIV.

Another area of opportunity for AUA is the growth of foreign investment and tourism in Cambodia which allows AUA to engage in local fundraising activities. Growth in foreign investment and tourism also translates to more employment opportunities for PLHIV, subsequently leading to some improvement in their standards of living. Improvement in PLHIV's income sources gives AUA the opportunity to increase membership fees to support its **sustainability** agenda in order to continue supporting beneficiaries. Government law on HIV/AIDS and the policy on the localization of HIV treatment in communities support AUA's agenda to expand service locations to more communities as they create an opening for PLHIV to access treatment in their immediate communities instead of travelling long distances. Cambodia is one of the developing countries which have been facing challenges with health care sectors. Cambodia is one of the priority countries in the development list of donors, especially HIV/AIDS. This is one of the opportunities for AUA to secure activities with the support from various funding sources and technical support from donors, strategic partners, implementing partners and government.

Threats

Currently there is the challenge of better funded Cambodian non-profit organisations providing the similar activity as AUA and operating in the similar activity areas, short term funding sources, rendering some of AUA activities redundant. There is also contention around AUA advocating for free treatment services for PLHIV, in accordance with Cambodia's laws on HIV/AIDS, and competing NGOs subsidizing treatment costs of their members. Also a cause for concern is the possibility of Cambodia experiencing a decrease or outright cuts in agricultural exports. This ultimately affects PLHIV sources of income, leading to mass economic migrations and the loss of AUA members.

Solutions/ Expected results

Following implementations of this strategic plan within the set five year period, AUA should become a well-funded association with strong and beneficial strategic partnerships, experiencing a predominant increase in membership. December 2017 should see AUA experiencing the growth and effectiveness of all its current programs in addition to a livelihood project that improves the living standards of AUA's beneficiaries and also supports AUA's funding; advocacy and intervention projects that effectively reduce or stop stigma, discrimination and domestic violence against PLHIV and an emergency relief service that supports PLHIV during natural disaster situations in Cambodia.

Resources & Management

Resources to adequately achieve AUA's five year objectives will include infrastructure (3 buildings: 1 in Phnom Penh, 1 in Kampong Cham and 1 in Battambang), equipment (office stationary, fans and air conditioners, transportation (motorbikes, cars), phones, video, CD, DVD and IEC materials), sufficient long term funding resources, clear and effective action plans, skilled and efficient human resources as well as strategic MOUs with relevant organisations and partners. AUA's five year strategic plan will be implemented by its management team with support from the governing board of directors and field staff.

Conclusion

The culmination of this strategic planning process and the heart of this strategic plan is the formulation of eleven (11) strategies that will guide AUA in achieving its five year goals. The strategies are as follows:

1. Launch a five-year outreach campaign and sign up a total of 5000 PLHIV as AUA members by 2017.
2. Expand services to include children living with HIV, family members and local community members
3. Expand to one province (Battambang) and three more sites in Kampong Cham by and other two sites in Kandal province by 2017
4. Continue with ongoing programs and strategies; execute unimplemented strategies
5. Launch and operate the following new programs:
 - Livelihood Project (Income Generation and food security project)
 - Emergency Relief (Food support, Health, medication...to poor PLHIV)
 - Domestic Violence against PLHIV Intervention
 - Advocacy
6. Strengthen current strategic partnerships and establish new ones with the following institutions:
 - National Center for HIV/AIDS (NCHADS)
 - National Aids Authority (NAA)
 - Ministry of Health (MoH)
 - Joint United Nations Program on HIV/AIDS (UNAIDS)
 - Country Coordinating Committee (CCC)
 - HIV/AIDS Coordinating Committee (HACC)
 - Home Based Care organizations
 - Commune Leaders in the areas of operation
7. Expand AUA's human resource base by increasing the overall staff complement from 41 to 78, with focus on employing skilled staff
8. Review and strengthen a fully functioning board of directors with appropriate policies and decision making procedures
9. Gradually increase budget to **USD300,000.00** a year by 2017. (Budget plan attached)
10. Diversify AUA's sources of income by seeking long term funding (3-5 year contracts)
11. Upgrade and implement the organizational development strategy by adding the following to the strategies already in place
 - a. Strengthen clear decision making processes for AUA
 - b. Develop core values to drive its operations
 - c. Review and update monitoring and evaluation systems
 - d. Develop a fundraising strategy
 - e. Update all operational plans, bylaw and policies (conflict of interest, financial, IT, operational etc.)

D. REVIEWING THE PAST

During the Strategic Planning process, AUA reviewed its last 3 year strategic plan (2009 -2011). This review entailed a look at past achievements, lessons learned during the period, strategies that were successfully implemented and strategies that still need to be executed.

i. SUMMARY OF ACHIEVEMENTS FROM 2009 TO DATE

▪ Programs, Activities and Services:

1. Scaled up 5 Opportunistic Infections /Antiretroviral Therapy (OI/ART) clinics
2. Increased AUA membership from 1,060 to 1,878
3. Set up a PLHIV post at 5 OI/ART clinics
4. Successfully traced over 4320 lost and follow-up PLHIVs
5. Successfully organized and conducted daily group discussions with PLHIV at all AUA's posts at OI/ART centers
6. AUA has successfully provided over 13000 individual counseling sessions for PLHIV at the Out Patient Department (OPD) of the Khmer Soviet Friendship Hospital (KSFH)
7. AUA has successfully provided 70244 cases of social support to PLHIV at both the Out Patient and In Patient Departments (OPD & IPD) of all OI/ART centers with AUA's posts
8. AUA has provided effective social support and counseling to 1879 IPD patients at KSFH
9. AUA successfully conducted 1653 effective educational sessions on positive prevention for PLHIV
10. AUA has been providing transportation assistance to 1866 PLHIV at all OI/ART centers with AUA posts, as well as temporary accommodation at the Patient House for long distance travelling PLHIV receiving treatment in Kampong Cham (KC)
11. Organized and conducted regular and effective monthly meetings for AUA members in Phnom Penh participated by 5776 PLHIV.
12. Organized 3 successful annual meetings for 240 AUA members from 2009 to 2011
13. Conducted 4 effective study tours with AUA members from 2009 to 2011
14. Provided 2 training sessions on HIV/AIDS Law from 2009 to 2011. Attended by patients, police, local authority, service providers totally 75 people.
15. All AUA members and PLHIV who have participated in AUA's daily discussion and counseling sessions are aware of their rights to quality treatment and drug adherence.

▪ Human Resource:

1. Contributed effectively to AUA staff capacity building

New staff hired

- 1 Program Manager/ Fundraiser
- 1 Project Manager
- 1 IT Data Base Officer
- 1 Admin and Finance Assistant
- 10 field staff

- 6 Cleaners at AUA's sites
- 1 Guard

Training provided

- Financial Management for Finance Manager Training (Admin and Finance Officer)
- M&E (Program Manager/Fundraiser and Field Coordinator)
- Logical Framework Approach (Project Manager and Executive Director)
- Report Writing (Field Coordinator)
- Stress Management and Counseling (Counselors)
- Positive Prevention for Bomnorng Program (Counselors and Social Works).

2. Assets

- Successfully acquired transportation to run activities (One motorcycle in 2011 and one car donated by MSF-F in 2007)
- 1 station located in the Kampong Cham Referral Hospital

▪ Administration:

- Board of Directors in place
- Management Team was established
- Ethical Committee was established
- Financial Policy was developed
- Financial Report Format
- Financial System and Paper Sheet
- M& E report format
- Activity report format
- Work plan format
- Timesheet
- Supervision Checklist
- Daily performance checklist
- Inventory/transportation log sheet
- Annual Staff performance appraisal

▪ Marketing:

- Successfully set up an AUA website for promotional purposes
- Leaflets and Brochures
- T-Shirts
- PLHIV monthly meeting

ii. LESSONS LEARNED FROM 2009 TO DATE

1. Many Health Service Providers, Local Authorities and PLHIV have no knowledge of the HIV/AIDS law. AUA's seminar on HIV/AIDS Law in Cambodia provided much enlightenment on the law.
2. Some PLHIV patients have psychological afflictions and, as a result, are unable to remember the doctors' recommendations, appointment dates or AUA's education on HIV/AIDS

3. Although OI/ART services are supposed to be free for PLHIV, some OI/ART staff continue to request payment from patients for follow up procedures
4. External migration and poverty are a major factor in some PLHIV being unable to attend follow up sessions at OI/ART clinics
5. Challenging relationship between PLHIV patients and some OI/ART staff.
6. Although there are OI/ART services for adult PLHIV, there are lack of OI/ART services for children who are living with HIV
7. The stigma and discrimination of being infected with HIV still persists at the family and community level and, as a result, a large number of PLHIV keep their status secret
8. Some PLHIV in good health miss a lot of doctor's appointments because they see no need for it yet
9. Some doctors exhibit a low level of commitment to their profession, arriving very late to work and leaving earlier than official closing hours
10. The government lack of human resource and financial support, some doctors take two or three different roles
11. Some OI/ART staff complaint with their low incentives and have a limited motivation to serve patients
12. The patients are required to stay at the hospital, the patients found this hard stay at the hospital due to paying for treatment services
13. The patients changed address and contacted phone number without informing to AUA staff
14. Most of OI/ART clinics at new sites have new doctors and counsellors who don't much experience in OI/ART treatment and may not give correct drug to patients.
15. Parentless children with HIV/AIDS, adopted by relative have problem with drug adherence and treatment services.
16. Activities were cut, due to gradually decrease of funding sources
17. Some patients don't have enough food while they are sick and staying at the hospital.
18. Some patients were abandoned by the family when they were affected by HIV/AIDS.
19. Challenges of relationship and collaboration between AUA and some OI.ART clinics, because AUA work directly to support only PLHIV, without financial support to the hospital.

iii. REVIEW OF STRATEGIC PLAN 2009-2011

Summary of Implemented and Ongoing Strategies

During the Strategic plan review we identified that the following outcomes were achieved and are ongoing.

Counselling and Social Work

1. Group discussions are held daily at KSFH, Meanchey-RH, SamdachEv-RH, ChamkarDaung-HC& KCRH, ChamkarLeur-RH and SreySanthor-RH
2. Patients have a general understanding about treatment and adherence; however, there are no evaluation questionnaires. What AUA has in place is a review process where PLHIV's general

understanding about treatment and adherence is measured via observation of daily performance and answering questions correctly asked by AUA staff.

3. AUA has free transportation service in place for PLHIV as well as short term accommodation and food, and education to PLHIV in Kampong Cham province through the Patient House project.
4. AUA organizes World AIDS Day with providing motivation package to patients at IPD and OPD
5. Provide Patient Care Takers to Poor and Lonely patients during hospitalization
6. Provide Hygiene Package to Poor and Lonely patients during hospitalization
7. Daily counseling is available for patients in OPD and IPD
8. AUA has regular monthly meetings in with OI/ART staff in Kampong Cham and Phnom Penh
9. Group discussion facilitator is present in the consultation area every day to talk with patients informally at all sites
10. All standard counseling and group sessions include information on promoting patient rights to treatment literacy
11. AUA counselor/reception/Social Work are available every day in IPD and OPD of all site of AUA; and they can trace lost-to-follow-up
12. AUA staff visited the patients' house to follow up and encourage for treatment and supports
13. AUA staff contact HBC organizations to trace lost-to-follow-up patients
14. Stigma and discrimination are included in the curriculum of group discussions, social work and counseling
15. AUA had a provincial office by the end of 2008 before strategic plan was initiated. No provincial office has been set up after strategic plan was initiated. However, AUA set up 2 sites in Kampong Cham and three sites in Phnom Penh in 2011, 2 sites in Phnom Penh and Kandal province in 2012 providing information and psycho-social support to PLHIV.

Information Network

1. Monthly awareness sessions are conducted by staff
2. AUA volunteers conduct the awareness to promote HIV/AIDS Law to PLHIV in the community
3. AUA attends World AIDS Day, Candlelight Memorial Day and Water Festival to distribute information
4. AUA materials are present at health centers in Phnom Penh and Kampong Cham
5. AUA has a website, but have not update regularly
6. AUA holds meetings with partner NGOs each year:
 - a. 2009 - AUA held 4 meetings
 - b. 2010 – AUA held 7 meetings
 - c. 2011-AUA held 2 meetings
7. 2009-2011- AUA had a communications coordinator who shared AUA information with AUA members. Communication with NGO partners is done by AUA management.

Membership

1. By 2011 AUA had grown from 1,060 to 1,620 members
2. Membership information is distributed at both annual and monthly meetings
3. Informal survey of members is conducted via a checklist through monthly meeting discussions
4. Members are aware of purpose and benefits of the association
5. AUA has a published statutes(bylaws) available to all members
6. AUA organizes monthly meetings for members
7. AUA organizes study tours each year (4 times)

Organisational Development

1. Strategy has been largely executed from 2009-2011
2. Next annual general assembly due December 2012
3. Each activity has clear outcomes and indicators
4. Each activity is regularly monitored and compared with indicators
5. AUA conducts review meetings and uses results and feedback to develop plans for future activities. No evaluations are conducted.
6. AUA has long term relationships with its donors spanning over 3 years; however donor contracts are only for 1 year period.
7. AUA has policies and procedure manuals. However, these are not clear and need to be updated
8. AUA has regular processes for sharing information externally to other organizations/institutions
9. Staff have been referred to attend the training

Summary of Unimplemented and Discontinued Strategies

Strategies that have not been implemented or have been discontinued are as follows:

Unimplemented

→ Income Generation

1. AUA has no self-help groups
2. AUA has no vocational training for members

→ Organizational Development

1. AUA has not established relationships with new donors in order to commence new projects
2. AUA has not utilized funds from other sources

Discontinued

→ Organizational development

- AUA performed an annual needs assessment in 2009 only.

E. PLANNING FOR THE FUTURE

iv. FIVE YEAR GOALS: January 2013 – December 2017

AUA went through the process of reviewing the past, its current operations and activities and developed the following goals for the next Five (5) years starting from 2013 and completing in 2017.

Category	Currently	In 5 Years Time
BENEFICIARIES	AUA serves over 6500 PLHIV in Phnom Penh, Kandal and Kampong Cham with 1878 PLHIV signed up as AUA members	<p>To Serve over 10,000 PLHIV in Cambodia with 5,000 becoming AUA members</p> <p>To expand AUA's target group to include children living with HIV and family members of PLHIV</p>
AREAS OF OPERATION	<p>AUA currently operates in the following areas:</p> <ol style="list-style-type: none"> 1. Khmer Soviet Friendship Hospital- Phnom Penh 2. Meanchey Referral Hospital- Phnom Penh 3. SamdachEv Referral Hospital- Phnom Penh 4. Pochentong Referral Hospital- Phnom Penh 5. ChamkarDaung Health center- Phnom Penh 6. Kean Svay Referral Hospital-Kandal province 7. Kampong Cham- Referral hospital- Kampong Cham Province 8. ChamkarLue- Referral Hospital- Kampong Cham Province 9. SreySanthor- Referral hospital- Kampong Cham province 	<p>To continue operating in current areas and expand AUA services to other unassisted PLHIV in the following Provinces</p> <ul style="list-style-type: none"> ➔ 6 other OI/ART clinics in Phnom Penh ➔ 1 site in Kandal Province ➔ Total 2 district in Kandal Province ➔ 3 districts in Kampong Cham Province ➔ A total of 6 districts in Kampong Cham Province ➔ 3 districts in Battambang Province <p>Targeted referral hospitals include:</p> <ul style="list-style-type: none"> ➔ TbongKhmun-Referral Hospital ➔ Cheung Prey Referral Hospital ➔ Memot-Referral Hospital ➔ Battambang-Referral Hospital ➔ ThmorKorl- Referral Hospital ➔ Moungrussey- Referral Hospital ➔ Saang – Referral Hospital (Kandal province)

PROGRAMS	<p>Current AUA activities</p> <ul style="list-style-type: none"> ▪ Reception ▪ Social work ▪ Group Discussions ▪ Counseling & Psychosocial Support ▪ AUA Membership Networking ▪ Advocacy 	<p>→ 2009-2011 strategic plan->Continue with ongoing programs, activities and implemented strategies; and execute unimplemented ones</p> <p>→ Livelihood/Income Generation Project ->To improve the living conditions of AUA members and their impact groups (immediate and extended family members) by increasing their current incomes through income generation activities</p> <p>→ Emergency Relief->To assist AUA members during natural disasters like flooding and drought with food, water, shelter, medical and psycho-social care</p> <p>→ Domestic Violence Intervention->To help make AUA members safer, especially women and children, and end domestic violence against PLHIV</p> <p>→ Anti-stigma/discrimination & Quality Care Advocacy->To educate and remove PLHIV stigma and discrimination in communities through positive talks with community members and empower PLHIV patients to speak out constructively about issues related to stigma, discrimination, quality care and access to medicines.</p>
PARTNERSHIPS	<ul style="list-style-type: none"> - Strategic partners:MOH, PHD,PAO, OD, RH, HC, local authority, UNAIDS. - Implementing partners:CSARO, HACC, CPN+, HBC, CCW, WNU, ChoukSor, CHC, Esther, IDA, KHOSER, VC, SCC, RHAC, SUN RISE, NAS, Phnom Srey Association, KT, SPEAN Holland, BSDA, BC, BSD, SEAD, MithSamlanh, Center of HOPE, META KARONA, Mary Knoll, Marie Stopes International, and other Hospitals. 	<p>To strengthen current strategic partnerships with local NGOs, international organisations and government institutions, and expand partnership networks.</p>
ORGANISATIONAL DEVELOPMENT	→ Ongoing and incomplete	Upgrade and implement AUA's Organizational Development Strategy
		To organise, structure and execute ongoing processes and unexecuted strategies respectively
STAFF & MANAGEMENT	→ 41 Staff Members	To review current management and field staff structure and employ a total of 80 skilled staff members by 2017

GOVERNANCE	➔ Current Board Structure has no specific role and is not actively functioning	To review and strengthen a functioning board of directors with relevant roles, structure and relationships
BUDGET	➔ US\$ 176,340.00	Budget Estimation for 5 years: US\$ 1,412,200.00 (Detailed document attached) ➔ 90% from donors ➔ 10% from other sources
FUNDING	➔ USAID through FHI ➔ MSF-F ➔ Solidarite SIDA- France	To locate additional sustainable and longer term funding sources

v. AUA FIVE (5) YEAR STRATEGY IN DETAIL

FIVE YEAR GOALS/OBJECTIVES	STRATEGIES	Expected Result	Indicator
EXPANSION OF MEMBERSHIP			
1. Serve over 10,000 PLHIV in Cambodia with 5,000 becoming AUA members	1.1 Launch a five year outreach campaign that will involve the dissemination of information about AUA and promote membership through various promotional activities with the objective of signing up an additional 3,122 PLHIV as AUA members by 2017.	AUA has 5,000 members countrywide and 10,000 will be served by 2017	-Membership database and Membership registration form -Registration list of patients. -Data system from NCHADS
Continued implementation of ongoing and unimplemented Membership Strategies of 2009-2011 Strategic Plan			
2. Continue researching new strategies to motivate members to join and participate in the governance of the association	2.1 Contact other associations and community groups to discuss different strategies related to membership involvement in association governance	Other associations contacted and a report of recommendations presented	-Report -Meeting minute
	2.2 Conduct annual membership surveys to determine what members want from their association	Membership surveys conducted annually from 2013 to 2017	-Annual report -Need assessment form
3. Continue ongoing promotion of membership among AUA members	3.1 Promote membership commitment to association through monthly meetings and study tour visits	Membership information distributed at monthly meetings and study tours	-Monthly report -Monthly meeting minute -Tour schedule/plan
	3.1 To promote livelihood project to help members of AUA.	Pilot livelihood project will be started in Kampong Cham province as the priority and then Phnom Penh, Kandal and Battambang province.	-Plan and report

4. Continue increasing membership adhesion activities of the association in the whole country	4.1 Continue creating awareness about benefits of AUA membership to potential members	All members are aware of the purpose and benefits of the association (survey)	-Survey
	4.2 Review and update membership policy annually.	AUA has a published and annually updated and distributed membership policy available to all members	-Annual Meeting minute -Updated policy agreed by members -Participants list.
5. Continue improving communications among AUA members about sharing information with AUA about their experiences as PLHIV	5.1 Collect information from AUA members (through daily communication when they come to get treatment at the OI/ART clinics, telephone conversations, monthly membership meetings and study tours) about issues affecting PLHIV by encouraging members to communicate about issues affecting them and other PLHIV, and the quality of care they receive during treatment.	AUA continues with monthly membership meetings, daily communication at OI/ART clinics and study tours. AUA includes information on quality of care from members in monthly/quarterly reports?	-Meeting minute -Phone tracing record -Patients' consultation list -Monthly report from staff
EXPANSION OF AUA SERVICE LOCATIONS			
6. To expand AUA services to other unassisted PLHIV in other provinces in Cambodia in addition to Phnom Penh and Kampong Cham.	6.1 Plan AUA's expansion of services to 1 site in Kandal,3 sites in Battam Bang provinces, and 3 more sites in Kampong Cham by 2017 by setting specific goals and developing an action plan.	Specific goals and action plan in place for the expansion of AUA service to selected provinces. - 2013: expanded to Kandal - 2014-2015: Kompong Cham - 2016-2017: Battambang	-Expansion action plan -Agreement with, Provincial Hospital department and hospital, Provincial AIDS Officer/Committee (PAO/PAC)
	6.2 Conduct a feasibility study of selected provinces	Feasibility study conducted, results reviewed and service expansion to selected areas confirmed viable.	-Assessment report
	6.3 Secure adequate long-term funding to sustain services expansion	Adequate long-term funding secured for service expansion process	-Long term funding support from potential donors -Fundraising strategic plan
7. Create another provincial based program in the next 3 years.	7.1 Identify greatest need and best point of access for patients; dependent on need, start hospital or community based program	AUA has another provincial office providing information and psycho-social support to PLHIV	-Official set-up agreement -Annual Report/program activities.
COUNSELLING & SOCIAL WORK			
8. To expand AUA's target group by including the following: ➔ Children living with HIV	8.1 Expand counselling and social work services to include children living with HIV	Children living with HIV receive AUA services	-Check list -Monthly report -Children list

→ Family members of PLHIV	8.2 Engage family members of PLHIV in the treatment process	Educating family members of PLHIV on treatment process regularly at the hospital and community.	-Check list -Monthly meeting -Attendant list -M&E report
9. To organise, structure and execute ongoing processes and unexecuted strategies respectively	9.1 Review, improve, structure and document ongoing processes annually	All processes under Counselling and Social work are reviewed annually, structured, made relevant and clearly documented in manuals, policies and reports	-Project review -Annual staff meeting. -Project orientations -Annual report
	9.2 Execute strategies that need to be implemented	All strategies executed with processes in place and documented	-Annual/monthly action plan -Annual report -Monitoring plan
Continued implementation of ongoing and unimplemented Counselling & Social Work Strategies of 2009-2011 Strategic Plan			
10. Continue to assist patients to adhere to treatment correctly and better manage their health.	10.1 Continue providing education on HIV/AIDS evolution, ART and its short and long term effects in V0, V1 and group discussion sessions at all AUA's posts	Continue with ongoing daily discussion sessions at AUA's OI/ART posts	-Check list - M&E, monthly report
	10.2 Continue checking all patients' understanding of the following: → treatment → importance of adherence through evaluation questions in V0, V1 and group discussion questions. *In the case of patients with mental disabilities engage family member support.	Old and new patients understand clearly about treatment and adherence. Patients answer evaluation checklist questions at the end of each group discussion session.	- Evaluation checklist questionnaire, observation
	10.3 Continue providing temporary accommodation and meals to poor patients travelling long distances for appointments in Kampong Cham Referral Hospital to ensure they can access treatment	There is sustained temporary accommodation for patients living remotely so they do not miss appointments due to not having a place to stay in Kampong Cham	-Daily check list -Monthly report -Assessment form
	10.4 Continue providing transportation assistance to patients in difficulty and not receiving transportation support from home based care, to ensure they can access treatment	There is continued transportation assistance for patients with no means or finance for transport so they do not miss appointments	-Evaluation form -Payee list -Monthly report

	10.5 Provide hygiene package and care takers at AUA all posts	Poor patients staying at the hospitals where AUA work will be coordinated and provided the hygiene packages by social workers every month	-Monthly report -Evaluation check list
11. Continue with encouraging patients to seek assistance in resolving personal issues as PLHIV	11.1 Continue to provide counselling and group meetings for patients in the out-patient department (OPD) and in-patient department (IPD) in KSFH, and KompongCh.	Sustained counselling available for patients every day in OPD and IPD	-Check list -Monthly report
	11.2 Continue having regular meetings with OI/ART staff to discuss about problem encountered and solutions.	Conduct monthly meeting in Phnom Penh and Kompong Cham	-Attendant list -Meeting minute
	Continue providing friendly talking with patients in the consultation area to refer to AUA group meetings and services	There is daily continued presence of group discussion facilitators in the consultation area to talk with patients informally	-Monthly report
	11.3 Continue to facilitate the reception of patients, document management and sharing information about the treatment centre at all sites	AUA continues to have staff members working in the HIV consultation reception area at all sites	-Patients' files -Check list -Registration book -Data management
12. To continue facilitating better communication between patients and doctors at al AUA posts	12.1 Continue explaining to patients their right to support and quality care and continue empowering PLHIV to speak out and ask doctors and counsellors questions about issues regarding their treatment	All standard counselling and group sessions continue to include information on promoting patient rights to treatment literacy and quality treatment	-Check list -Monthly report
	12.2 Continue communications between doctors and each service (AUA and external).	AUA continues to have monthly meetingswith doctors, and relevant agencies.	-Meeting minute -Attendant list
13. Continue to provide information to patients regarding other NGOs or institutions involved with HIV activities	13.1 Continue providing patients with updated information about NGOs and partner institutions through social workers	Continued daily presence of social workers in the IPD and OPD at all AUA's posts.	-Check list -Monthly report
	13.2 Set action plan in place to prepare source booklet about services for PLHIV, that will be made available in OPD/IPD	Booklet of PLHIV services is developed and made available for AUA members	-Monthly Report
14. To continue following uppatients not returning for treatment in communities by better networking with HBC	14.1 Continue communicating with homebased. Care and community organisations following up patients at home.	AUA social workers continue to contact HBC organisations or do the home visit to trace lost-to-follow-up patients when necessary.	-Phone tracing log book -Home visit requested form -Field visit report

and other organizations.			
15. To start the process of providing counseling and social support for PLHIV in the community.	15.1 Research areas of need complementary to existing projects (eg areas with lack of HBC or other support)Train staff for community-based counselling work. Facilitate community meetings /group discussions for PLHIV.	AUA is providing community based counselling in same locations as community meetings.	-Timesheet -Monthly Report
16. To provide AUA members and their impact groups with education on: → positive prevention → opportunistic infections → Family planning	16.1 Include awareness creation on positive prevention, opportunistic infections and family planning in AUA's discussion group curriculum.	PLHIV and their impact groups receive information about positive prevention, opportunistic infections and family planning.	-Monthly report -Check list -Questionnaire
LIVELIHOOD PROJECT (INCOME GENERATION)			
17. To improve the living conditions of AUA members and their impact groups (immediate and extended family members) by increasing their current incomes through income generation activities	17.1 Plan livelihood project by setting specific goals and developing an action plan.	Goals and action plan in place to initiate project start from the beginning of 2013	-Annual work plan -Progress report
	17.2 Secure long term funding (2-3 years) for livelihood project	Long term funding (2-3 years) in place to sustain project	-Agreement with donors -Fundraising strategic commitment plan
	17.3 Assign staff and management to project	Project is efficiently staffed and managed	-Staff's job ascription -Staff performance evaluation -Staff contract
	17.4 Launch, establish and introduce the livelihood project to AUA members and other stakeholders.	Fully funded and staffed Livelihood Project in place and running for PLHIV and family members	-Funding agreement for livelihood project -Staff employment contract -Action plan
	17.5 Put in place processes for accessing AUA's micro-loans and loan repayment processes	Secure and effective processes in place for AUA members and family to access and payback micro-loans	-Analysis and assessment form -Loan-contract -Criteria for providing loan -Loan monitoring and management procedure

	17.6 Provide micro-loans at low interests for small business projects by AUA members in the following groups: <ul style="list-style-type: none"> → Individual PLHIV → Groups of PLHIV → PLHIV and family members 	AUA members and their families are able to access micro-loans at low interests to set up small businesses.	-Loan provided contract -Loan receiving list -Loan monthly report
Continued implementation of ongoing and unimplemented Income Generation Strategies of 2009-2011 Strategic Plan			
18. To provide PLHIV with specific vocational skills to earn revenue and support family	18.1 Collaborate with relevant partner NGOs to provide vocational training to AUA members and their impact groups in livestock, poultry and fish rearing, vegetable farming and handicraft making	AUA members and their impact groups receiving vocational training and skills in the following small business areas: livestock rearing, fish, poultry and vegetable farming, and handicraft making	-Report -Check list -Agreement -Monitoring report
	18.2 <ul style="list-style-type: none"> → Source appropriate training locations for members → Follow up training progress → Assess job market and assist skilled trainees to have their own profession → Link trainees with AUA's micro-loans → Follow up loan repayments and business progress 	AUA has vocational training and micro loans available for members in at least one location by 2017	-Skills trainer -Training materials -Trainee list -Training schedule/agreement -Location
19. Create self-support groups and training on small business activities for community members (PLHIV)	19.1 Create at least 2 self-support team in each province (Kompong Cham, Kandal, Phnom Penh, battambang) by providing training on specific skills (small business)	AUA has at least 8 self-help group in by 2017 with at least 7 members in each group	-List of SHG -Group policy -SHG records -Monthly report
EMERGENCY RELIEF			
20. To assist AUA members during natural disasters like flooding and drought with food, water, shelter, and psycho-social care.	20.1 Supply regular food and water to AUA members and their impact groups during crisis periods.	AUA members and their impact groups receive regular food and water during emergency situations.	-Receiving list -Emergency request -Report/case study
	20.2 Repair any damaged houses of AUA members and provide emergency accommodation in the interim.	AUA members and their impact groups receive temporary shelter and assistance for home repairs during natural disasters	-List of impact group -Emergency request -Report/case study
	20.3 Continue with social work services focussing on providing psycho-social care for AUA members and their impact groups during the crisis period	AUA members and impact groups continue with treatment processes	-Check list -Report/case study

DOMESTIC VIOLENCE INTERVENTION

21. To help make AUA members safer, especially women and children, and end domestic violence against PLHIV.	21.1 Provide education to PLHIV and their families on <ul style="list-style-type: none"> ➔ The human rights laws ➔ Cambodia's law on domestic violence and abuse ➔ Causes and effects of domestic violence and abuse ➔ How to deal with domestic violence and abuse ➔ How to prevent and stop domestic violence and abuse Promote equal rights and respect among AUA members and target communities	Domestic violence, human rights laws, Cambodia's law on domestic violence and promotion of equal rights and respect included in curriculum of group discussions	-Cash study -Home visit report -Authority intervention
	21.2 Provide counselling for PLHIV victims and perpetrators of domestic violence and abuse	Counselling in place for PLHIV who are victims and/or perpetrators of domestic violence. And they are aware of DV.	-Intervention report -Home visit request
	21.3 Collaborate with partner NGOs, service providers and local authority to <ul style="list-style-type: none"> ➔ Conduct seminars and workshops ➔ Create awareness through multi-media 	Quarterly seminars and workshops organised in collaboration with partner NGOs, service providers and local authority to create awareness and address domestic violence issues.	-Attendant list -Report
ANTI-STIGMA/DESCRIMINATION & QUALITY CARE ADVOCACY			
22. To educate and remove PLHIV stigma through positive talks with community members and empower PLHIV patients to speak out constructively about issues related to stigma, discrimination, quality care and access to medication.	22.1 Collaborate with National AIDS Authority to conduct training seminars and forums for service providers, local authority, AUA staff and members, other PLHIV representatives.	Training seminars and forums on anti-stigma/discrimination & quality care in place every 3 months for service providers, local authority, AUA staff and members, as well as other PLHIV representatives.	-Attendant list -Report
	22.2 Launch and execute a community outreach program educating communities on anti-stigma/discrimination, quality care and Cambodia's HIV/AIDS laws	Community outreach activity providing education to target communities on anti-stigma/discrimination, quality care and Cambodia's HIV/AIDS laws	-Home visitReport -List of participants -Request
	22.3 Engage community leaders and members in the anti-stigma/discrimination campaign	Community leaders and members run monthly community meetings to create awareness and remove the stigma of being HIV infected from their	-Attendant list -Meeting Report

		communities	
	22.4 Conduct regular monthly meetings with PLHIV from other OI/ART clinics that do not have AUA's posts	Regular monthly meetings with PLHIV at other OI/ART clinics with no AUA posts	-Attendant list -Meeting report -Agenda
	22.5 Organize special events on Candle Light Memorial Day and World AIDS Day to advance advocacy objectives	Special events focussed on anti-stigma /discrimination take place in target communities on Candle Light Memorial Day and World AIDS Day	-Attendant list -Report
	22.6 Share information gathered through advocacy activities and attend solution oriented meetings with CSO, relevant UN agencies and Government institutions	CSO, relevant UN agencies and government institutions receive annual information on anti-stigma/discrimination and quality care activities	-M&EReport -Meeting minute
23. To continue encouraging the equal participation of PLHIV in society, reduce discrimination and promote knowledge of patients' rights	23.1 Build patient confidence in group discussion and counselling – discuss issues of stigma and discrimination.	Stigma and discrimination are included in the curriculum of group discussions	-Group discussion curriculum
	23.2 Start providing community education sessions about living with HIV in order to reduce discrimination – invite PLHIV and non-PLHIV community members.	4 community education sessions are provided each year by AUA staff and volunteers	-Attendant list -Report -Agenda
STRATEGIC PARTNERSHIPS/INFORMATION NETWORK			
24. To strengthen current strategic partnerships with local NGOs, international organisations and government institutions, and expand partnership networks.	24.1 Organise quarterly staff, management and board meetings to review AUA's current strategic partnerships	AUA's ongoing strategic partnerships reviewed every 3 months.	-Attendant list -Meeting Report
	24.2 Develop and implement action plan out of each quarterly review meeting on how to strengthen AUA's current strategic partnerships	Action plan developed every 3 months on strengthening AUA's ongoing strategic partnerships, and implemented accordingly	-Quarterly updated action plan -Attendant list -Report
	24.3 Develop, present and follow up proposals to establish new strategic relationships with the following organisations: National Authority: National Center for HIV/AIDS (NCHADS), National Aids Authority, (NAA), Ministry of Health (MOH), Country	Proposals for new strategic partnerships developed and sent to target organisations. Regular follow up process in place to secure partnerships and sign MOUs.	-Agreement/LoA -Report (meeting, activities) -Proposal

	<p>Coordinating Committee (CCC), HIV/AIDS Coordinating Committee (HACC), Provincial Health Department (PHD), Operational Districts, Referral Hospitals, Health Centres, Provincial AIDS Office, Provincial AIDS committees, Commune AIDS committee, Home Based Care organizations.</p> <p>Local Authority: Commune leaders etc</p> <p>Partner NGOs for vocational training activities: Mary Knolle, Cambodian People Living with HIV/AIDS Network, VitheyChivit, Khoser, Women, Cambodian Community Women with HIV/AIDS, Phnom Srey Association, RHAC, Mix, Marry Stop, MEDECINS SANS FRONTIERES (MSF), Family Health International (FHI), SEAD</p>		
Continued implementation of ongoing and unimplemented Information Network Strategies of 2009-2011 Strategic Plan			
25. To continue receiving regular information from the patients regarding quality of care in health centers on Cambodia.	25.1 Continue strengthening members' awareness on the benefits of sharing information regarding quality of care	AUA staffs continue to conduct monthly awareness sessions with members.	-Attendant list -Meeting Report
26. Continue increasing awareness on the activities of AUA in the broader community and for PLHIV.	26.1 Improve on maintaining a regular presence at public events and forums for HIV/AIDS	AUA continues to attend World AIDS Day, Candlelight Memorial Day and Water Festival to distribute information	-Report -Attendant list -Request
	26.2 Continue distributing promotional material about AUA to health centres and communities	AUA materials continue to be present at health centres in all sites.	-Handover agreement -Report
	26.3 Start the process of regularly updating AUA's website for public information and as a contact point	AUA's website has up-to-date information	-AUA's website
27. To continue facilitating information sharing on quality of care and lessons learned with NGO partners	27.1 Continue organising bi- annual meetings with partner NGOs to celebrate successes and improve on weaknesses	AUA continues to hold 2 (or more) meetings a year with NGO partners	-Attendant list -Meeting minute
	27.2 Review and reinstate the role of a coordinator who will share information with AUA members as was in place from 2009 to 2011. AUA management will continue to share	AUA has a nominated communications coordinator to arrange meetings and share information with AUA members. AUA management continues to share	-Updated Job description of the coordinator. -Action plan -Progress report

	information with NGO partners as is currently in place now	information with NGO partners	
ORGANISATIONAL DEVELOPMENT PRIORITIES			
28. Upgrade and implement the Organizational Development Strategy by including the following priorities to the strategies already in place	28.1 Develop clear decision making processes for AUA	Clear decision making processes in place for AUA's board, management and field staff	-Term of reference -Meeting minute -Staff appraisal
	28.2 Develop a clear internal reporting format of AUA for all donors	Clear reporting format documented and in place for sending reports to all AUA donors	-Report format
	28.3 Develop core values to drive AUA's operations	Core values that identify AUA's history, culture and identity in place and guiding operations	-Core value policy -Staff contract -Staff appraisal
	28.4 Strengthen management and staff, matching skills with job assignments	Skills of management and staff match relevant assignments	-Staff's CV and staff job description (role and responsibility). -Staff appraisal
	28.5 Develop a fundraising strategy	Fundraising strategy in place to guide AUA's fundraising processes	-Fundraising procedure -Fundraising policy
	28.6 Update all operational plans, manuals and policies (board, conflict of interest, financial, IT, operational etc.)	Operational plans, manuals and policies updated and relevant to ongoing operations annually.	-Plan of AUA -Meeting minute -Policies
	28.7 Develop regular evaluation processes for activities and human resources (staff, management & board)	Annual evaluations of AUA's processes and human resources (board, management and staff)	-Evaluation report -Project review -Staff appraisal
29. To increase AUA's budget from \$175,000.00 to \$300,000 a year	29.1 Develop comprehensive budget showing the annual growth of AUA's yearly budget from \$170,00.00 to \$300,000	AUA has an annual budget of \$300,000 by 2017	-Annual budget -Annual financial report
30. To strengthen current management and field staff structure and employ a total of 78 skilled staff members by 2017	30.1 Strengthen field staff and management, matching skills with assigned roles and providing training where necessary	AUA has a strong and effective staff and management structure	-Staff appraisal -Progressed report -Staff capacity building report
	30.2 Include accountability systems in management processes	Operating accountability systems in place for staff and management	-Policy (conflict of interests, financial procedure, HR policy)
	30.3 Review current staff, programs and		-Staff appraisal

	activities to identify areas needing additional staffing	Total of 78 skilled and paid staff members in place to accommodate AUA's five year expansion process	-Project evaluation -Expansion plan -Feasibility study report
	30.4 Develop action plan for new staff recruitment		-Job announcement -Job description -Staff contract -Report
	30.5 Secure funding to cover staff salaries	Long-term funding in place to cover staff salaries	-Agreement with donors, -Fundraising activities
	30.6 Recruit additional skilled staff	<p>AUA will have the following staff structure</p> <ol style="list-style-type: none"> 1. 10 Management staff: <ol style="list-style-type: none"> a. 1 ED, 1 Admin/ Finance Manager b. 1 Fundraiser c. 1 Program Manager d. 1 Program Assistant e. 3 Project Managers (Care& treatment, Livelihood, Domestic Violence and Advocacy) f. 2 field coordinator. 2. 25 Support staff: <ol style="list-style-type: none"> a. 1 admin officer b. 2 admin and finance assistant at KC and Battambang c. 2 finance officers (1 for Livelihood & 1 for Care& treatment, Domestic Violence and Advocacy in Phnom Penh) d. 2 admin/ finance officers in each Province e. 1 driver f. 15 cleaners and 4 guards 3. 43 Field staff: <ol style="list-style-type: none"> a. 17 Receptionists b. 16 Social Works c. 3 counselors 	-Job announcement -Job description -Staff contract -Report -AUA management structure -Project proposal

		d. 2 group organizers e. 5 Community Development Workers (CDW)	
	31.2 Monitor calls for proposals and send in applications; research and contact new donors	2 applications sent every quarter in response to calls for proposals. New donors researched and contacted for funding collaborations.	-Proposal -Donor database follow up sheet -Report
	31.3 Diversify AUA's sources of income by seeking long term funding (2-3 year contracts) from the following sources and others: → Global fund → European Union → Embassy → Foundation → Others	AUA has long term relationships (ie 2-3 year funding agreements) with Global Fund, European Union, embassy, foundations and various fund providing agencies.	-Funding agreement -Proposal -Donor database follow up sheet
	31.4 Investigate and access other sources of funding such as: → Membership fees → AUA's sustainable livelihood/income generation project → Fundraising events	AUA has sustainable funding from its membership fees, livelihood/income generations project and fundraising events by 2017	-Fund tracking -Membership income report -Bank statement
	31.6 Include external auditing in AUA's accounting process	AUA has external auditors evaluate its accounts annually	-Annual auditing report
Continued implementation of ongoing and unimplemented Organizational Development Strategies of 2009-2011 Strategic Plan			
31. To re-initiate the process of improving capacity building of key staff to develop management capacity and organizational development	32.1 Restart the process of conducting: → Needs assessment → Regular training → Project orientation → Project review → Establish a staff development budget → Attend workshops and share information and lessons learned with partner organizations	AUA restarts the process of performing annual needs assessments and, after identifying training priorities, achieves clearly set indicators (e.g. project manager is able to write reports and proposals independently after training)	-Assessment form -Staff appraisal -Project orientation report -Project review report -Annual plan

32. To continue having greater involvement of membership in planning and decision making	33.1 The continuation of Annual General Assembly with information sharing including annual reports and action plans.	AUA continues with ongoing annual general assembly where board members are elected	-General assembly meeting minute -Selected Board list
33. To continue facilitating ongoing improvement and learning through the implementation of effective monitoring and evaluation systems	34.1 → Continue preparing clear outcomes and indicators for each activity → Continue monitoring activities regularly → Start the process of performing annual evaluations → Start the process of incorporate results and lessons learned into future planning	Each activity continues to have clear outcomes and indicators	-Work plan -Check list -M&E report -Activities report -Timesheet -Weekly/Monthly meeting minute -Project orientation report -Project review report
	34.2 Start the process of making each staff member responsible for monthly data collection, monitored by project manager	Each activity is regularly monitored and compared with indicators	-Work plan -Check list -M&E report -Activities report -Timesheet -Meeting minute -Field monitoring report
	34.3 Simple annual evaluations are designed to complement donor funding cycles.	AUA starts the process of performing annual evaluations for each activity and using results to plan and adapt future activities	-Evaluation report -Annual work plan
34. To continue implementing clear processes for information management and dissemination including advocacy	34.1 Continue reviewing existing policies and draft new policies (conflict of interest, child protection policy..) to review with all staff	AUA has clear policies and procedure manuals	-Meeting minute -Updated policy -New policy
	34.2 Prepare clear reporting templates for each activity	AUA has clear reporting systems for staff, management and board	-Project staff reporting format -Financial format -management reporting format
	34.3 Continue meeting regularly with partners to discuss issues related to PLHIV	AUA has regular standardized processes for sharing information externally with other organisations/institutions	-Work plan -Meeting minute

ARV USERS ASSOCIATION

Operational Budget Plan

2013-2017

OPERATIONAL AND COSTED PLAN 2011-2015

Objective	Activities	Estimated Cost by year				
		2013	2014	2015	2016	2017
Strategic #1: Launch a five-year outreach campaign and sign up a total of 5000 PLHIV as AUA members by 2017						
1-Serve over 10,000 PLHIV in Cambodia with 5,000 becoming AUA members	Launch a five year outreach campaign that will involve the dissemination of information about AUA and promote membership through various promotional activities with the objective of signing up an additional 3,380 PLHIV as AUA members by 2017.	0	0	0	0	0
2-Continue researching new strategies to motivate members to join and participate in the governance of the association	Contact other associations and community groups to discuss different strategies related to membership involvement in association governance.	400	400	400	400	400
	Conduct annual membership surveys to determine what members want from their association	1200	1300	1300	1600	1700
3-Continue ongoing promotion of membership among AUA members	Promote membership commitment to association through monthly meetings and information sharing at OI/ART in different place.	9400	7900	9400	9400	9400
4-Continue increasing membership adhesion activities of the association in the whole country	Continue creating awareness about benefits of AUA membership to potential members	1500	1500	1500	1500	1500
	Review and update association charter	0	2500	0	0	2500
5-Continue improving communications among AUA members about sharing information with AUA about their experiences as PLHIV	Collect information from AUA members (through telephone conversations, monthly membership meetings and study tours) about issues affecting PLHIV by encouraging members to communicate about issues affecting them and other PLHIV, and the quality of care they receive during treatment.	2400	2500	2600	2700	2800
Sub Total		14900	16100	15200	15600	18300
Strategic #2: Expand services to include children living with HIV, family members and local community members						
6-To expand AUA’s target group by including the following: Children living with HIV, Family members of PLHIV.	Expand counselling and social work services to include children living with HIV.	1200	1200	1200	1200	1200
	Engage family members of PLHIV in the treatment process	0	0	0	0	0

OPERATIONAL AND COSTED PLAN 2011-2015

7-To organise, structure and execute ongoing processes and unexecuted strategies respectively	Review, improve, structure and document ongoing processes every years	3000	3000	3300	3300	3300
	Execute strategies that need to be implemented					
Sub Total		4200	4200	4500	4500	4500
Strategic #3: Expand to one province (Battambang) and three more sites in Kampong Cham by and other two sites in Kandal province by 2017						
8- To expand AUA services to other unassisted PLHIV in other provinces in Cambodia in addition to Phnom Penh and Kampong Cham.	Plan AUA's expansion of services to 1 site in Kandal, 3 sites Battam Bang provinces, and three more sites in Kampong Cham by 2017 by setting specific goals and developing an action plan	13000	42100	51000	57000	60400
	Conduct a feasibility study of selected provinces	200	600	600	0	0
	Secure adequate long-term funding to sustain services expansion	1000	1000	1000	1000	1000
9-Create another provincial based program in the next 3 years.	Identify greatest need and best point of access for patients; dependent on need, start hospital or community based program	0	1200	1500	0	0
Sub total		14200	44900	54100	58000	61400
Strategic #4: Continue with ongoing programs and strategies; execute unimplemented strategies						
10-Continue to assist patients to adhere to treatment correctly and better manage their health.	Continue providing education on HIV/AIDS, ART and its short and long term effects in V0, V1 and group discussion sessions at all AUA's posts	120	120	120	120	120
	Continue checking all patients' understanding of the following: treatment, important of adherence through evaluation questions in Vo, V1 and group discussion questions.					
	Continue providing temporary accommodation and meals to poor patients travelling long distances	600	600	600	600	600
	Provide hygent package and care takers at AUA posts	5000	5000	5000	5000	5000
	Continue providing transportation assistance to patients in difficulty and not receiving transportation support from home based care, to ensure they can access treatment	9600	12480	15360	15360	15360

OPERATIONAL AND COSTED PLAN 2011-2015

11-Continue with encouraging patients to seek assistance in resolving personal issues as PLHIV	Continue to provide counselling and group meetings for patients in the out-patient department (OPD) and in-patient department (IPD) in KSFH, and Kompong cham.	0	0	0	0	0
	Continue having regular meetings with OI/ART staff to discuss about problem encountered and solutions.	3600	4680	5760	5760	5760
	Continue providing friendly talking with patients in the consultation area to refer to AUA group meetings and services	0	0	0	0	0
	Continue to facilitate the reception of patients, document management and sharing information about the treatment centre at all sites	0	0	0	0	0
12-To continue facilitating better communication between patients and doctors at all AUA posts	Continue explaining to patients their right to support and quality care and continue empowering PLHIV to speak out and ask doctors and counsellors questions about issues regarding their treatment	0	0	0	0	0
	Continue communications between doctors and each service (AUA and external).	0	0	0	0	0
13-Continue to provide information to patients regarding other NGOs or institutions involved with HIV activities	Continue providing patients with updated information about NGOs and partner institutions through social workers	0	0	0	0	0
	Set action plan in place to prepare source booklet about services for PLHIV, that will be made available in OPD/IPD	1600	2000	0	0	0
14-To continue following up patients not returning for treatment in communities by better networking with HBC and other organizations.	Continue communicating with home based Care and community organisations following up patients at home.	3600	4680	5760	5760	5760
15-To start the process of providing counseling and social support for PLHIV in the community.	Research areas of need complementary to existing projects (eg areas with lack of HBC or other support) Train staff for community-based counselling work. Facilitate community meetings /group discussions for PLHIV.	0	0	0	0	0

OPERATIONAL AND COSTED PLAN 2011-2015

16-To provide AUA members and their impact groups with education on: - positive prevention - opportunistic infections - Family planning	Include awareness creation on positive prevention, opportunistic infections and family planning in AUA's discussion group curriculum.	1200	1560	1920	1920	1920
Sub total		25320	31120	34520	34520	34520
Strategic #5: Launch and operate the 4 new programs:						
17-To improve the living conditions of AUA members and their impact groups (immediate and extended family members) by increasing their current incomes through income generation activities	Secure long term funding (2-3 years) for livelihood project	0	0	0	0	0
	Assign staff and management to project	0	0	0	0	0
	Launch, establish and introduce the livelihood project to AUA members and other stakeholders.	90	90	90	0	0
	Put in place processes for accessing AUA's micro-loans and loan repayment processes	0	0	0	0	0
	Provide micro-loans at low interests for small business projects by AUA members in the following groups: - Individual (PLHIV, family and relative) - Groups of PLHIV	10000	10000	0	0	0
18-To provide PLHIV with specific vocational skills to earn revenue and support family	Collaborate with relevant partner NGOs to provide vocational training to AUA members and their impact groups in livestock, poultry and fish rearing, vegetable farming and handicraft making	5000	2500	2500	0	0
	. Source appropriate training locations for members . Follow up training progress . Assess job market and assist skilled trainees to have their own profession . Link trainees with AUA's micro-loans . Follow up loan repayments and business progress	3080	2350	1450	1450	1450
19-Create self-support groups and training on small business activities for community members (PLHIV)	Create at least 2 self-support team in each province (Kompong Cham, Kandal, Phnom Penh, Battambang) by providing training on specific skills (small business)	1500	1800	800	800	800

OPERATIONAL AND COSTED PLAN 2011-2015

20-To assist AUA members during natural disasters like flooding and drought with food, water, shelter and psycho-social care.	Supply regular food, water and home repair to AUA members and their impact groups during crisis periods.	2500	2500	2500	2500	2500
	Continue with social work services focussing on providing psycho-social care for AUA members and their impact groups during the crisis period	750	750	750	750	750
21-To help make AUA members safer, especially women and children, and end domestic violence against PLHIV.	Provide education to PLHIV and their families on - The human rights laws - Cambodia's law on domestic violence and abuse - Causes and effects of domestic violence and abuse - How to deal with domestic violence and abuse - How to prevent and stop domestic violence and abuse Promote equal rights and respect among AUA members and target communities	7500	2500	1000	1000	1000
	Provide counselling for PLHIV victims and perpetrators of domestic violence and abuse	480	480	480	480	480
	Collaborate with partner NGOs, service providers and local authority to: - Conduct seminars and workshops - Create awareness through multi-media	3200	3200	0	0	3200
22-To educate and remove PLHIV stigma through positive talks with community members and empower PLHIV patients to speak out constructively about issues related to stigma, discrimination, quality care and access to medication.	Collaborate with National AIDS Authority to conduct training seminars and forums for service providers, local authority, AUA staff and members, other PLHIV representatives.					
	Launch and execute a community outreach program educating communities on anti-stigma/discrimination, quality care and Cambodia's HIV/AIDS laws	640	850	850	1200	2000
	Engage community leaders and members in the anti-stigma/discrimination campaign	500	0	500	0	700
	Organize special events on Candle Light Memorial Day and World AIDS Day to advance advocacy objectives	2000	2000	2000	2000	2000
	Share information gathered through advocacy activities and attend solution oriented meetings with CSO, relevant UN agencies and Government institutions	120	120	120	120	120

OPERATIONAL AND COSTED PLAN 2011-2015

23-To continue encouraging the equal participation of PLHIV in society, reduce discrimination and promote knowledge of patients' rights	Build patient confidence in group discussion and counselling – discuss issues of stigma and discrimination.	0	0	0	0	0
	Start providing community education sessions about living with HIV in order to reduce discrimination – invite PLHIV and non-PLHIV community members.	1200	0	1200	0	1500
Sub total		38560	29140	14240	10300	16500
Strategic #6: Strengthen current strategic partnerships and establish new ones						
24-To strengthen current strategic partnerships with local NGOs, international organisations and government institutions, and expand partnership networks.	Organise quarterly staff, management and board meetings to review AUA's current strategic partnerships	1600	1600	1600	1600	1600
	Develop and implement action plan out of each quarterly review meeting on how to strengthen AUA's current strategic partnerships	480	720	720	720	720
	Develop, present and follow up proposals to establish new strategic relationships with other organizations.	500	200	200	500	200
25-To continue receiving regular information from the patients regarding quality of care in health centres around Cambodia.	Continue strengthening members' awareness on the benefits of sharing information regarding quality of care	0	0	0	0	0
26-Continue increasing awareness on the activities of AUA in the broader community and for PLHIV.	Improve on maintaining a regular presence at public events and forums for HIV/AIDS	0	0	0	0	0
	Continue distributing promotional material about AUA to health centres and communities	0	0	0	0	0
	Start the process of regularly updating AUA's website for public information and as a contact point	100	100	100	100	100
27-To continue facilitating information sharing on quality of care and lessons learned with NGO partners	Continue organising bi- annual meetings with partner NGOs to celebrate successes and improve on weaknesses.	300	300	300	300	300
	Review and reinstate the role of a coordinator who will share information with AUA members as was in place from 2009 to 2011. AUA management will continue to share information with NGO partners as is currently in place now.	0	0	0	0	0
Sub Total		2980	2920	2920	3220	2920
Strategic #7: Establish a fully functioning board of directors with appropriate policies and decision making procedures						

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28-Upgrade and implement the Organizational Development Strategy by including the following priorities to the strategies already in place	Develop clear decision making processes for AUA	0	0	0	0	0
	Develop a clear internal reporting format of AUA for all donors	0	0	0	0	0
	Develop core values to drive AUA's operations	0	0	0	0	0
	Strengthen management and staff, matching skills with job assignments	0	0	0	0	0
	Develop a fundraising strategy	0	0	0	0	0
	Update all operational plans, manuals and policies (board, conflict of interest, financial, IT, operational etc.)	0	0	0	0	0
	Develop regular evaluation processes for activities and human resources (staff, management & board)	0	0	0	0	0
	Rent office, equipment, utility and materials	30000	30000	30000	30000	30000
Sub Total		30000	30000	30000	30000	30000
Strategic #8: Expand AUA's human resource base by increasing the overall staff complement from 41 to 78, with focus on employing skilled staff						
29-To strengthen current management and field staff structure and employ a total of 78 skilled staff members by 2017	Strengthen field staff and management, matching skills with assigned roles and providing training where necessary	1250	1500	1500	1500	2500
	Include accountability systems in management processes	0	0	0	0	0
	Review current staff, programs and activities to identify areas needing additional staffing	0	0	0	0	0
	Develop action plan for new staff recruitment	0	0	0	0	0
	Secure funding to cover staff salaries	98990	116590	134190	134190	135200
Sub Total		100240	118090	135690	135690	137700
Strategic #9: Gradually increase budget to (Amount of Budget Plan for 5 years) a year by 2017						
30-To increase AUA's budget from \$175,000.00 to \$300,000 a year	Develop comprehensive budget showing the annual growth of AUA's yearly budget from \$170,00.00 to \$300,000	0	0	0	0	0
Sub Total		0	0	0	0	0
Strategic #10: Diversify AUA's sources of income by seeking long term funding (3-5 year contracts) from the following sources						
31-To locate additional sustainable and longer term funding sources	Monitor calls for proposals and send in applications; research and contact new donors	0	0	0	0	0
	Diversify AUA's sources of income by seeking long term funding (2-3 year contracts) from other sources.	0	0	0	0	0
	Investigate and access other sources of funding	0	0	0	0	0
	Include external auditing in AUA's accounting process	3000	3000	3000	3500	4000
Sub Total		3000	3000	3000	3500	4000
Strategic #11: Upgrade and implement the organizational development strategy by adding the following to the strategies already in place						

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32-To re-initiate the process of improving capacity building of key staff to develop management capacity and organizational development	Restart the process of conducting: neet assessment, regular training, project orientation, project review, staff development, and attend workshop, sharing information or lesson with partner organization	0	0	0	0	0
33-To continue having greater involvement of membership in planning and decision making	The continuation of Annual General Assembly with information sharing including annual reports and action plans.	0	0	0	0	0
34-To continue facilitating ongoing improvement and learning through the implementation of effective monitoring and evaluation systems	Continue preparing clear outcomes and indicators for each activity. Continue monitoring activities regularly. Start the process of performing annual evaluations. Start the process of incorporate results and lessons learned into future planning	0	0	0	0	0
	Start the process of making each staff member responsible for monthly data collection, monitored by project manager	0	0	0	0	0
	Simple annual evaluations are designed to complement donor funding cycles.	0	0	0	0	0
35-To continue implementing clear processes for information management and dissemination including advocacy	Continue reviewing existing policies and draft new policies (conflict of interest, child protection policy..) to review with all staff	0	0	0	0	0
	Prepare clear reporting templates for each activity	0	0	0	0	0
Sub Total		0	0	0	0	0
Grand Total>>		233400	279470	294170	295330	309840