Institutional Core Competency Framework Assessment of ARV Users Association

January 2013

**Assessment Tool
Prepared by:**

Assessed by:

Assessment of:

Introduction

The remarkable gains in the national HIV response to date are largely the result of community members' activism, mobilization and building of alliances with other stakeholders. Their involvement immeasurably improves the understanding of the local context and the accessibility to hard-to-reach populations, ensure that resources will be directed to the highest priority and improve responsiveness and effectiveness of interventions. The involvement of people living with HIV (PLHIV) in the design, implementation and evaluation of the HIV response is recognised to be crucial to the current and future success of the response. In fact, community engagement and community systems strengthening are now an integral part of global mechanisms such as the Global Fund to Fight AIDS, Tuberculosis and Malaria and The United Nations General Assembly, through their Political Declaration on HIV/AIDS in June 2011, highlighted the great importance of involving communities of those living with, affected by and vulnerable to HIV in the HIV response. There are also specific strategy streams in the NSP III, UNDAF and the UNAIDS Global Strategy for a rights-based approach to healthcare and HIV programming.

Ensuring a rights-based approach to the national response

A rights-based approach identifies rights-holders (PLHIV) and duty-bearers (The Royal Government of Cambodia and its partners, including development partners and NGOs), and seeks to strengthen the capacities of rights-holders, especially those who are most vulnerable, excluded and discriminated against, to claim their rights and to hold duty-bearers to account.

The approach recognizes the resilience, capacities, skills and resources of community members and is founded on community empowerment, participation and ownership. It seeks to secure the freedom, well-being and dignity of all people everywhere and to eliminate stigma, discrimination and violence related to HIV and promote the right to access prevention, treatment, care and support services.

Duty-bearers have three levels of obligation: to *respect* a right, which means refraining from interfering with the enjoyment of the right; to *protect* the right, which means enacting laws that create mechanisms to prevent violation of the right by state authorities or by non-state actors; and to *fulfil* the right, which means to take active steps to put in place institutions and procedures, including the allocation of resources to enable people to enjoy the right.

Introduction and Role of AUA

ARV Users Association (AUA) began informally in 2001 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. In 2003 AUA registered with ministry of interior, from the 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. As an association, AUA is able to retain its close link with patients and to promote the involvement of people living with HIV in its planning and governance. Within the changing landscape of HIV/AIDS treatment and care in Cambodia, AUA has played an important part in providing patient education and peer support. However recent changes, including the impending handover of OI/ARV centres to the Ministry of Health, have made AUA increasingly aware of the importance of having a

clear picture of our objectives and future direction. As AUA continues to grow, we have also acknowledged the importance of organizational development and strengthening for the association.

Community networks such as the ARV Users Association (AUA) play an integral part in delivering better outcomes in health and well-being for people living with, affected by and vulnerable to HIV. AUA is relied upon by community members to deliver support and care services, effectively advocate on their behalf at the national and sub-national level, facilitate participation of community members in decision-making forums, and conduct social mobilization activities. AUA is also relied upon by duty-bearers to bring the voice of the community to inform policy and strategy development, especially of integrated programming involving health, social, education, legal and economic support services; as well as to help in delivering services such as health promotion, outreach activities and monitoring for quality that can be more effectively conducted by community networks.

Furthermore, with a shift in programming focus to low cost, high impact interventions, AUA will be increasingly relied upon to contribute to prevention, treatment and support programmes to reduce the burden on health systems. Therefore, institutional strengthening of AUA is crucial by increasing the network's efficiency, confidence and capacity to work in partnership with duty bearers to achieve the goals of national strategies in an environment of scarce resources.

Institutional Core Competency Framework Assessment of AUA

The Royal Government of Cambodia developed the Institutional Core Competency Framework (ICCF) and its assessment tool, which is a standardised tool for assessing institutional development of community networks and guide the development of their core competencies in a more consistent, systematic and measurable manner. The primary objectives of the assessment are:

1) Provide a systematic approach for an evidence based community system strengthening through assessing, planning, implementing, and monitoring of community networks' capacity building investments and initiatives.

2) To provide standardized indicators to assess organisational and operational needs and developing a consistent plan.

3) To assess the baseline status of the network's governance, leadership, representation, communication and administration using standardized indicators that can be measured and monitored over time.

Methodology

AUA was assessed using the tool on the areas of core competencies that are essential for creating fully functional organizations that can effectively perform their role in delivering valuable outcomes in the health and wellbeing of their communities. These 4 broad areas of competencies are governance; leadership, representation and membership and representation; communication, advocacy and partnerships; and human resource and financial administration. These core competencies provide a base from which community networks can reflect upon and identify prioritized needs of their institutions; and implement processes that ensure transparency and accountability to community members, government and donors.

The administration of the tool was conducted via a participatory process, with technical support provided by UNAIDS. Each indicator has a scoring range with specific descriptors. On indicators that require improvement, recommendation is made on what needs to be addressed. The assessment matrix provides an expected performance status in respective areas of set competencies and outlines recommended methods and source of information that need to use during the assessment process.

Information was collected through document review, 1 focus group discussion was conducted for each of governing board members, staff members and AUA members. A key informant interview was also conducted with the Executive Director of AUA and relevant partners. Flowing were the focus group discussion held with different groups:
1. Focus Group Discussion with the Board of Directors and Senior Management Team
2. Focus group discussion of regular members from Kampong Cham, Kandal and Phnom Penh.
3. Focus group discussion of staff members working in Bantey Meanchey, Kampong Cham and the Khmer-Soviet Hospital in Phnom Penh. They include group leaders, social workers, receptionists and counsellors.

Next Steps

This assessment provides a baseline measurement using consistent indicators and can provide valuable information about the changes in efficiency and capacity of community networks over a period of time, which can be used for institutional development planning or the justification for donor investment in capacity building.

It is recommended that AUA conducts another assessment in 2 years to provide a reliable longitudinal data source on the level of progress and functionality of the Network.

1. Translate the final Draft report into Khmer
2. Discuss the Draft Report with the BODs and get endorsement
3. Disseminate the report (part or full) with relevant partners, members and staff
4. Prioritise the competencies to be addressed in 2013 and 14
5. Develop a road map to address the gaps through a participatory approach
6. Disseminate the plan to the relevant stakeholders
7. Use the report as a baseline for networks capacity anywhere as required
8. Implement the plan
9. Assess the network using the same tool after two years.

Findings

Overall, AUA has found to be meeting most of the competencies at satisfactory level. There are some areas that need urgent action by the BODs and most need some improvement towards meeting the competencies fully.

Following rating and colour code were made during the assessment (1-4):

Very weak: need urgent action to address as a prioritypriority	Weak: need to address soon	Satisfactory: need some improvement	Strong: need to maintain consistency

Summary of Scores received by AUA across the competency areas

Core Competency Area	Obtained Score	Maximum Score	% of actual result
1- Governance, by-laws and memberships	**34**	**44**	**77%**
1.1. Network statutes and by-laws	6	8	75%
1.2. The governing body (GB)	12	16	75%
1.3. Criteria and guidelines for membership of network	6	8	75%
1.4. Systems and Mechanisms for Strategic Planning, Implementation, Monitoring and Evaluation	10	12	83%
2- Leadership, representation and participation	**31**	**36**	**86%**
2.1. Network Leaders: Accountability and Responsive Performance	13	16	81%
2.2. Credibility & Legitimacy	8	8	100%
2.3. Efforts towards Community Mobilization and Empowerment	10	12	83%
3- Communication, advocacy and partnerships	**17**	**28**	**61%**
3.1. Engagement & Coordination with Other Networks	4	8	50%
3.2. External Communication & Advocacy	8	12	67%
3.3. Resource Mobilisation & Technical Support	5	8	63%
4- Human resource, Finance and administration	**42**	**48**	**88%**
4.1. Policies & Procedures on Recruitment, Position Description, Performance Appraisal, Disciplinary Action & Contract Termination	15	16	94%
4.2. Financial Management Policies and Procedures	8	12	67%
4.3. Policies & Procedures for Administration & Procurement	12	12	100%
4.4. Policies on Conflict of Interest, Anti-Nepotism, Anti-Corruption & Sexual- or Gender-based Harassment	7	8	88%
Total Scores	**124**	**156**	**79%**

Basic Information of the Network

Date of the Assessement: 23-24 January 2013

Key Information Provider: Ms. Sienghorn and Mr. Chandimang Hing

Facilitator: Narmada Acharya, UNAIDS

Note Taker: Les Ong, UNAIDS

1. Name of Network: **ARV Users Association (AUA)**
2. Registration Number/date/ validity: 942/ 12 Dec 2003
3. Name and title of executive head of the network: **Han Sienghorn, Executive Director of AUA**
4. Name and contact number of Chair/ President of BOD:

   Mrs. Lainie Grummit   Tel: 092 920 075

   Email: buglainie@yahoo.com.au
5. Number of Memberships in the BOD: **7 member**

   Proportion of BOD member from the community: **3 PLHIV**
6. Date of the last General Assembly conducted: **26 December 2010**
7. Address of current office location:

   #19BEo, St.187, Sangkat Tomnop Teuk, Khan Chamkar Morn, Phnom Penh, Cambodia.

   Telephone/ Fax: 023 222 054

   Email: info@auacambodia.org/ sienghorn@auacambodia.org

   Website (If any): auacambodia.org

8. Number of current members:

   Total: **1878**   Male: **747**   Female: **1131**   PLHIV: **1878**
9. Membership validity duration in years: **1 year**
10. Eligible community members to join the network:

    Total: **1878**   Male:**747**   Female: **1131** PLHIV: **1878**
11. Number of currently employed staff: **41**

    Male: **18**   Female: **23**   PLHIV: **35**
12. Number of volunteers: **1** (International)
13. Number of provinces covered: **2 (Kampong Cham& Kandal)**
14. Number of provinces with a network office: **3 (Kampong Cham, Kandal and Phnom Penh).**
15. Major areas of work in HIV:
    a. Community leadership development
    b. Self-help group formation & empowerment:
    c. Social mobilisation and advocacy
    d. Social support and impact mitigation

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Core Competency Area 1. GOVERNANCE, BY-LAWS AND MEMBERSHIPS

1.1 Network Statutes and By-Laws

Compete ncy #	Area	Rating	Comments	Recommendations
1.1.1	Vision, Mission, values and principles	Network has Vision, Mission; values updated through a consultative reprocess with the members and are known to all governing Body (GB), members and staff.	• BODs were not clear about the national response to HIV so lacked linking it with the broader objective. They also lack seeing different role that the network is playing than clinic staff or NGOs. • The 2010 Board Meeting updated AUA's vision and mission. The Vision and Mission of AUA are found in the by-laws (in Khmer) and an AUA brochure shows it clearly. However, this was rarely understood by the Board, staff and members. Most members do not have a clear understanding of the vision and mission of AUA.	• There is a need that the BODs are clear about the national response and the role of the network to mobilise communities and advocate for access to quality services. • There is a need to ensure that all internal stakeholders, especially the Board members, are fully aware of the vision and mission, and are able to tell people instantly.
1.1.2	By-laws and policies and procedures for conducting business	By-laws and policies are approved by the GB and are widely disseminated. Some policies and procedures will need updating to address the contextual issue.	• By laws and "Internal Regulations" are available but are not translated into English. These documents are occasionally reviewed and updated. By laws not disseminated but available for staff and members to obtain.	• Internal regulations and policies needs some revisions making some procedures clear for taking actions .

1.2 The Governing Body (GB)				
1.2.1	Election or selection of the GB	Most network members participated in the election of the GB through an open and transparent process, consistent with the by-laws.	• Current Board members were elected at AUA's General Assembly at the end of 2010. • Only those who were at Annual Meeting were able to participate in the election. There is no mechanism to ensure that the majority of members who do not attend the meeting are adequately represented in the election.	• There was a need expressed by the members that there should be an effective mechanism to inform the entire member about the GA. All the members should enjoy their right to information.
1.2.2	Composition of the GB	GB is mostly composed of community members (at least 75%), and is geographically and gender inclusive.	• The current 7-member Board is made up of 4 PLHIV and 3 of the 7 members are females. Board members are geographically representative from but no representation of young people, MSM or EW. • The roles and responsibilities of Governing Board members are stated in the by-laws. • Most staff know who some of the Board members are but most AUA members do not.	• The minimum expected qualifications of Board members and the composition of the Board should be clear in a policy document. • More exposure of the activities of the Board to regular members is required. • The BODs should be introduced to the members.
1.2.3	Function of the GB	GB meets regularly at least quarterly and makes some decisions which are recorded and disseminated to relevant Network members and staff.	• Governing Board meetings are meant to be held on a quarterly basis, but were held 3 times in 2012. • Meeting minutes and agenda are produced and kept on record. The dissemination of key decisions is made through monthly member meetings and bi-weekly staff meeting in PP. • The current Chair of the Governing Board does not live in Cambodia, and only participated in 2 out of 3 Board meetings in 2012.	• Need to establish a communication mechanism with staff and members, who work and live in provinces • It important that all the BODs attend the regular meeting. Most importantly the Chair.
1.2.4	Holding a General	General Assemblies have been regularly held (at	• The General Assembly was last held at the end of 2010. Documentation of the agenda, process and outcomes	• The General Assembly should be documented clearly and in detail, and kept on record.

	Assembly	least once every 2 year), with participation from network members. The process and decisions were well documented.	of the General Assembly available in the office. There is also a brief report on the outcomes of the Annual Meeting in AUA's Annual Report 2011. • Furthermore, staff and members are unclear about how often the General Assembly takes place.	• Engagement by staff and regular members in the preparation of and conducting the General Assembly needs to be enhanced. This will lead to a higher level of ownership of the Network among members and staff.
1.3 Criteria & Guidelines for Membership of Network				
1.3.1	Criteria for membership	Criteria for different categories of membership exist, with guidelines on membership application.	• There are 3 different categories of membership, as described in the AUA Membership Principles and Guidelines, but there are no clear eligibility criteria for each category. The application form is available in English & Khmer and can be accessed through members or counsellor for application as guided on "procedures" of how to apply for membership in "AUA Membership Principle & guideline".	• More detail is required in the eligibility criteria of each membership category For example: it should be clear who can be active, honourable members.
1.3.2	Awareness by network members of their roles, responsibilities and entitlements	Members belonging to various categories are aware of their own membership category and the associated roles and entitlements.	• Members are aware of the different categories of membership and are clear about their role and the entitlements but are unable to articulate the difference between them. Most of them were active members.	• This should continue and make efforts to make them aware on the different categories of memberships once revised

1.4 Systems and Mechanisms for Strategic Planning, Implementation, Monitoring and Evaluation				
1.4.1	Institutional planning	A five-year strategic plan developed through a participatory process, periodically reviewed, adequately addresses the interrelated issues of IDU, MSM/TG, EWs and PLHIV, and the annual operational and M&E plans are consistent to each other.	• A 5-year Strategic Plan 2013-2017 developed in consultation with some staff. The key messages will be communicated to staff and members in their regular meetings with the SMT. Annual plan will be translated into Khmer and disseminated to all staff. • Key issues faced by PLHIV are addressed in the strategic plan but is weak on addressing inter-related issues of MARPs?	• Ensure that the Strategic Plan is disseminated to key partners and donors, and that it is available to be shared in hard and soft copy upon request. • Plan for activities to address issues related to MARPs in AUA's 2013 work-plan which is currently being developed.
1.4.2	Institutional reporting	All donor reports, as well as annual or periodic reports on programme activities and financial expenditures, are detailed and clear, produced in a timely manner, disseminated to relevant stakeholders and are accessible to all network members and staff. The distribution list of all reports is available.	• Annual Report 2011 (Jan – Dec 2011) describes AUA activities, results, challenges and future steps, was also produced. • Currently developing an annual report for 2012 and will share it with the donors, partners and board members. No plan to translate into Khmer. • There is also a 6-month activities report (Jan-Jun 2012) produced for the "PLHIV Psychosocial Support within OI/ART" Project.	• Ensure that staff and members will be able to access this document (at least summary of it) if requested. • Key reports released by AUA should include the important advocacy and community mobilization activities that it conducts.

1.4.3	Institutional function	Policies, strategies and objectives have successfully transitioned into, and are aligned with, management systems, standard procedures, incentives and performance targets. SMT is fully responsive to the needs of the members, is credible and leads effectively for influencing decisions at policy level.	• AUA is well connected with the members	• Need to work more effectively with members to influence decisions at policy level

Core Competency Area 2. LEADERSHIP, REPRESENTATION & PARTICIPATION				
2.1 Network Leaders: Accountability and Responsive Performance				
2.1.1	Community engagement and responsiveness by network leaders	Leaders regularly review and adapt the network's key issues, to the changing community context and needs, actively voice them in various decision making forums, and provide evidence on taking action to address these issues. These key issues are also reflected in the annual operational plans and reports.	• AUA recently conducted a survey on the poverty level of PLHIV to facilitate for providing ID poor card. • Are clear about the key issues for members include: stigma and discrimination, homelessness, unemployment and poverty. • Members are able to raise key issues with network leaders at the monthly meetings, but many are unclear on which specific action they want. • The perception among members is that the network leaders are doing an ample job in addressing some of their concerns, and they cited the strong advocacy with doctors and hospitals as an example. However, members concede that network leaders have done/can do very little about discrimination against PLHIV.	• AUA should provide feedback to members on the key findings of their evaluation of members' needs. • Members should be updated regularly on the work that AUA is doing at the policy level and its engagement with key national partners. • AUA needs to strengthen partnerships with employment organizations to create livelihood opportunities for their members.
2.1.2	Participation in national policy development by network leaders	Network participated in policy level TWGs and mechanisms, critical issues were highlighted by leaders and their issues have been addressed by the policies and national plans.	• Network leaders are invited to ARV related policy groups. Sometimes, they are not invited if CNP+ represents all PLHIV.	• It is important to advocate policy level partners on the importance of network's participation. • It is important to work with CPN+ and share the issues to be raised at policy level.

2.1.3	Accountability of network leaders	Leaders are responsive to key stakeholders and network members. Most of the staff and some network members are aware of activities of the leaders. The members generally respect the leaders for their accountability.	• Even though AUA enjoys a high level of trust by its members, there are a few members who feel that they need to constantly push the network leaders on certain issues to make sure that they are actively addressing them.	• Address the communication gap between network leaders and AUA members, especially with those who are in the provinces and are not able to regularly attend monthly meetings.
2.1.4	Mentoring and leadership development of alternate leaders	The network prioritizes leadership development and the promotion of capable staff members. Leaders have identified potential future leaders and appropriately delegate leadership responsibilities and provide opportunities for leadership development and encourage their leadership.	• Staff members agree that the SMT has provided ample professional opportunities and mentoring. Staff members have opportunities to be promoted, develop leadership skills and receive training on the AIDS law and positive prevention, and in skills development such as counselling and social work. They feel that the delegation of duties is fair and efficient.	• The Mission of AUA should reflect the aim of leadership development of PLHIV.

2.2 Credibility & Legitimacy				
2.2.1	Legitimacy of network representation and quality of participation	Representatives are always legitimately representing the community members and are generally effective in presenting the issues of the Network and the community, fully aware of the relevant evidence, confident and capable of influencing key decision-makers. Evidence of such decisions are documented and shared with the member s and staff.	• AUA represents members well and legitimately among key development partners and civil society, but its engagement with government is limited. • AUA members understand that the Board members are the true representatives of the organization but they doubt that the BODs can advocate effectively.	• The SMT needs to work close with the Board members to improve the effectiveness of AUA's representation, especially at the policy level.
2.2.2	Internal and external stakeholders' perception of the network	All community members strongly believe that the network legitimately represents their issues and interests in the legal, normative and pragmatic sense. The network's legitimacy is well recognized by all stakeholders, including the relevant regional network and the external stakeholders at the national level.	• External stakeholders are very willing to work closely with AUA, there is no engagement with the regional network. • The legitimacy of AUA is further confirmed by a Letter of Reference from UNAIDS Cambodia 26th Oct 2012; Letter of Endorsement from Solidarite-Sida 10th Oct 2012.	• Improve engagement and strengthen relationship with APN+ and other relevant regional and global networks as an important source of future support.

2.3 Efforts towards Community Mobilization and Empowerment				
2.3.1	Network's focus on community empowerment	Community empowerment is reflected in the network's vision and mission, are specific strategies and objectives with specific activities and budget that reflect a focus on community empowerment on knowing their rights and roles and on efforts that serve the interests of network members.	• Empowerment of community members is part of AUA's Mission, but activities to empower community members are few. • Conduct activities that strengthen the capacity of community members eg. Understanding sexual and reproductive health rights; treatment literacy Activities may not need to specifically improve capacity.	• Provide opportunity for members to speak out, participate and contribute so that they develop confidence in speaking out and leadership and.
2.3.2	Information sharing system and feedback mechanism among internal stakeholders	Most of the national-level decisions, decisions by GB and SMT and outcomes of programme and advocacy are shared with some network members and staff. Such information is available on record.	• There is regular information sharing to staff members in PP during the staff meeting but no mechanism to communicate the decisions made at the national level by Board to all members and staff in the provinces.	• Need to establish mechanism to ensure clear and regular communication between the Governing Board, the SMT and members.
2.3.3	Mobilizing community members	The network is able to mobilize some members for activities whenever required. Members who are mobilized are fully engaged in the process.	• Members are generally willing to be mobilized, and they find a way to participate if required to show solidarity. SMT are advocating so far and members are happy with such advocacy too.	• As part of the empowerment process, AUA members should be encouraged more to participate in and contribute to AUA activities and programmes.

Core Competency Area 3. COMMUNICATION, ADVOCACY and PARTNERSHIPS

3.1 Engagement & Coordination with Other Networks.

3.1.1	Engagement with other networks (PLHIV/MARPs Networks)	Strong engagement with other networks with good working relationships, joint activities and reliable support when required	• AUA is part of FoNPAMs and engages regularly in joint activities with other networks of PLHIV and MARPs. Apart from FoNPAMs, there is no other regular mechanism that AUA has in engaging with other networks. AUA is willing take Chair of FONPAMs to continue its work.	• AUA should establish a mechanism of collaboration and coordination with other networks such as regular joint meeting, joint grant proposals, and projects and programme planning. • AUA can form a joint PLHIV group with CPN+ and CCW and a joint vision to work jointly on representation and advocacy.
3.1.2	Engagement with relevant networks at the regional and global level	Minimal engagement with regional and global networks	• AUA does not currently engage with regional or global networks.	

3.2 External Communication & Advocacy

3.2.1	External communications and advocacy work	The network maintains a regular communication with key external stakeholders, donors and partners on their emerging issues through email, websites or other means. Advocacy issues are clear but no advocacy strategies adopted.	• AUA regularly advocates to hospital and medical staff members for better services, but rarely engage with NCHADS on these issues. • There is currently limited information on AUA's website, which is one of the planned activities for 2013.	• Strengthen advocacy to NCHADS as part of AUA's advocacy plan • Update and improve AUA's website and publish reports and strategic plan on it. • AUA must continue to improve the documentation of their advocacy and representation efforts.

3.2.2	Partnerships with organisations other than HIV and Health	The network is aware of some relevant organisations but no attempts to work with them or seek support.	• AUA has partners with employment organization SCARO which resulted in the placement of 10 PLHIV AUA members into jobs. • However, there is no engagement between AUA and non-health organizations such human rights, legal services or GBV.	• Such partnership should be continued • AUA should place more effort in engaging with other organizations to address the key issues face by their members in a broader and more comprehensive fashion.
3.2.3	Communication and advocacy skills of network leaders	Leaders have generally good skills in communicating with external partners, but they do not perform action-orientated advocacy.	• Even though network leaders have good advocacy skills, they mostly advocate by themselves without collaborating with other networks with similar issues.	Action-oriented advocacy by network leaders is required, leveraging the solidary within FoNPAMs and between the PLHIV networks in engagement with key stakeholders.
3.3 Resource Mobilisation & Technical Support				
3.3.1	Current funding of network operations, programmes and activities	Some priority areas of program activities are partly funded, but only for 1-2 more years without any commitment for extension. Advocacy activities, administration and staff costs are not funded.	• There is currently full funding for operational and programme costs for Q1. AUA has secured further programme funding from MSF and Solidarite for the rest of 2013.	• Resources need to be mobilised to continue the networks activities beyond 2013.

| 3.3.2 | Resource mobilisation efforts by leaders | Leaders are successful in HIV resource mobilisation, are proactively exploring small grant opportunities and advocating with external partners, and often have been successful. | • Network leaders have placed significant efforts in actively mobilizing resources, advocating stakeholders and engaging with donors and development partners

• Within the Strategic Plan 2013-2017, there is a section on "Organizational Developmental Priorities" that details the institutional resource and developmental gaps, and the annual work plan to address these gaps is detailed in the "Annual Work & Operational Budget Plan". | AUA should develop a resource mobilization plan, using their "Annual work and operational budget plan" (annex in the Strategic Plan) as a guide. AUA should continue to seek active support from donors and aim to secure funding for the next 3 years. |

Core Competency Area 4. HUMAN RESOURCE (HR), FINANCE and ADMINISTRATION

4.1 Policies & Procedures on Recruitment, Position Description, Performance Appraisal, Disciplinary Action & Contract Termination

| 4.1.1 | Human resource policy | A comprehensive HR policy exists but there is a low level of understanding and compliance among most staff members. HR policy clearly guides the actions to be taken in most areas related to HR management including disciplinary actions for non-compliance | • There is a "Staff Policy" document which includes sections on Equal Opportunity & Discrimination; Selection & Recruitment; Staff Evaluation; Grievances & Discipline. This policy was recently updated.

• Furthermore, the "Internal Regulations" document is disseminated to all staffs and staffs are made aware of institutional procedures and disciplinary actions. | Ensure that all updated policies are endorsed by the Governing Board. |

4.1.2	Staff contract and position description	All staff contracts are valid, and clearly contain specific information about the nature and source of funding, duration of the assignment, terms of service and roles and responsibilities. Volunteers also have clearly specified job descriptions and assignment duration. GB, senior management team and secretariat coordinator, where relevant, have clearly defined roles and responsibilities, which are strictly adhered to	• All staff have valid contracts and job descriptions.	Develop job descriptions for all volunteers (both international and local), as well as supervisory arrangement and performance appraisal process.
4.1.3	Transparency of staff recruitment process	All the staff members were recruited through a competitive and transparent process using a standard tool, which is documented in detail. The recruitment process encourages applications from community members. The current staffing is gender, socially and geographically inclusive.	• Recruitment process is stipulated in the "Staff Policy". All vacant positions are advertised and recruitment through a competitive and transparent process. All recruitment processes are documented and kept on record, including pre-prepared interview questions.	

4.1.4	Staff performance appraisal	Staff performance appraisal system and tools in place and is conducted regularly (at least annually) and consistently for all staff. Staff development needs are effectively identified and addressed in this process.	• All staff contracts stipulate minimum performance expectations and they undergo an annual performance appraisal with the Executive Director and a Board member. All appraisals are documented and kept on record.	• This good practice needs to be maintained
4.2 Financial Management Policies and Procedures				
4.2.1	Financial policies and guidelines	Financial policy and manual exists that contains key areas of financial management procedures, and standardized forms, which are adhered to.	• There is a "Financial Policy" document in Khmer but not very detailed.	• There is a need for more comprehensive financial policy and guidelines. Will need to assess the "Financial Policy" to ensure that international standard practice is implemented.
4.2.2	Financial audit	No external audit has been conducted except by the donors	• No external audit has ever been conducted, only internal audits of projects by donors.	• Need to establish external auditing system urgently
4.2.3	Finance personnel	Finance officer / manager with adequate qualifications and relevant technical expertise are recruited to administer financial management. All financial staff members are familiar with financial policies and procedures.	• There is 1 finance and administration officer with the appropriate qualifications.	Finance officer requires more training on relevant financial practices.

4.3 Policies & Procedures for Administration & Procurement				
4.3.1	Administration and procurement policies and procedures	Comprehensive administration and procurement policies and guidelines, including the management of fixed assets and office resources, vehicles and equipment, with clear disciplinary actions on non- compliance, have been developed and strictly adhered to by staff members. All procurements process and available resources have been documented and information available on request.	• The "Financial Policy" and "Internal Regulations" document describe rules, regulations and guidelines for staff on administration and procurement.	• AUA should provide these policies to all staff. • There should be an up-to-date inventory list of all equipment and fixed assets at the AUA office.
4.3.2	Network office and operational facilities	Office space is sufficient for all staff to function, with a meeting room, internet access and a functional website. Staff members have basic facilities and basic communication equipment to effectively perform their work.	Good office location and visibility. It is equipped with all necessary equipment and a meeting room.	• It is preferable to have some space allocated to BODs when they are in the office.

4.3.3	Staff in core positions to perform core business	Suitably qualified and experienced staff members are employed and fully funded for next 3 years, to manage the core function of the network, including a programme manager and a finance / administration officer.	• Staff in core positions (Executive Director, Programme Manager, Finance and Admin Officer) are adequately qualified for AUA to conduct its core function. But long-term funding for these positions is not secured.	• Core positions need to be explicitly defined in the Staff Policy. • Ensure that future funding has a component for core/operational costs.
4.4 Policies on Conflict of Interest, Anti-Nepotism, Anti-Corruption & Sexual- or Gender-based Harassment				
4.4.1	Polices on: a. conflict of interest, b. employment of relatives c. sexual- or gender-based harassment	Most of these policies are in place, with associated procedures and guidelines, and some staff awareness but with a low level of confidence or competency in reporting cases.	• There are policies on conflict of interest and employment of relatives in the "Internal Regulation" document and "Staff Policy" but no policy on sexual harassment.	Develop a policy on sexual harassment in the workplace

| 4.4.2 | Grievances procedure and disciplinary action for non-compliance of the above policies | Policies and procedures on disciplinary action and grievance have been implemented. These procedures have been enacted at least once (where applicable) and are well documented. There is a high level of confidentiality associated with these procedures. | • Procedures to address grievances and for disciplinary action are stipulated into the "Internal Regulation" and "Staff Policy". | • Staff should feel safe for filing grievances and can be dealt by other senior members than the direct supervisor |