

WORKSHOP

"Building an Asian community of practice on monitoring and budget analysis"

09-11 July 2007 Phnom Penh, Cambodia

Organized by SILAKA and Social Watch
in collaboration with OXFAM- Novib/KIC

PARTICIPANT'S QUESTIONNAIRE

SYSTEMATIZATION OF EXPERIENCES

To be submitted before 3 July, 2007

Congratulations on being selected to participate in the workshop. Since this workshop is based on the exchange of knowledge contained in specific practices, please fill in this form as fully as possible so that we can make the most of it. If you have any queries about how to complete it, do not hesitate to contact us. Thank you.

I. Personal and Contact Information

Gender | F | | M | _____

Name(s) | KANARY _____

Surname (s) | KY _____

Nationality | Cambodian _____

Name of the Organization/Movement/Community (and Acronym)

NYEMO CAMBODIA NGO

Web site | www.nyemo.com _____

II. Description of experiences and selection of a practice:

Please answer the following questions. Use the necessary space.

What is a practice?

We understand a practice to be a process, strategy or activity of an organisation or a group of organisations to achieve social change. A practice may vary from an agricultural technique or an educational method to more complex processes like international coalition building. Its scope may be limited, but it may also correspond to entire projects or programmes.

1. ¿Which are the principal fields of expertise of your organization? (E.g., social development, human rights, budget monitoring, sexual and reproductive rights, etc)

The principal fields of Nyemo organization is social development.

2. ¿Which are the main strategies used in your organization? (E.g., education, research, campaigning, advocacy, lobbying, satisfaction of specific demands, etc.)

The main strategies used in NYEMO Cambodia are: socio-medical counselling, Education, lobbying Market analysis and Vocational training.

3. Among the activities and experiences of your organization, please chose one you consider relevant to be transmitted to the other participants. The practice selected should be a specific action, plan, intervention or process in one of the four topics that will be explored in the workshop (ESCR, Budget analysis, monitoring, advocacy). And you should be able to divide it into the following elements:

a. **Summary** of the practice (no more than 5 lines, please).

Nyemo runs a drop-in center for vulnerable women and children including people living with HIV/AIDS and pregnant women who are marginalized and isolated by society. The drop-in center provides support services and assists in medical and socio-economic reintegration. Nyemo does this with the support of a local network and using local resources.
The Nyemo drop-in center is set up to accept women who are in great difficulty.

b. **Motivation:** Situation or problem that the practice aimed to resolve.

The disconnection of networking between NGOs and NGOs and NGOs with the Ministry, Government institution, local authority, Public Hospital/School, Local NGO and OI. The unacceptable /unrecognized of HIV/AIDS status in the family and community as well as in Cambodia society and the difficulty of speaking out with each other in order to fight against discrimination and towards the development of supportive environment.

c. **Objective(s)**

Nyemo helps vulnerable women to analyze their situation and to strengthen their capacity to improve their quality of live and that of their children.

Nyemo also aims to strengthen the community to recognize this vulnerability and to assist in improving the welfare of these women and their children through the building an integrated network in the community.

d. **Strategies** used to solve the problem or situation.

The Nyemo drop-in centre strategies is based on the strategy of linking existing resources to create a sustainable technical, medico-social and economic network on which programmes and beneficiaries can rely. A complementary between service providers and a generalized feeling of the community ownership evolves in a growing cohesion between partners and ensures the synergy necessary for the network to succeed.

e. **Resources** (financial, human, materials, etc.).

Nyemo community centre/ drop-in centre has been functioning for 7 years with funding from Oxfam

Novib, Unicef, and FHI. The key personnel of Nyemo Cambodia's are: two Co-Directors, 1 business manager and Placement officer who find out the job placement for the beneficiaries after they finished their vocational training with the market analysis to sell Nyemo products as well as beneficiaries products, and 1 Accountant. In addition one medical doctor, 1 midwife, 5 social workers, 5 trainers (sewing fashion, sewing furniture, weaving, cooking and cleaning, jewellery were recruited in order to provide the vocational training to the vulnerable women. 1 matron, 2 drivers and 1 guard were recruited to meet the need of an increasing number of Vulnerable women including their children in the area and to help us with our program. The Nyemo centre include: offices, reception, meeting room, skills training room, educational training room, kindergarten, and a basic clinic

f. **Level of action** (local, national, regional and/or international, and if there are any relations among them)

The level of action is base on local and national resources.

g. **Brief description of the process** (main activities, beneficiaries, when and where it was carried out, methodology, collaboration with partners, etc.).

The Nyemo drop-in centre/ Nyemo community centre welcomes women and their children referred by the socio-medical network, listens to their story and helps them to analyze their situation and develop a suitable reintegration program. This centre may consist of a series of services offered at the community centre/drop-in centre or admittance to a more comprehensive medico-medical and economic reintegration program.

Services open to women and their children at Nyemo Cambodia include:

- Medical counselling (pre/post test HIV counselling); social counselling (helping women identify and clarify their problems).
- Nutrition surveillance and food supplements; social support; ensuring access to health care and psychological support.
- Day care for young children; integration of older children (e.g. more than six years old) into the mainstream schooling system.
- Foster family program for abandoned children and orphans.
- Vocational training; job placement services; and supply of incentives during training. Nyemo considers orphans (single and double), children affected and infected by AIDS, very poor children, trafficked children and abused children as orphans and vulnerable children.
- During the period of training, the women form a social network and are encouraged to set up women's groups for future support. Other vulnerable women and their children in the community are able to access Nyemo Cambodia's full range of services.

h. **Main results and changes** made during the implementation (if it is still running, please comment on the potential outcomes, obstacles, etc.)

- The socio-medical network is strong and able to bring together a variety of the services and activities to meet the needs of poor women affected by HIV/AIDS and their children (hold meeting with collaborating agencies, social activities providing access to Nyemo services, based in the health centre of the district and Khmer Soviet Friendship hospital, psycho social support provided by the relevant Institution/NGO and monks from pagodas in the area, recreational and Summer Camp activities for children).
- The beneficiaries who show interest in catering/sewing furniture/ sewing fashion/ weaving and jewellery are able to work effectively after they finish their training and earn an income.
- The health services providers (Equity Fund activities) such as Health Centres and national hospital took more attention to collaborate with NYEMO Cambodia in term of medical consultation and treatment services providing to the vulnerable people to access the health care services with a suitable quality and non discriminatory services.
- The husband/family member of the vulnerable women has significantly participated in family counselling services at Nyemo in order to support the PLHA in their family. Moreover from time to time

the HIV/AIDS have been spooked out in the society.

- All vulnerable children ages from 6 years can enrol at public school for free of charge.

3 Evaluation of the Practice.

1. What is the general evaluation of the practice? Was the practice successful in achieving the objectives stated? Was the situation/problem resolved?

The general evaluation of the practice is base on:

- *The team meeting, it mean that all socio-medical staff (except for guards and driver) every week come together to sheathe information on what happened the week before, activities with others network partners, the development of the project ideas and collaborative activities. In addition the activities are evaluated and lesson learn assessed, the project objectives were taken in to account and elaborated and the personal experiences were also share from each others in the team of the meeting.*
- *Approximately 600 new cases of vulnerable women (mothers)and 300 of new cases of children will receive the services of socio-medical services from the community / drop-in centre.*
- *Nyemo is an active member of the network, participates in capacity building activities with MOSVY, and is able to raise external support for OVC from different NGO/IO/Government agencies.*

2. What were the key factors for success or failure?

The keys factors for the success are the community involvement, the commitment of the NGO networking among local NGOs and local NGO with the government or relevant institution and the policy changes of the government. Moreover, the commitment of the vulnerable people them self who wants to change their life situation is also the key factor which push the community centre to have a success.

For example due to the policy change of the government to allow all the children to be enrolled for free of charge for the primary school and also the good collaboration between the public school and other local organization with the involvement of the parents, Nyemo can facilitate 100% of vulnerable children ages from 6 years to enrol at public school for free of charge.

3. What are the major lessons learned?

- *The spread of HIV has moved from high risk populations to the general population; making household women and children among the most vulnerable people. The report shown also, there has been a slight decrease in the prevalence rate of HIV infection among pregnant women who came for antenatal services, from 2.5% in 1999 to 2.1% in 2003. Children born to HIV infected mothers have a greater chance to be free from HIV infection now with the availability of PMTCT services. Although HIV transmission can be prevented from mother-to-child; all children born to HIV infected mothers remain a workload to be solved for the civil society and the Royal Government.*
- *There were a general observation of more involvement from the partner, husbands and family members in the family counselling regarding the acceptance of the members of the family who are infected by HIV/AIDS.*
- *Beside the fact that a law on HIV/AIDS was passes by the national assembly and was in effect already, there is still a lack of enforcement and there should be more focus on this from the others NGO working on the field of lobbying to the government to implant that law.*