HACC | Network of NGOs on Health

Health Action Coordinating Committee

STRATEGIC PLAN 2018-2020

CONTENTS

LETTER OF CHAIRMAN

Dear colleagues, stakeholders and friends of the Health Action Coordinating Committee,

On behalf of the Health Action Coordinating Committee (HACC) Secretariat, Steering Committee, and corresponding members, we proudly introduce our 2018-2020 Strategic Plan. The Strategic Plan reflects HACC's commitment to vital institutional and individual needs. Fundamental to the success of this proposal, the strategic plan offers concise guidance for the coordination and networking of health-related nongovernmental organizations (NGOs).

Since 1993, the HACC coordinated and linked NGOs specializing in human immunodeficiency virus (HIV) and acquired immunodeficiency syndrome (AIDS) care. Marking a considerable shift in early 2017, HACC expanded their services to NGOs serving a wide-range of health concerns. The committee expects this expansion to substantially advance a more inclusive collection of Cambodian health obstructions. However, to maximize positive results, this undertaking requires an extensive range of participants, including: the Cambodian government, development partners, United Nations (UN), health-focused NGOs, community-based organizations (CBO), and impacted individuals. As nearly 100 NGOs currently focus on Cambodian health-related issues, HACC complements their efforts and, ultimately, bridges-the-gap between Government services and the Cambodian population. This coordination is vital for the effective improvement of overall health outcomes within the changing nation.

Thanks to the on-going support of devoted stakeholders, HACC operated as a leading player in the steady decline of the Cambodian HIV and AIDS epidemics. The committee offers tremendous gratitude to the Ministry of Health, World Health Organization (WHO), Development Partners, UN, many NGOs, and countless community individuals. Each partner's dedication, commitment, and support throughout the development of the Strategic Plan is invaluable.

Choub Sok Chamreun, M.A
Chair of Steering Committee
Health Action Coordinating Committee

Introduction

This document presents HACC's 2018-2020 detailed strategy and aims to:

- Facilitate HACC expansion beyond exclusively HIV/AIDS-focused NGOs, leading a network of more inclusive, health-related NGOS
- Provide a strategic framework for HACC's three-year period

In preparation for this plan, HACC solicited community input, interviewed stakeholders, and coordinated relevant workshops. Our committed members reviewed and enhanced all aspects of this proposal. The implied process for plan development is as follows:

- Form an ongoing working group for the further development of strategic health plans.
- Broaden stakeholder participation through consultative workshops and strategic informant . Accomplished: October 31st
- Conduct stakeholder interviews with government partners, including: the Ministry of Health (MoH)MOH and National Aids Authority (NAA).
- Coordinate stakeholder interviews with international organizations and domestic NGOs, including: Reproductive and Child Health Alliance (RACHA), World Health Organization (WHO), FHI360, Population Services Khmer (PSK/I), Catholic Relief Services (CRS), and Eye Care Foundation (ECF).
- Consult Steering Committee. Accomplished: November 10th
- Direct further desk review and drafting of contents.
- Coordinate working group for review and improvement of proposed contents. *Accomplished: November 15th*
- Organize consultative meeting for early draft review and later recommendations. *Accomplished: November 16th*
- Prepare final draft and submit to the Steering Committee for approval. *Accomplished: December 5th*
- Launch the Strategic Plan. Accomplished: December 13th

The strategic plan starts with vision and mission statements, and, then, addresses situational analysis of strengths, objectives, strategies and expected results. The plan concludes with the monitoring and evaluation (M&E) framework.

When reviewing the proposal, keep-in-mind the plan's overarching strategic objectives:

- Increase organizational capacity, performance, and trust
- Sufficiently support current and incoming members
- Influence public policy and advocate for a more inclusive environment
- Empower community members and consumer associations

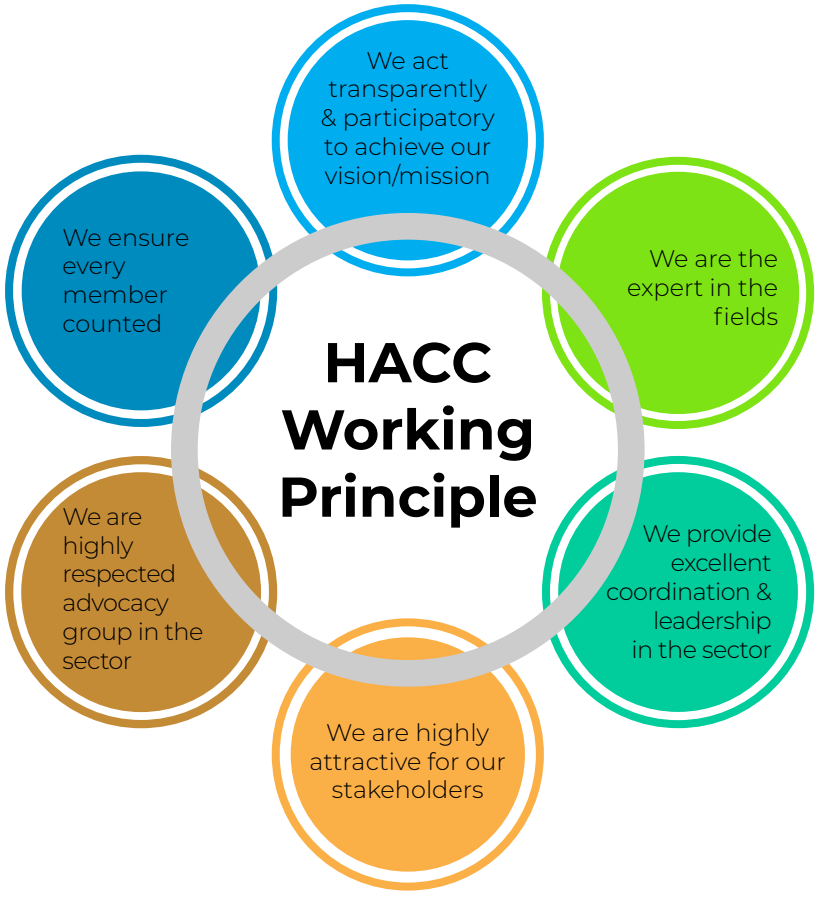
HACC's Vision, Mission, and Principle Value

1. HACC in Brief

As the HIV epidemic spread through Cambodia, five NGOs united to establish the HACC in 1993. The committee continued to expand throughout the 1990s, and it registered with the Ministry of Interior (MOI) in November 2004. By late 2014, the network reached 124 NGOs. HACC now encompasses a network of international and local civil society organizations. In early 2017, the HACC expanded coordination and networking efforts to NGOs focused on wide-ranging health concerns. However, due to a decline in funding from development partners, many NGOs lost substantial support. Some of these organizations discontinued their operations, while others shifted their focus to better-resourced fields.

With over 20 years of experience, HACC is a leader in networking, partnership initiation, information sharing, organizational development, and advocacy. Further, HACC successfully bridges the information gap between civil society and influential policy makers, stakeholders, and national directors. With extensive experience in the program design and implementation of intervention strategies during the HIV and AIDS epidemic in Cambodia, the committee offers expertise in community and health strengthening programs. Further, HACC utilizes limited resources by focusing on community members and key at risk populations (KP) within targeted areas. Ultimately, HACC's extensive efforts work to strengthen both the local community and the larger health system.

Designated to lead NGO coordination and networking, the Health Technical Working Group Secretariat and Health Technical Working Group of the Ministry of Health nominated HACC as an NGO representative. The Health Partner Groups of the WHO also selected the committee as an NGO leader. Within this leading role, HACC organizes and facilitates bi-monthly member conferences.



Situational Analysis

1. Country Overview

In 1998, the Royal Government of Cambodia (RGC) ended the nation's two-decade civil conflict and established peace. Extensive rehabilitation and development efforts established political stability and security. The government implemented new reforms and improved the overall socioeconomic infrastructure, and the wide-ranging changes sparked substantial economic growth and poverty reduction. With these systems in-place, the Cambodian government now aspires to rise from to an upper middle-income nation by 2030.

Located in the southern portion of the Indochina Peninsula in Southeast Asia, Cambodia borders the Gulf of Thailand. It is situated between Thailand, Vietnam, and Laos, and, within the tropical zone, it sits 10-13° north of the equator. Like much of Southeast Asia, the annual monsoon cycle marks the nation's alternating wet seasons, June-October, and dry seasons, November-February. With little temperature variation, Cambodian temperatures range from 27-35 °C during the wet season, and 17-27 °C during the dry season. Peaking in March-May, the nation's temperatures reach 29-38 °C.

ADMINISTRATIVE STRUCTURES

Four administrative levels define the Cambodian governing structure: (i) central, or national, (ii) provincial, including municipality, (iii) district, including cities and Khans, and (iv) commune level, including Sangkats. According to the Law on Administrative Management of the Capital, Provinces, Municipalities, Districts and Khans, the capital, Phnom Penh, divides into Khans. Within each Khan, multiple Sangkats exist. Cities and districts form each province; Sangkats make-up each city; and communes and Sangkats shape each district. Finally, the village marks the lowest level of administrative management, and the commune and Sangkat councils govern each village. In total, Cambodia consists of a single Municipality, 24 provinces, 26 cities, 12 Khans, 159 districts, 1,633 communes/Sangkats, and 14,119 villages.

DEMOGRAPHIC AND HEALTH TRANSITION

Due to significant demographic shifts, Cambodia expects corresponding social and economic consequences, and the change creates opportunities for an expanding young population entering the labor workforce. The transformation also reveals the population's upcoming changes in health service needs. Current projections estimate that the population will reach 16.5 million by 2020, with 9.8% representing children under 5 years-old, 6.5% reflecting the elderly, and 27% made-up of women within the reproductive age range, 15-49 years-old. These sub-populations require additional health care. For instance, the large youth demographic requires additional adolescent and youth reproductive health services.

To accommodate an aging and increasingly urban population, the existing health system structures must adapt, strengthen, and expand in multifaceted ways. First, the growing elderly population requires two primary supplementary services: (i) advanced treatment of non-communicable diseases (NCDs) and (ii) long-term care services. Additionally, an epidemiological transition is underway. The health system now faces the dual-challenge of known communicable diseases and an expanding portfolio of NCDs. NCDs mark the highest rate of mortality in Cambodia, rising from 32% in 2000 to 52% in 2013. Finally, the system must utilize and strengthen the advances in other service areas, such as maternal health, child services, and communicable disease control.

SOCIO-ECONOMIC DEVELOPMENT
Gross Domestic Product (GDP)

Between 1996-2015, the average growth of Gross Domestic Product (GDP) per annum was 7.7%. The years 2004-2007 marked double-digit growth. GDP per capita increased from US$295 to US$1,215 between 1996-2015, and it reached US$1269.91 by 2016. During this time, the World Bank formally reclassified Cambodia as a lower middle-income country. Current forecasts predict a growth of 7% per annum between 2014-2019, and, as an organization offering grants and loans for technical assistance, the Official Development Assistance forecasts a decline in these liabilities for coming years.

Success of Poverty Reduction

Marked by the global poverty standard of US$1.25 per day, the Cambodian poverty rate declined from 47.8% to 19.8% between 2007-2011 (Figure 2.2). It further fell to 13.10% by 2014. Sustained investments in agriculture and rural infrastructure significantly contributed to this change. When combined with reduced poverty, other advances also significantly improved health outcomes of the population, including: education, marked by higher school enrolment; rural development, with improved sources of water and toilet facilities; and transportation, with increased access to roads and public transportation services. The Millennium Development Goals (MDG) initially intended to reach a national poverty rate below 50%, and far surpassed this goal ahead of scheduled. Despite these gains, a sizeable portion of the population remains below the global poverty line. This remaining imbalance highlights the on-going need to lessen the poverty gap, and proactively prevent vulnerable populations from falling into despair.

When compared to all other Asian countries over the past two decades, the Human Development Index (HDI)3 ranks Cambodia as the most rapidly improving nation. The HDI score rose from 0.306 to 0.555 between 1980-2014.

POPULATION	
Population (2016 est.)	15,957,223
Urban (2015)	20.7%
Annual population growth rate (2016 est.)	1.56%
Land area (square kilometres)	88/sqK
HEALTH	
Life expectancy at birth (2016 est.)	64.5 years
Man	62 years
Women	67.1 years
Infant mortality rate (2016 est.)	48.7 deaths/1,000
Under-five mortality rate (2016 est.)	54/1,000
Fertility rate (births per woman, 2016 est.)	2.56 children born/ woman
Total expenditure on health per capita in USD (2016 est.)	72
Total expenditure on health as % of GDP (2014)	5.7%
EDUCATION	
Adult literacy rate (2015 est.)	77.2%
Total expenditure on education as % of GDP (2014)	1.9%
POVERTY	
Poverty (percentage poor, national poverty line, 2012 est.)	17.7%

HUMAN DEVELOPMENT	
Human Development Index (Ranking out of 177 countries, 2015 est.)	143
Gender Related Development Index (Ranking out of 157 countries, 2015 est.)	143

2. Health System Context

Cambodian Health System in Brief

The current Cambodian health system is a Private-Public Mix system, but there is an ever-growing need to strengthen public health facilities.

The MOH leads national health-system planning and development. Within the MOH, the Directorate General for Health oversees health service deliveries across 24 MOH Provincial Health Departments (PHDs). Each PHD operates a provincial hospital and governs operational districts (ODs). Each OD consists of approximately 100,000–200,000 people, and this includes a Referral Hospital delivering a Complementary Package of Activities (CPA), which mainly involves secondary care. Each Health Centre covers 8,000–20,000 people and provide a Minimum Package of Activities (MPA). MPAs mainly consist of preventive and basic curative services. As of 2015 there are 1,141 Health Centres in Cambodia. The PHDs currently consist of 81 health Operational Districts (ODs) and corresponding populations determine resource distribution. As a less formal classification, 107 Health Posts currently operate within the nation's remote areas.

Status of Health Sector's Performance

Population Health and Well-being

Cambodia achieved most of the MDGs' health-related targets several years ahead of schedule. With improved health system performance and increased financial risk protection, health outcomes

continue to reflect considerable improvement. Other factors also contribute to higher quality of life and life expectancies, including: improved social determinants of health, like education, housing, improved water sources, and sanitation facilities; improved road infrastructure; and increased access to public transport services. Nevertheless, achieving essentially equitable health outcomes across geographical landscapes and diverse socioeconomic populations remains an outstanding issue. The solution requires the simultaneous confrontation of a demographically, epidemiologically, and economically changing environment.

Financial Risk Protection

Equitable economic interventions and Health Equity Funds (HEFs) furthered a substantial reduction in financial risk for the poor, but out-of-pocket expenditures remain high. This lingering hurdle undermines risk protection and poses potential financial hurdles for equitable healthcare access. As HEFs currently offer the only sizable risk pooling mechanism, these funds must work together with work injury schemes for private employers. Under such circumstances, HEFs must expand coverage for vulnerable populations, and support the development of a sound national health insurance system for both formal and informal employment populations. These advances will increase financial equity and access to care, and, when executed within a well-regulated healthcare market, health outcomes will substantially improve across the population.

Access and Coverage

Due to a combination of recent investments in public health, advancements in transportation, expansions in household spending power, and increases in the availability of private health providers, Cambodian continues to make significant health services gains. Especially among the lowest income quintile, the healthcare system reflects enhancements in the treatment of illnesses, maternal care, and child medical services. Despite these improvements, limited resources challenge efforts to sustain and expand coverage. Universal Health Coverage remains the ultimate goal, and, if properly coordinated with suitable risk-pooling measures, all Cambodians have access quality to health services without the looming risk of financial disaster.

Quality of Health Services

As the technical quality of public health services continues to improve, maternal and child mortalities rates decline. However, with the coinciding growth of non-communicable diseases, the overall quality of health services falls short of the population's needs. Resource constraints remain the primary hurdle for quality health service, and these restrictions result in a mismatch between the national protocols and delivered services. To effectively address these challenges, health professionals require a standard, competency-based education. Further, this educational standard necessitates additional funding. In combination with funding, solidified regulations and standards will improve the quality of health care within both public and private sectors.

Efficiency

The last decade's rapid economic growth enabled the RGC to substantially increase health care spending and invest in the public health infrastructure. On-going financial reforms allow the MOH to further strengthen technical efficiencies. New, efficient payment mechanisms also link outputs to financial resources, and this link significantly increases health providers' responsiveness. Combining an increased national budget, pre-paid contributions, and affordable household health spending, measures ensuring efficiencies and secure value-for-money must accompany these developments.

Equity

While material gaps in healthcare quality persist across geographical locations, strategic resource deployment in rural areas continues to boost financial opportunities and overall access to services. The national coverage of HEFs, in combination with health protection schemes, like vouchers and voluntary health insurance, and social security plans, like working injury programs, ease the financial burden of healthcare. If combined with effective financial risk protection

through large-scale "risk pooling arrangements," this lessened burden will benefits all income groups, across socioeconomic levels.

Governance

Substantial progress in legislative, regulatory, and law enforcement sectors continue to strengthen health governance. Law enforcement serves an especially crucial role, as this sector oversees the licensure of health providers and elimination of counterfeit drugs in the marketplace. With an increasing delegation to subnational level administrations, regulatory capacity and enforcement remain a challenge for the MOH task list.

Health Sector's Priorities for Specific Health Needs of the Population

- Reproductive, maternal, and child healthcare, including immunization and nutrition.
- HIV/AIDS, Tuberculosis, Malaria, Dengue, Hepatitis, emerging & re-emerging infectious diseases, Neglected Tropical Diseases (NTDs), including: parasites, helminthiasis and leprosy, emerging and re-merging infectious diseases.
- Non-communicable diseases, including: diabetes, hypertension, cancers, and chronic respiratory infection; mental health, substance abuse, blindness prevention, and control, vision and hearing impairment, disability, and elderly care.
- Risks factors and causes of health issues related to tobacco & alcohol, food safety, hygiene and sanitation, including: improved water sources and toilet facilities.
- Health hazards caused by environmental health risks, disaster preparedness & response, road accidents & injuries; and climate changes.

Health Sector's Priorities for heath care Functioning System

1. Increase health service access - Expand access to affordable, high-quality health services, including: access to medicines.
2. Expand inclusive health services - Promote and deliver patient-centered, equity-focused, and gender-sensitive health services.
3. Establish quality assurance - Establish accreditation systems for health care quality, covering health providers and facilities.
4. Establish disease control and health security mechanisms - Develop core capacity, meeting International Health Regulations' requirements. Strengthen national disease surveillance and response systems.
5. Change behaviors and communication - Promote clients' and providers' rights, Encourage healthy lifestyles and preventative behaviors.
6. Mobilize financial resources - Increase efficiency in health spending. Enlist both domestic and international financial resources.
7. Increase health protection - Promote financial risk protection for the formal and informal employment populations.
8. Strengthen health education and training systems - Focus on competency-based education and training, in combination with the development of accreditation systems for health education and training institutions.
9. Expand equitable access to quality health services - Ensure equitable distribution of competent health personnel, including appropriate specialty mixes and effective incentive mechanisms.
10. Advance technology - Allocate resources to the development of new medical technologies for both hospitals and medical research. Appropriate the application of information technologies.

11. Invest in research - Expand knowledge of the national health information system. Promote health research.
12. Strengthen regulatory capacity - Enforce regulations for both public and private health service professionals. Implement appropriate regulations for pharmaceutical products, particularly in the Decentralization and Deconcentration (D&D) context.
13. Coordinate multi-sector health responses - Support public-private partnerships, for the joint response to health related issues.
14. Strengthen national accountability mechanisms: Engage a broad range of stakeholders, including: local communities, subnational administrations, NGOs, and the private sector.

3. Strength-Weakness-Opportunity-Threat (SWOT) Analysis for HACC

Strengths

- Collaboration and coordination among stakeholders.
- Strong experience as member-owned organization
- Extensive work in policy influence

Weaknesses

- Role of coordination
- Limited financial resources
- Limited size of secreteriat staff

Opportunities

- RCG Public-Private Partnership commitment
- CSO-CBO partnership encouraged by Health Strategic Plan
- RCG commitment to achieve universal health coverage

Threats

- CSO's limited engagement in policy development
- Decline of external funding to CSO
- Low governmental willingness to funding CSO for public services

Strategic Objectives

HACC 's strategic objectives include:

- To increase organizational capacity, performance, and trust
- To sufficiently support members
- To influence policy and advocate for a more inclusive, equitable environment
- To empower user association and their respected communities

Expected Results and Strategies

This strategic plan presents four expected results contributing to RCG in achieving Sustainable Development Goals (SDG) focusing on Goal#3, Goal#6, and Goal #17, Universal Health Coverage and the National Health Strategy Plan III 2016-2020.

The strategies aim to accomplish the following:

a) Strong and trusted secretariat with high performance

1. Improve resource mobilization
2. Increase capacity of the secretariat
3. Promote responsible secretariat governance

b) Strong and trusted members

4. Provide capacity-building to members
5. Connect members with other partners
6. Enforce responsible governance at member organizations

c) Favorable policies and supportive environment for NGOs working in the sector

7. Promote coordination in sector
8. Strengthen partnership with government, national-level, and provincial-level partners
9. Raise awareness of priority services and quality practices
10. Facilitate documentation and research

d) Knowledgeable and empowered community

11. Empower community for health
12. Strengthen existing community network for health, including: Village Health Support Group (VHSG),Health Center Management Committee(HCMC), Commune Women and Child Committee (CWCC)

Table 2 Sustainable Development Goals:

GOAL 1: No Poverty

GOAL 2: Zero Hunger

GOAL 3: Good Health and Well-being

GOAL 4: Quality Education

GOAL 5: Gender Equality

GOAL 6: Clean Water and Sanitation

GOAL 7: Affordable and Clean Energy

GOAL 8: Decent Work and Economic Growth

GOAL 9: Industry, Innovation & Infrastructure

GOAL 10: Reduced Inequality

GOAL 11: Sustainable Cities & Communities

GOAL 12: Responsible Consumption & Production

GOAL 13: Climate Action

GOAL 14: Life Below Water

GOAL 15: Life on Land

GOAL 16: Peace & Justice Strong Institutions

GOAL 17: Partnerships to achieve the Goal

Implementation Framework

Objective	Strategy/Activity	Expected Results	2018	2019	2020	Responsible	Resources needed in US$
Increase organizational capacity, performance, and trust		**Strong, trusted, high-performing secretariat**					
	S1: Improve resource mobilization	Increased funding at secretariat					
	1.1 Increase visibility: Establish licensed Facebook for HACC. Include regular updates. Expand to other social media	Reach 10,000 likes on HACC Facebook Updated Website Newsletters Leaflets	1 1 800 1000	1 1 1000 1000	1 1 1500 1000	Secretariat	15,000
	1.2 Joint proposals with members. Assist members' project promotions, while providing monitoring and evaluation and helpful governance..	Achieve at least one contract per year	1	1	1	Secretariat and members	18,000
	1.3 Increase membership	Increased members from 20 to 70	40	55	70	Members	
	S2 Increase Capacity of the Secretariat						
	2.1 Build staff capacity.	All staff attend at least one training course per year.	2	2	2	Secretariat	12,600
	2.2 Increase secretariat's qualified staff.	Increase number of personnel.	10	12	15	Secretariat	667,800
	2.3 Promote voluntarism at the secretariat, in collaboration with volunteer organizations.	Place volunteers at the secretariat.	1	2	2	Secretariat	43,200
	S3: Promote good governance						
	3.1 Promote respectable governance practices in HACC. Apply for CCC certificate.	Award CCC License to the Secretariat.	1	1	1	Secretariat	500
	3.2 Promote participation in policy development, planning, and monitoring.	Promote strong member participation and ownership for all policies.	x	x	x	Secretariat and members	27,000
To sufficiently support members		**Strong and dedicated members**					
	S4 Provide capacity-building to members						
	4.1 Identify members' training needs. Conduct member trainings and workshops.	Lead at least two events per year.	2	2	2	Secretariat and members	42,000
	4.2 Establish member knowledge-sharing platform.	Establish a functional e-learning platform for members.		1	1	Secretariat	8,000
	S5 Network members with other partners						
	5.1 Connect partners. Establish platform for contact between members and partners.	- Provide functional and updated database of members and partners.	1	1	1	Secretariat	9,000
	- Supply electronic and service directories to members, partners and beneficiaries.		1	1	1		
	5.2 Promote members' good practices. Supply partners with gained knowledge.	Record and share All good practices and knowledge on HACC social media. Each member shares two stories.				Secretariat	6,000
	5.3 Encourage members' ongoing information sharing.	- Sponsor bi-monthly meeting.	3	3	3	Secretariat and members	64,500
		- Arrange CSO technical meeting.	1	1	1		
		- Organize annual membership meeting.					
	5.4 Encourage social enterprise exploration and orientation among members.	Increase number of members involved with social enterprise(s).	2	2	3	Members and Secretariat	35,000

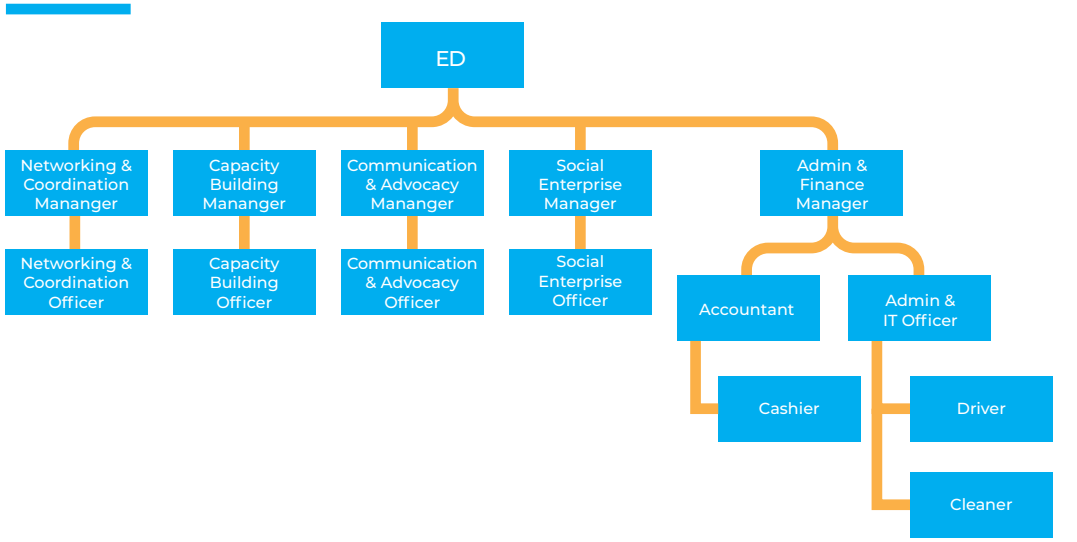
	S6 Enforce member organizations' good governance						
	6.1 Facilitate the establishment of minimum standards for governance in members' organizations.	Decide upon and apply minimum standard for governance of members' organizations.	2			Members	
	6.2 Establish and monitor functional internal control system.	Increase member use of internal control system.	40%	60%	80%	Members	
	6.3 Encourage and facilitate application for CCC certificate.	Increase participation of members with CCC certificate.	2%	10%	20%	Members	
To influence policy and promote an inclusive environment		**Favorable policies and supportive environment for NGOs working in the sector**					
	S7 Promote coordination in health sector						
	7.1 Influence CSO involvement in technical working groups. Establish stakeholder forums at national level.	Nominate HACC representative(s) to coordinate group meeting and forums.		x	x	Secretariat and members	11,400
	7.2 Form CSO group. Arrange routine meeting at sub-national level.	Form Health CSO group to work with PHD.		x	x	Secretariat and members	180,000
	7.3 Reiterate community voices to government partners and policy makers.	Utilize CSO health position paper, at least one every six months.	2	2	2	Members and secretariat	
	7.4 Organize interactive workshops for influential stakeholders and CSO.	Organize policy forums at least twice per year.	2	2	2	Secretariat	36,000
	S8 Strengthen governmental partnership and national/provincial partnerships						
	8.1 Influence government funding for NGOs' services.	Increased government funding to members.	5	7	10	Members	
	8.2 Influence CSO involvement in policy discussion, health planning, and Monitoring and Evaluation (M&E).	Coordinate CSO involvement in policy discussion, health planning and M&E.	x	x	x	Secretariat and members	
	S9 Raise awareness of priority services and good practices						
	9.1 Facilitate campaign, media, and publication related to all diseases.	Organize at least three campaigns per year.	3	3	3	Secretariat and members	90,000
	S10 Facilitate documentation and research						
	10.1 Seek research partnership, regarding CSO's contribution to Cambodian social development.	Conduct at least one research study every other year.	1		1	Secretariat	40,000
	10.2 Gather all documents and research reports. Allow access to all interested stakeholders.	Gather and share all documents.	x	x	x	Secretariat	
To empower user association and their respected communities		**Knowledgeable and empowered community**					
	S11 Empower community for health						
	11.1 Establish community organizations at OD and provincial levels.	Shape functional community organizations.	33	60	90	Members	60,000
	11.2 Organize public forum, as a means to voice concerns and offer feedback.	Arrange at least one forum, for each OD, per year.	x	x	x	Members	100,000
	11.4 Promote knowledge of health service rights.	Offer training courses to users.	33	60	90	Members	180,000
	11.5 Advocate for vulnerable populations' health coverage.	Increase percentage of people covered by health protection among general population.	20%	25%	30%	Members	
	S12 Strengthen existing community network for health services.						

	12.1 Facilitate partnership between existing community health network and commune/Sangkat councils.	Promote acceptance of community health networks as part of commune councils.	100	200	500	Members	40,000
	12.2 Advocate for local government inclusion of community network.	Advocate for commune council funding of community health network, with a goal of at least 10% of councils.		4%	10%	Member	
							US$1,686,000

Monitoring & Evaluation Framework

Result	Indicator	Definition	Baseline	Target	Data source	Frequency
Strong and trusted secretariat with high performance	Increased visibility	Stakeholder knowledge of HACC and key interventions	NA	80%	Stakeholder survey	Annual
	Increased membership	Increased number of enrolled and renewed members	20	70	HACC Report	Annual
	HACC Accredited	HACC received CCC accreditation.	No	1	HACC	One
	Member satisfaction	Members report high secretariat satisfaction.	NA	95%	Member survey	Annual
Strong and trusted members	Number of training courses organized for staff from members	Training or workshops organized by HACC/ commissioned institution	NA	6	Event report and HACC	Annual
	Minimum standard of governance practices agreed upon and applied by members.	Percentage of members applying good minimum standard for governance practices	NA	100%	Members assessment	Annual
Favorable policies and supportive environment for relevant NGOs	Number of CSO groups established and functioning.	Sub-national CSO groups formed and assisted to function well.	NA	25	HACC Report	Annual
Informed Community for equitable access to quality health services	Increased access to quality health services	Greater utilization of public health services.	NA	NA	MoH Report/ CDHS	Annual
	Percentage of people covered by health protection scheme.	Percentage of people covered by health protection scheme out of total population	20%	30%	Health protection report	Annual
	Number of communes with existing community network.	Number of communes that incorporate existing community network into their structure.	0	800	HACC	Annual

Annex: Organizational Structure of HACC Secretariat



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