



Transcultural Psychosocial Organization, Cambodia (TPO)
Strategic Plan, 2023-27

Phnom Penh
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Acronyms

CBO	Community-Based Organisation
LGBTIQ	Lesbian, Gay, Bisexual, Transgender, Intersex, Questioning/Queer
MHPS	Mental Health and Psychosocial Support
MOEYS	Ministry of Education, Youth and Sport
MOH	Ministry of Health
MOSVY	Ministry of Social Affairs, Veterans and Youth Rehabilitation
MOWA	Ministry of Women's Affairs
NGO	Non-Governmental Organisation
RGC	Royal Government of Cambodia
RUPP	Royal University of Phnom Penh
SGBV	Sexual and Gender-Based Violence
SWOT	Strengths, Weaknesses, Opportunities, Threats
TPO	Transcultural Psychosocial Organization, Cambodia
UNICEF	United Nations Children's Fund
WHO	World Health Organisation

Foreword by The Executive Director

On behalf of The Transcultural Psychosocial Organization, Cambodia (TPO), it gives me great pleasure to present the strategic plan for the period 2023 to 2027.

I would like to thank the staff, partners, and beneficiaries of TPO who participated in the development of the strategic plan and provided opinions on how TPO may pursue its vision and mission over the coming five-years.

The strategic plan provides a clear direction for TPO to build on its strengths and experiences, and apply its skills and knowledge in the current operating environment. The document describes five complementary strategic objectives that will guide our work and organisational development as we strive to improve mental health and psychosocial support (MHPS) in Cambodia:

1. Deliver community-based mental health and psychosocial support by equipping and supporting partners, and by providing some services directly
2. Support the capacity development of government providers, and input to mental health and psychosocial support policy and service design
3. Raise awareness about mental health and extend support through a variety of channels
4. Develop the treatment centre, expand external training, and continue research
5. Continually strengthen approaches and techniques, staff knowledge and skills, and partnerships

The strategic plan describes the activities that we will conduct in support of these strategic objectives, the expected outcomes and how we will measure progress. It reflects and builds upon the successes of TPO to date, which are anchored in our community-based and participatory approaches, which we will continue in response to existing and emerging needs.

We will maintain and strengthen our relationships with community-based organisations and people, non-governmental organisations, and government agencies, as we support the capacity development of all types of MHPS service providers, as well as continuing to provide some services directly.

Underpinning our work, will be continued efforts to develop and improve the skills and knowledge of our staff and update our technical approaches and techniques to align with current guidelines, practice and needs.

This strategic plan forms a significant milestone in the progress and development of TPO Cambodia. I look forward to the continued support of staff, partners, and beneficiaries in its successful implementation. The journey to 2027 will require dedication and commitment, and I am confident that together we can achieve the exciting objectives described. I am proud to be leading the organisation into the next phase.

Dr. Chhim Sotheara

Executive Director



Seen and approved by

Dr. Khann Sareth
Acting Chair Person

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Introduction

Purpose of the Strategic Plan

The strategic plan 2023-27 describes the course that TPO will follow over the next five years in pursuit of its vision and mission. The document is not intended to constrain activities by being overly prescriptive, but will set out a firm strategic direction that will also allow TPO to adapt to new knowledge and contextual changes.

Introduction to TPO

TPO Cambodia is Cambodia's leading NGO in the field of mental health and psychosocial support (MHPS).

TPO Cambodia was established in February 1995 as a branch of the Netherlands-based NGO 'TPO International' with the aim of alleviating psychological and mental health problems of Cambodians. In 2000 it was registered as an independent local NGO, 'TPO Cambodia', run and staffed by Cambodians. Since its beginnings in 1995, TPO Cambodia has provided mental health care and support to more than 250,000 Cambodian people.

At TPO Cambodia (referred to as TPO in this document), we strongly believe that 'There is no health without mental health' and firmly subscribe to the United Nation's principle that the right to health care, including mental health care, is a fundamental, universal human right.

Just like the World Health Organization, we define health as 'a state of complete physical, mental and social well-being, and not merely the absence of disease' and intrinsically linked to the promotion of well-being, the prevention of mental disorders, and the treatment and rehabilitation of people affected by mental disorders.

Along with providing quality mental health care to Cambodian people via a range of grass-roots projects throughout the country and our treatment centre in Phnom Penh, we also provide training services in the field of mental health care and psychosocial support. We also conduct research, typically in collaboration with research institutes and partner organisations.

We also aim to raise awareness across Cambodia about mental health, promote mental health care and psychosocial well-being, and advocate for mental health services in Cambodia. In doing so, we aim to influence and bring about positive health policy change.

We support those who face mental issues irrespective of the cause or nature. We work with a wide variety of beneficiary groups across a broad range of personal well-being and socio-economic developmental issues and thematic areas, recognising the multiplicity of factors that affect mental health. For example, we work extensively with those affected by sexual and gender-based violence (SGBV), and groups such as women, children, disabled people, and others who may suffer the consequences of abuse, neglect or discrimination. Some of our work is linked to, and contributes to, dealing with the past, peace building, conflict resolution, and social justice.

TPO has approximately 40 experienced mental health professionals as well as some management and support staff. All staff are Cambodian. Our office and treatment centre is in Phnom Penh but much of our work takes place in communities across Cambodia.

Our work has been made possible thanks largely to the support of our international and domestic donors. To accomplish our mission, we collaborate with a vast network of organisations consisting of Cambodian government ministries, United Nations organizations such as UN Women, United Nations Population Fund (UNFPA) and United Nations Children's Fund (UNICEF), and international and Cambodian NGOs. We are a member of various umbrella organizations, networks, and technical working groups, and work closely with

research institutions such as the Royal University of Phnom Penh (RUPP), the International Rehabilitation Council for Torture Victims based in Denmark, and the Freie Universität Berlin from Germany.

Development of the Strategic Plan

The preparation of the strategic plan involved TPO staff, board members, partner civil society organizations and international NGOs, representatives of the Royal Government of Cambodia (RGC) and beneficiary groups who provided input through a variety of consultation meetings and surveys in a highly participatory process.

As part of the process, opinions on TPO's strengths, weaknesses, opportunities, and threats (SWOT) were gathered and analysed. The 'core competences' of TPO and 'external success factors' of the operating environment were then inferred and evaluated to help define key components of the strategic plan.

SWOT Analysis

Table 1 below provides a summary of SWOT analysis findings. Further detail is available in Appendix 1.

Table 1: Summary of Strengths, Weaknesses, Opportunities and Threats (SWOT) of TPO

Strengths	Weaknesses (focus areas)
<ul style="list-style-type: none"> • Deep understanding of beneficiary needs at community and society level • Core team of staff with high levels of technical knowledge, skills and experience • Professional staff that have high levels of commitment, motivation, and willingness • Broad range of services that is unique in Cambodia • Reliably deliver positive mental health outcomes for beneficiaries • Good at capacity development and skills transfer, and able to mobilise communities and partners in support • Strong relationships with implementation partners, community service providers, sub-national government authorities and providers, and donors • Collaborative, respectful and ethical culture • Strong reputation nationally and internationally • Financial stability 	<ul style="list-style-type: none"> • Number of communities supported by TPO is limited compared to the large number requiring MHPS in Cambodia • Input to policy development and service design relating to MHPS could be increased given high levels of technical expertise • Need for management and staff to respond to multiple demand on their time requires ongoing organisational focus on staff capacity development and internal efficiency • Technical approaches including staff training need to be continually updated to reflect new guidelines, clinical standards, and beneficiary needs
Opportunities	Threats
<ul style="list-style-type: none"> • Large unmet need for MHPS in Cambodia and growing awareness about mental health issues and care options • Diverse range of potential international and domestic partners and donors for project implementation and joined-up policy advocacy • Additional support and resources are likely to be required by sub-national government because of decentralisation and deconcentration • Preparation of several government technical plans, regulations and laws requires expert technical input • Proliferation of social and digital media • Growing potential for domestic funding of MHPS (public and private) 	<ul style="list-style-type: none"> • Uncertain funding from international sources and limited focus of some donors on MHPS • Growing competition for funds among NGOs and private clinics • Low (though growing) level of public funds available for MHPS • Increasing regulation of NGOs, greater compliance burden and more monitoring

External Success Factors

The following 'external success factors' reflect characteristics of TPO's operating environment to be addressed throughout the period of the strategic plan to support continuing success:

- **Expertise in MHPS** in terms of the ability to use appropriate treatment and care approaches effectively
- Capacity to **adapt and tailor approaches to the needs of beneficiaries** based on an in-depth understanding of their needs
- Being able to **strengthen the capacity of community MHPS service providers** (groups and individuals)
- Ability to contribute to **holistic responses across well-being issues and development sectors** to meet multiple, inter-related needs
- **Productive relationships at multiple levels of government** and relevant knowledge and skills to support the strengthening of government service provision
- **Providing information and services through a wide range of campaigns and channels** to support an increase in awareness about MHPS

Core Competencies

The following core competences of TPO underpin its success to date and enable it to provide a unique offering:

- **Expert technical skills and knowledge** in MHPS linked to a **deep understanding of the needs of a variety of beneficiaries** within their communities, which enables TPO to **adapt and deploy a range of tools and approaches** including counselling, therapies, and psychiatric treatment
- **Ability to mobilise and strengthen the capacity** of partners and beneficiaries including community-based and government service providers and implementation partners, through professional and ethical **relationship management** and a **strong reputation** for delivering positive MHPS outcomes

This strategic plan sets out how TPO will meet the needs of its beneficiaries given its core competencies and operating environment. First, the vision, mission, values and strategic objectives of TPO are provided, after which activities that will be conducted to achieve them are described.

Strategic Framework

Vision

Cambodian people live with good mental health and achieve a satisfactory quality of life.

Mission

To improve the well-being of Cambodian people with psychosocial and mental health problems, thereby increasing their ability to function effectively within their work, family and community lives.

Values

TPO people are professional, committed, and always strive for quality. We are keen to learn and real team players. We are trustworthy and honest people who always demonstrate respect and empathy and value each individual's opinion.

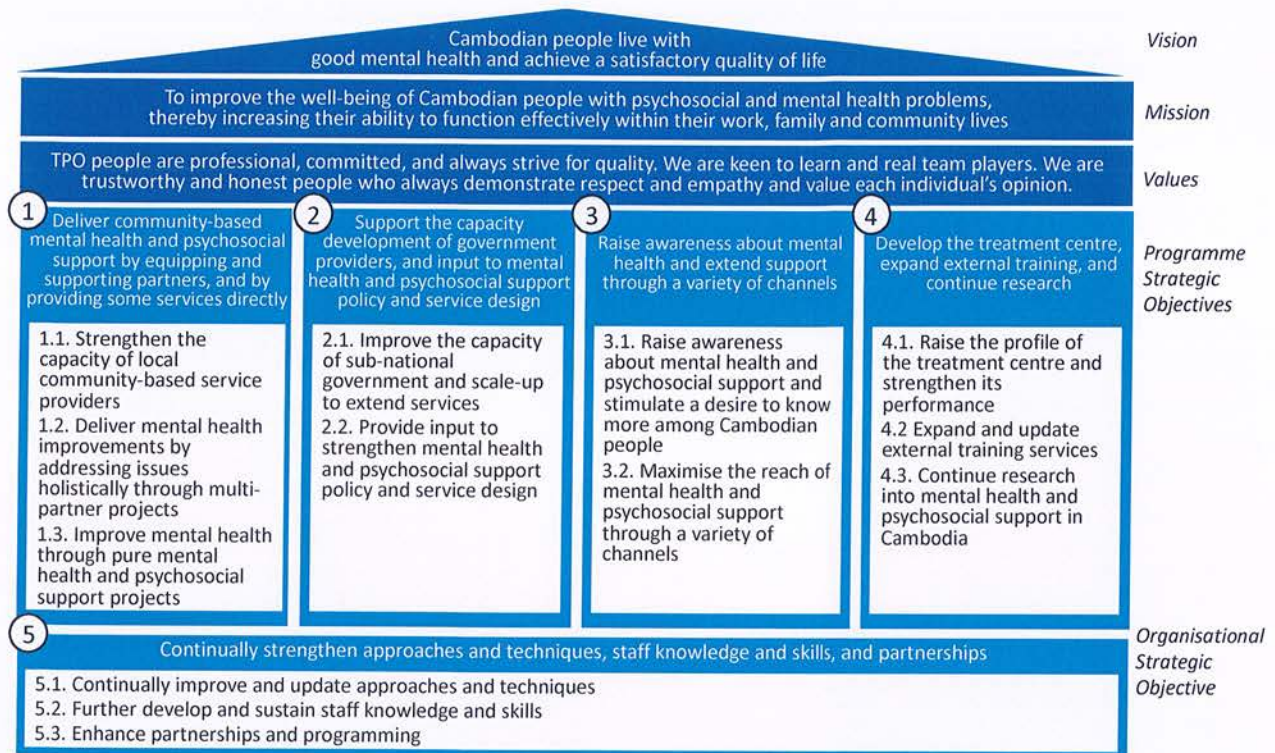
Strategic Objectives

1. Deliver community-based mental health and psychosocial support by equipping and supporting partners, and by providing some services directly
2. Support the capacity development of government providers, and input to mental health and psychosocial support policy and service design
3. Raise awareness about mental health and extend support through a variety of channels
4. Develop the treatment centre, expand external training, and continue research
5. Continually strengthen approaches and techniques, staff knowledge and skills, and partnerships

Strategic Framework - Schematic

TPO's strategic framework is depicted in **Error! Reference source not found.** below. Key elements of the strategic plan and how they relate to each other is shown.

Figure 1: Strategic Framework



Strategic Objectives and Key Activities

The strategic objectives are described below along with approaches and activities that will be conducted to achieve them.

1. Deliver community-based mental health and psychosocial support by equipping and supporting partners, and by providing some services directly

Introduction

TPO uses three complementary approaches to provide MHPS at community level. It builds capacity of community-based service providers, participates in multi-partner projects that address issues holistically, and addresses the MHPS needs of end-beneficiaries directly where appropriate.

TPO will continue to work with communities and partners using these approaches since they underpin successes achieved to date, and will facilitate rapid, effective, and adaptive responses to future needs.

1.1. Strengthen the capacity of local community-based service providers

Background

TPO is committed to a strongly community-based and participatory approach to MHPS, in which community mobilisation is at the heart, so that support is embedded within the community. TPO has extensive experience of providing community-based service providers (groups and individuals) with training, coaching and supervision to build their capacity to provide basic MHPS within the community.

Community-based service providers include well-established groups such as Community Councils for Women and Children, Village Health Support Groups which include Commune Chiefs, and Commune Councils; and individuals who have responsibility for or contact with vulnerable people such as schoolteachers, police, other providers of public services, and religious leaders.

To provide basic MHPS or 'mental health first aid', the skills of community-based service providers are built in topics such as lifestyle and social factors associated with good mental health; risks factors and implications of mental health issues; identifying people in distress, listening and empathising; basic counselling; facilitating foundational therapies such as group therapy, family therapy and self-care; and referring people to appropriate specialists such as psychiatrists, medical doctors, psychologists and social workers.

Cognitive behavioural therapy provides the foundation of much of the MHPS work conducted by TPO to support people to function effectively within their family, community and work environments, and TPO has considerable experience of adapting approaches to the needs of different beneficiary groups and individuals. TPO has integrated the Minimum Standard of Basic Counselling from MOWA into approaches that address at SGBV, and referral guidelines from MOSVY into training and support materials that relate to child welfare. More generally, TPO ensures that its technical MHPS products align with the technical standards of the World Health Organisation (WHO).

Approach

The mobilisation and capacity development of community-based service providers in basic MHPS services will continue to be central to the work of TPO. Since community-based service providers are from the community itself, experience shows that most will remain there providing MHPS over the long term. Building the capacity of these groups and individuals through training, coaching and supervision has proven to be both impactful and sustainable. Further, it addresses a gap in MHPS that is seldom met by government service providers who often have limited capacity and resources to conduct outreach into communities.

TPO will continue to update and adapt techniques to meet the needs of beneficiaries, and align with recognised guidelines and contemporary good clinical practice. Training materials and reference guides

used with beneficiaries will be regularly updated in coordination with the appropriate authorities and expert bodies to incorporate guidelines and clinical practice.

1.2. Deliver mental health improvements by addressing issues holistically through multi-partner projects

Background

Mental health is a cross-cutting issue that has strong interdependencies and causal relationships with a variety of well-being issues and development thematic areas. Breaking cycles that involve mental health may require the collaboration of several partners who together have expertise in multiple topics. For example, mental health issues that are present in the context of poverty, violence, substance abuse, disability, communicable diseases, social discrimination, or historical trauma are likely to benefit from input from experts in the relevant field. Trends in project design and feedback from TPO's partners suggest a recognition of the value of multi-partner projects.

Approach

TPO will continue to collaborate in multi-partner projects that address issues holistically to deliver high quality, sustainable results for beneficiaries. In multi-partner projects TPO can train and supervise partner organisations to provide basic MHPS services, and it can also provide MHPS services directly to the ultimate beneficiaries experiencing mental health issues as appropriate.

TPO will continue to be driven by the needs of beneficiaries and will not exclude or de-prioritise services to any group. TPO will not focus exclusively on MHPS related to any well-being topic or thematic area. TPO has a deep understanding of the issues that affect mental health within Cambodian society and communities. It also has a great deal of experience in providing a range of services, and adapting them according to need.

In recent years, TPO has provided considerable MHPS to people affected by SGBV, domestic violence and alcoholism within families and in the community, child abuse and neglect, discrimination due to gender or disabilities, and human rights abuses. Work on these important societal issues will continue.

TPO will also support the mental health needs of other vulnerable groups within society. Mental health issues faced by people aged 18 to 30 are prominent today given the high proportion of youth in society. There is a need to raise awareness among youth about how to achieve good mental health and how to deal with mental health issues relating to drug use, employment, education, migration, and societal expectations. Other vulnerable members of society who TPO will support include people affected by poverty and ill-health; those facing discrimination such as the LGBTIQ community and ethnic minorities; and marginalised people such as survivors of trafficking, prisoners, migrants, and those who are hard-to-reach by being socially or geographically isolated.

1.3. Improve mental health through pure mental health and psychosocial support projects

Background

In many cases, TPO has provided services directly to community members affected by mental health problems. TPO has been able to respond to and support complex or urgent cases to achieve successful outcomes where alternative providers have not been available or have not had the necessary skills or experience.

For example, through the multi-year project, 'Operation Unchain', TPO continues to provide psychiatric support and appropriate medication to those who are physically restrained by families or communities that are unable to cope, with the goal of re-integrating patients into their family, community and work lives.

Approach

TPO will continue to conduct pure MHPS activities and projects in which services are provided directly to those experiencing mental health issues. As a complement to mobilising and building the capacity of community service providers and implementation partners, and collaborating on multi-partner projects, TPO will maintain the capacity to act independently to provide direct MHPS services to beneficiaries experiencing mental health issues, particularly urgent or complex cases.

2. Support the capacity development of government providers, and input to mental health and psychosocial support policy and service design

Introduction

TPO has a long history of strengthening the capacity of government mental health service providers; it has provided training to frontline medical staff to support the establishment of mental health clinics for many years. TPO continues to train doctors and nurses in referral hospitals, health centres and health posts, and social workers and other government employees from a range of ministries and provincial authorities.

This work is complementary to strengthening the capacity of community-based service providers described in the section above. Though local government mental healthcare providers do not play a significant role in community outreach or strengthening the capacity of community-based service providers, they provide community members with access to public services including the mental health and social care systems and referral pathways to means of care and protection.

Today, ongoing decentralisation and deconcentration (D&D) of public service delivery means that sub-national governments have greater authority and responsibility to provide mental health services. The Health Strategic Plan 3 states¹ that “The D&D process holds great potential if properly structured. It can potentially improve administrative and fiscal efficiencies, besides making the health system more accountable and responsive to local health needs”. However, given limited resources, capacity and experience, sub-national government are likely to benefit from external support to meet their obligations to provide services.

2.1. Improve the capacity of sub-national government and scale-up to extend services

Background

In recent years, TPO has been involved in several initiatives to train front-line staff such as doctors and nurses in aspects of MHPS based upon clinical guidelines and the minimum package of activities established by the MOH. The feedback from medical staff has been very positive.

In addition, TPO has responded to requests to provide basic MHPS capacity development to staff of other ministries. For example, TPO has trained and advised social workers with responsibility for child protection and the welfare of women at provincial level departments of the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MOSVY), and Ministry of Women’s Affairs (MOWA) respectively.

TPO has also contributed to awareness raising initiatives targeted at government administration officials who are not in front-line service delivery roles.

Provincial governors and deputy governors, and provincial level ministerial officials have typically been involved in supporting and facilitating TPO’s efforts to build the capacity of sub-national government providers within their jurisdictions.

Approach

TPO will continue to support the capacity development of government service providers in MHPS. Training and support will be provided to front-line government staff from the relevant ministries who deal with people who suffer from or are vulnerable to mental health issues, including doctors and nurses, social

¹ Health Strategic Plan 3, 2016-2020, page 4

workers, teachers, and those in law enforcement roles. More generally, TPO will continue raising awareness about MHPS to officials across government.

Scaling-up MHPS to provincial level will enable support to be extended to additional districts and communities. With the oversight of provincial governments and provincial level departments, MHPS interventions that are concentrated in a single operational district or commune may be extended to other jurisdictions. Where feasible, TPO will seek to extend capacity development efforts to new districts or communes through partnerships with provincial governments and operational districts.

2.2. Provide input to strengthen mental health and psychosocial support policy and service design

Background

As a technical expert organisation and provider of MHPS services, TPO coordinates with various policy makers in the development of MHPS policy and service design. For example, TPO participates in national and provincial-level technical working groups on topics such as SGBV and counter-trafficking, and is coordinating with the MOH on the development of the 2023-2030 Health Strategic Plan.

Approach

TPO will continue to provide technical input to MHPS policy making and service design through coordination with various ministries, departments, and working groups at national and provincial level. TPO will continue to promote mental health services in Cambodia and to support positive health policy change.

3. **Raise awareness about mental health and extend support through a variety of channels**

Introduction

A large unmet need² for MHPS services that is rooted in and sustained by interrelated factors such as historical conflict, pervasive poverty, limited education, alcohol and substance abuse, inadequate health protection, and social fragmentation combined with long-term under-investment, has led to a large and persistent mental health treatment or care gap.

Though there is a growing awareness among Cambodian people about mental health and options for prevention and care, much remains to be done at society, community, family, and individual levels to equip people with the knowledge and skills to maintain good mental health and prevent and address mental health issues.

3.1. Raise awareness about mental health and psychosocial support and stimulate a desire to know more among Cambodian people

Background

The RGC together with international and domestic NGO partners has implemented nationwide campaigns to improve awareness about MHPS. For example, a recent initiative in which UNICEF played a leading role and TPO participated, targeted children and families at risk of mental health issues due to COVID-19.

Approach

² See McGloughlin, Daniel and Elizabeth Wicker. "Mental Health and Human Rights in Cambodia". 2012.

TPO will support awareness raising about MHPS through information campaigns. TPO will continue to support and participate in campaigns led by expert organisations and authorities such as the MOH, RUPP, WHO and other United Nations agencies, which target society overall or specific at-risk groups.

3.2. Maximise the reach of mental health and psychosocial support through a variety of channels

Background

Information campaigns to raise awareness about mental health, and two-way communication to build the knowledge and skills required to address mental health problems may make use of digital and social media, and virtual channels to cost-effectively extend reach. Such approaches can complement more traditional channels by improving access to services.

Approach

TPO will use a variety of channels to enable one- and two-way interactions with people who may be affected by or vulnerable to mental health issues.

TPO will continue to use its website, Facebook and TikTok pages for one-way dissemination of information to raise awareness. The aim will be to develop content that is fresh, engaging, and relevant to target audiences. TPO will also participate in partners' radio and video-streamed talk shows.

TPO will consider how best to develop channels that enable two-way interaction with beneficiaries to build knowledge and skills, and potentially to provide treatment and facilitate referrals. Referrals via the telephone hotline will continue as will two-way discussions via the Chatbot and Messenger applications. TPO will consider whether to develop its own mobile application or whether continuing to make use of existing channels and functionality is enough to meet evolving service needs.

Where feasible, communication and engagement through digital channels will be integrated into grassroots projects to complement field activities. Project resources will be assigned responsibility for coordinating digital and social media services. TPO may establish a position of specialist digital or virtual media coordinator to work across multiple projects if there is a significant requirement for technical expertise.

TPO will work with implementation partners to share MHPS information with communities where TPO has limited presence. This will involve training and support of partner organisations in basic MHPS services who in turn can support communities in which they have established relationships.

4. **Develop the treatment centre, expand external training, and continue research**

Introduction

Uncertainty about the availability of future international funding for MHPS in Cambodia has been growing over recent years given increased competition for funds from other countries, and demand from other thematic development areas and NGOs. Changing priorities of donor countries have also affected the supply and distribution of funds.

Further, donors often have policies that govern the use that can be made of their funds, which means that grants may not fully meet project costs. For example, some donors only cover direct beneficiary-facing technical assistance, and exclude supervision, monitoring, support, and other essential operating overheads. Others require a percentage of funds to be matched by the recipient.

To support workforce and resource planning, and operational sustainability over the longer term given contextual funding uncertainties and financial constraints on projects, TPO has adopted a diverse mix of funding streams that includes long-term strategic partnerships with donors, shorter-term more transactional arrangements, and income generation activities.

4.1. Raise the profile of the treatment centre and strengthen its performance

Background

The treatment centre contributes to addressing the MHPS care gap in Cambodia and supports the sustainability of TPO as a not-for-profit organisation. Income from the treatment centre enables TPO to sustain a stable core team of skilled professionals who are deployed onto grassroots projects, and contributes to costs not covered by donors. Feedback from client surveys indicate that TPO's treatment centre is viewed favourably when compared with both government and private mental health clinics.

Approach

TPO will raise the profile of the treatment centre to maintain robust demand for services. TPO will promote the treatment centre to help to raise its profile among potential beneficiaries through, for example, the use of digital media such as Facebook. However, care will be taken to balance demand with the resources available to provide services. The aim will be for the treatment centre to develop and grow its services in a controlled and sustainable way.

The treatment centre will provide services to people from across the socio-economic spectrum, however most clients will continue to be from the low to medium income range. The price of services will remain moderate and affordable in line with TPO's philosophy of being a socially-rooted NGO with values of compassion and integrity. As now, TPO will look for ways to support hardship cases.

The treatment centre will not aim to compete directly with private mental health clinics for clients. However, the expertise of its professional staff will enable TPO to provide a comparable and sometimes better quality of clinical care than that available in the private sector. Hence, the services available at the treatment centre will continue to represent excellent value for money.

TPO will aim to provide clinical excellence at affordable prices, whilst offering access and client service levels that approach those available in the private sector. TPO will continue to identify potential improvements to the treatment centre that will allow it to deliver this value proposition. A client satisfaction survey will be conducted periodically, to help identify improvement opportunities across clinical care, administration and other aspects of operations and client experience.

4.2. Expand and update external training services

Background

Private companies, government agencies and NGOs are increasingly requesting support from TPO to train and educate their staff in how to maintain good mental health and avoid or deal with risk factors that may lead to mental health problems.

Approach

TPO will expand the external training services it provides to companies, government agencies and NGOs, including project partners, to help them support the mental health and well-being of their staff.

TPO will continue to develop strategic relationships with client organisations from the NGO and private sectors so that tailored training programmes can be developed that are targeted at their needs and objectives.

TPO will recruit or assign an external training coordinator with responsibility for developing and managing TPO's external training services include promoting the service, managing client relationships, developing an adaptable core curriculum, and coordinating the development of training materials and delivery of training.

4.3. Continue research into mental health and psychosocial support in Cambodia

Background

TPO has conducted several research projects in partnership with external institutions. The staff of TPO are passionate about improving MHPS in Cambodia and have extensive practical experience that provides a strong platform for contributing to research.

Approach

TPO will continue to undertake research in partnership with external institutions. Topics that are of relevance to policy-making, and the design and delivery of MHPS services in Cambodia today are of interest since conclusions may contribute directly to service improvements.

5. Continually strengthen approaches and techniques, staff knowledge and skills, and partnerships

Introduction

Organisational development of TPO will focus on strengthening three areas that are essential to being able to meet the needs of beneficiaries in the external operating environment: appropriate and current MHPS approaches and techniques, high levels of staff knowledge and skills, and suitable partnerships and programming arrangements. These form components of the organisational strategic objective described below.

5.1. Continually improve and update approaches and techniques

Background

There is a need to keep materials such as technical approaches, methodologies, and manuals up to date. Aligning materials with guidelines and practices in coordination with authorities such as the RGC and WHO provides assurance that they meet accepted standards. New developments in MHPS may be incorporated so that materials remain current and effective. Incorporating approaches advocated by donors, such as gender and diversity sensitivity, improves the quality of the materials and is key to delivering desired outcomes. Tailoring approaches and materials to the needs of beneficiary groups is required to maximise positive impact.

Approach

TPO aims to ensure that contemporary and appropriate MHPS approaches and techniques are available and documented so that TPO may use and adapt them where necessary, disseminate them to partners and beneficiaries, and use them as the basis for external and internal training. TPO will identify and prioritise materials for update and refresh. Materials used in beneficiary-facing projects, and external and internal training will be highest priority.

5.2. Further develop and sustain staff knowledge and skills

Background

A core competence of TPO that differentiates it from other organisations is the technical capacity of staff to provide a variety of MHPS services that are tailored to the needs of beneficiaries and targeted at specific issues. Additional strengths in facilitation, skills transfer, capacity building, mobilising community resources, and motivating and supporting partners, allows TPO to deploy its technical skills effectively.

Maintaining this competence requires an ongoing internal focus on capacity development. There is a continual need to provide staff with training that is appropriate to their stage of career development, and to make sure that training is up to date with developments in MHPS guidelines and practice, and aligned with the needs of beneficiaries.

Approach

TPO will continually strengthen its internal training programme by periodically updating the curriculum and core training materials, and providing a structured training plan.

An internal training coordinator will be assigned responsibility for the internal training programme which will aim to rapidly increase the skills of new and junior staff whilst keeping the advanced capacities of more experienced staff up to date. TPO will develop and update its own internal training courses in some cases and will outsource others to specialist external providers where necessary.

Core mandatory training will be aligned with key career development timelines, and optional and project specific-training may be scheduled around project needs.

TPO will formalise an internal information sharing programme to reflect on and learn lessons from projects at regular events that will be attended by all available staff including clinical experts.

5.3. Enhance partnerships and programming

Background

TPO's work depends on establishing and maintaining close professional relationships with beneficiaries, community service providers, government authorities and service providers, implementation partners and donors. In the present fast-changing operating environment, a key external success factor is the ability to maintain productive relationships using various partnership and relationship management approaches and arrangements.

Approach

TPO will continue to develop and maintain effective relationships with international donors with an interest in MHPS work. This will require understanding donors' strategic priorities, assessing commonality of interest, and shaping programmes accordingly. TPO has worked with many donors across a range of development sectors, and will continue to do so. TPO will manage and sustain a variety of partnership arrangements from long-term strategic partnerships, to being a member of formal networks, to engaging in shorter, more transactional arrangements. TPO aims to partner with both large international organisations, and smaller domestic NGOs with a narrower focus and expertise.

TPO will further develop relationships with provincial governments, provincial departments of central ministries, and national ministries. These institutions provide oversight and support of TPO in projects aimed at strengthening the capacity of government service provision, as well as being implementing partners and key beneficiaries. TPO has experience of supporting the development of sub-national government MHPS service provision over many years and intends to continue this work.

TPO will develop a structured approach to 'partnerships and programming' activities. Given the importance of developing and maintaining relationships with a range of partners, responsibilities for relationship management and communication with partners will be allocated among the management group. TPO will consider whether additional resources are required, such as by assigning a 'partnerships and programming coordinator', based on the volume of work in this area over the period of the strategic plan.

Appendix 1: Detailed Strengths, Weaknesses, Opportunities and Threats (SWOT)

Table 2 below provides details of the Strengths, Weaknesses, Opportunities and Threats and reproduces comments made during consultation meetings and workshops with partners, stakeholders and staff.

Table 2: SWOT analysis

Strengths, Weaknesses, Opportunities and Threats	
Summary	Findings from Consultation Meetings and Desk Research
Strengths	
Deep understanding of beneficiary needs at community and society level	<ul style="list-style-type: none"> • In-depth understanding of mental health needs of Cambodian people at community level and generally in society, given the historic and cultural context
Core team of staff with high levels of technical knowledge, skills, and experience	<ul style="list-style-type: none"> • Deep knowledge of MHPS techniques, and extensive skills and practical experience of application • Able to apply techniques flexibly according to the needs of beneficiaries; e.g. by iterating therapies or by delivering standard training together with flexible coaching
Professional staff that have high levels of commitment, motivation, and willingness	<ul style="list-style-type: none"> • Strong commitment (to work in community) even when other partners may not be committed to mental health • Fast response if there is an issue in the field • Meet and exceed the expectations of donors and delivery partners in project delivery and operations • Strong proposal writing, financial and performance reporting, meeting due diligence requirements of donors for internal policies and systems
Broad range of services that is unique in Cambodia	<ul style="list-style-type: none"> • Have a variety of service options including counselling, various therapies, and psychiatric treatment • Fill a gap in Cambodia of MHPS services that is not medication-led; medicine is not the default option as it can be for other providers
Reliably deliver positive mental health outcomes for beneficiaries	<ul style="list-style-type: none"> • Receive positive feedback from beneficiaries • Deliver positive mental health outcomes for patients • Build trust and acceptance of beneficiaries • Have seen them be successful with cases that people thought were impossible
Good at capacity development and skills transfer, and able to mobilise communities and partners	<ul style="list-style-type: none"> • Strong facilitation, training, and capacity building skills • Core community mobilisation strategies focus on building the capacity of community groups as beneficiaries and involve them in project design and implementation
Strong relationships with implementation partners, community service providers, sub-national government authorities and providers, and donors	<ul style="list-style-type: none"> • Effective relationships with project delivery partners across a wide spectrum of project and beneficiary types (e.g. SGBV, dealing with the past, child and youth well-being, human rights, Non-Communicable Diseases), and an ability to motivate them to support the work of TPO • Strong relationships with sub-national government partners involved in project implementation and service provision • Can motivate partners to join in TPO's work
Collaborative, respectful, and ethical culture	<ul style="list-style-type: none"> • Friendly staff who collaborate well together • Culture of respect and humility in line with values internally among staff and with stakeholders and partners • Work ethically
Strong reputation nationally and internationally	<ul style="list-style-type: none"> • One of the leading mental health care providers in Cambodia • Received recognition from the King • Well known nationally and internationally • Strong brand and brand recognition • Respect and recognition from government such as MOWA and MOSVY who recognise TPO's expertise and request their presence on projects
Financial stability	<ul style="list-style-type: none"> • Diverse funding options including grassroots projects with multiple donors and

Strengths, Weaknesses, Opportunities and Threats		
Summary		Findings from Consultation Meetings and Desk Research
		<p>delivery partners, plus income generating activities such as treatment centre and training centre</p> <ul style="list-style-type: none"> • Own building in Phnom Penh • Effective financial oversight • Low levels of turnover of core experienced staff
Weaknesses (areas of attention)		
Number of communities supported by TPO is limited compared to the large number requiring MHPS in Cambodia		<ul style="list-style-type: none"> • Programmes are limited to a few communities by funding constraints and donor preferences about locations • Outreach is difficult beyond the communities already included in projects
Input to policy development and service design relating to MHPS could be increased given high levels of technical expertise		<ul style="list-style-type: none"> • TPO is one of the national experts in MHPS and should be leading the thinking about how to improve services across mental health services including helping the government where it lacks expertise on service design • Since TPO is the organisation training government staff it knows how government services can be improved and should be discussing this with government
Need for management and staff to respond to multiple demand on their time, requires ongoing organisational focus on staff capacity development and internal efficiency		<ul style="list-style-type: none"> • A high workload means that beneficiary and donor facing activities can sometimes be prioritised over some internal activities like information sharing, and training and internal communication
Technical approaches including staff training need to be continually updated to reflect new guidelines, clinical standards, and beneficiary needs		<ul style="list-style-type: none"> • Some training courses for staff and partner organisations are still valid but have not changed much over a few years; they could be refreshed - some people have done them several times (training and support materials for beneficiaries tends to be updated and adapted to their needs within each project)
Opportunities		
Customers and Partners	Large unmet need for MHPS in Cambodia and growing awareness about mental health issues and care options	<ul style="list-style-type: none"> • A large unmet need and care gap for mental health services remains because of historic conflict, poverty, and chronic long-term under-investment • A growing awareness about mental health issues, implications and treatment options is making the care gap more visible • Increasing awareness about mental health and the importance of good mental health in different contexts; e.g. workers in NGOs, companies and government
	Diverse range of potential international and domestic partners and donors for project implementation and joined-up policy advocacy	<ul style="list-style-type: none"> • Mental health is cross-cutting and is related to most sectors including physical healthcare, human rights, SGBV, dealing with the past, children and youth, women and girls, disabilities, LGBTIQ, poverty and livelihoods, migration, ethnic minorities, prisoners among others; partnering on multi-party projects offers entry points to reach a range of beneficiaries and funding options, and may support holistic solutions that address beneficiary needs more completely and sustainably • TPO may not just look for support from large donors such as USAID and EU, but may also partner with smaller local organisations to combine complementary skills and diversify revenues • It may be more fruitful to coordinate efforts with like-minded CSOs to input to mental health policy and service design to get more attention of government

Strengths, Weaknesses, Opportunities and Threats		
Summary		Findings from Consultation Meetings and Desk Research
Political and Legal	Additional support and resources are likely to be required by sub-national government because of decentralisation and deconcentration	<ul style="list-style-type: none"> • Sub-national government will take on more responsibility for MHPS provision but may not receive additional funding or have the skills, hence will require support to build up capacity • A gradual policy shift towards rehabilitation from incarceration means authorities need to know what this means for service design and provision
	Preparation of several government technical plans, regulations and laws requires expert technical input	<ul style="list-style-type: none"> • The government is finalising a number of key documents that would benefit from technical input from TPO, including: <ul style="list-style-type: none"> - Child Protection Law and Standard Operating Procedures - MOH strategic plan 2023-2030
Economic, Social and Technological	Proliferation of social and digital media	<ul style="list-style-type: none"> • Rapid growth digital media (such as Telegram, Messenger, Chatbot, Facebook and TikTok, proprietary applications) which allows: <ul style="list-style-type: none"> - Dissemination of information widely and cheaply for awareness raising - Two-way knowledge sharing for skills building and service provision
	Growing potential for domestic funding of MHPS (public and private)	<ul style="list-style-type: none"> • Health Strategic Plan 3 (p119) states that annual funds for mental health were planned to quadruple between 2016 and 2020 from \$5M to over \$20M - growing from 0.8% to almost 3% of the overall health budget. Cambodian GDP has been growing at between 5 and 10% p.a. prior to the COVID-19 period³
Threats		
Economic, Social and Technological	Uncertain funding from international sources and limited focus of some donors on MHPS	<ul style="list-style-type: none"> • The overall trend in international donor funding in Cambodia is becoming more uncertain due to conflicting priorities. Some categories of mental healthcare funding may decline (e.g. 'dealing with the past' as the Extraordinary Chambers of the Courts of Cambodia concludes). Further, there is a trend of major international donors shifting more of their funding to 'on-budget' modalities rather than via local NGOs. • Retaining experienced staff in the context of declining and uncertain donor budgets could be a challenge.
	Growing competition for funds among NGOs and private clinics	<ul style="list-style-type: none"> • As funding becomes more uncertain and potentially declines in some areas there will likely be greater competition among NGOs for available funds. An effective partnership approach between NGOs may mitigate this to an extent by increasing coordination and improving access to funds.
Political and Legal	Low (though growing) level of public funds available for MHPS	<ul style="list-style-type: none"> • The public funds available for mental health in 2016 was a low base of only \$5M for country overall. Further mental health is established as a category on its own outside of non-communicable diseases in health strategic planning. This could be beneficial were mental health to be prioritised by the government. However, given that non-communicable diseases is the fastest growing category of healthcare spend, it may represent a missed opportunity.

³ <https://data.worldbank.org/indicator/NY.GDP.MKTP.KD.ZG?locations=KH>

Strengths, Weaknesses, Opportunities and Threats		
Summary		Findings from Consultation Meetings and Desk Research
	Increasing regulation of NGOs, greater compliance burden and more monitoring	<ul style="list-style-type: none"> The government is increasing attention on regulating the NGO sector and is increasing its own capacity to enforce compliance. For example, the NGO law (LANGO). All NGOs need to stay across updates to regulations.

Appendix 2: Indicative Performance Framework

Table 3: Indicative Organisational Performance Framework

Strategic Objectives	Key Outcomes and Outputs	Indicators	Targets or Standards
1. Deliver community-based mental health and psychosocial support by equipping and supporting partners, and by providing some services directly			
1.1. Strengthen the capacity of local community-based service providers	<ul style="list-style-type: none"> Capacity of community-based service providers strengthened through delivery of MHPS projects 	<ul style="list-style-type: none"> Number of mental health cases identified by community-based service providers 	<ul style="list-style-type: none"> Increase over baseline (2022 figure)
		<ul style="list-style-type: none"> Number of cases referred to appropriate authorities 	<ul style="list-style-type: none"> Increase over baseline
		<ul style="list-style-type: none"> Knowledge and skills of target beneficiaries 	<ul style="list-style-type: none"> Increase over baseline
1.2. Deliver mental health improvements by addressing issues holistically through multi-partner projects	<ul style="list-style-type: none"> Implementation partner capacity improved through participation with TPO in multi-partner programmes across a variety of thematic areas 	<ul style="list-style-type: none"> Number of partners received training from TPO 	<ul style="list-style-type: none"> Increase over baseline
1.3. Improve mental health through pure mental health and psychosocial support projects	<ul style="list-style-type: none"> End-beneficiary mental health improved through delivery of direct MHPS projects or interventions 	<ul style="list-style-type: none"> Number of end-beneficiaries that received care from TPO 	<ul style="list-style-type: none"> Increase from baseline
2. Support the capacity development of government providers, and input to mental health and psychosocial support policy and service design			
2.1. Improve the capacity of sub-national government and scale-up to extend services to new communities	<ul style="list-style-type: none"> Government operational districts front-line service providers capacity is increased Provincial level officials increase awareness about MHPS 	<ul style="list-style-type: none"> Number of operational districts that benefit from TPO capacity building 	<ul style="list-style-type: none"> Increase from baseline
2.2. Provide input to strengthen mental health and psychosocial support policy and service design	<ul style="list-style-type: none"> Technical working groups receive input from TPO on MHPS policy and service design 	<ul style="list-style-type: none"> Number of technical working groups/committees participating in 	<ul style="list-style-type: none"> Increase from baseline
3. Raise awareness about mental health and extend support through a variety of channels			
3.1. Raise awareness about mental health and psychosocial support and stimulate a desire to know more among Cambodian people	<ul style="list-style-type: none"> Awareness about MHPS increased among target beneficiaries of campaigns 	<ul style="list-style-type: none"> Number of awareness raising campaigns participated in 	<ul style="list-style-type: none"> Increase from baseline
		<ul style="list-style-type: none"> Number of beneficiaries of awareness raising campaigns 	<ul style="list-style-type: none"> Increase from baseline
3.2. Maximise the reach of mental health and psychosocial support through a variety of channels	<ul style="list-style-type: none"> Awareness raising, knowledge and skills building, and treatment provision of target beneficiary groups achieved through communication via virtual channels 	<ul style="list-style-type: none"> Number of beneficiaries reached (by key service or channel) 	<ul style="list-style-type: none"> Increase over baseline

Strategic Objectives	Key Outcomes and Outputs	Indicators	Targets or Standards
4. Develop the treatment centre, expand external training, and continue research			
4.1. Raise the profile of the treatment centre and strengthen its performance	<ul style="list-style-type: none"> Client satisfaction levels at treatment centre increased Sustainable and manageable growth in client numbers and revenues (that is not detrimental to client satisfaction or other TPO services or operations) 	• Overall client satisfaction level	• Increase from baseline
		• Total number of unique patients	• 10% p.a. increase from baseline
		• Total income generated from treatment centre	• 10% p.a. increase from baseline
4.2. Expand and update external training services	<ul style="list-style-type: none"> Client satisfaction levels of external training increased Client capacity increased in identified topics 'External training' coordinator in place Core training curriculum for external clients in place based on an understanding of basic needs 	• Overall client satisfaction level	• Increase from baseline
		• Number of unique external training client organisations	• Increase from baseline
		• Number of external training course hours delivered	• 10% p.a. increase from baseline
		• Total income generated from training	• 10% p.a. increase from baseline
4.3. Continue research into mental health and psychosocial support in Cambodia	<ul style="list-style-type: none"> Research projects with external research partner conducted 	<ul style="list-style-type: none"> Number of research projects conducted 	<ul style="list-style-type: none"> Stable
5. Continually strengthen approaches and techniques, staff knowledge and skills, and partnerships			
5.1. Continually improve and update approaches and techniques	<ul style="list-style-type: none"> Focal person to coordinate document updates identified Priority materials and documentation updated 	<ul style="list-style-type: none"> Percentage of documents identified as high priority updated 	<ul style="list-style-type: none"> Target percentage of total high priority
5.2. Further develop and sustain staff knowledge and skills	<ul style="list-style-type: none"> Staff capacity increased in identified topics 'Internal training' coordinator in place Develop internal training strategy in place (including curriculum, training plan, new materials required) 	• Improvement in staff capacity in identified training topics (e.g. some topics of unified clinical approach)	• Increase from baseline
		• Number of staff received training	• Increase from baseline
		• Number of internal training course hours delivered	• Increase from baseline
		• Percentage of staff who have completed training required for their role	• Increase of 30% p.a. from baseline
5.3. Enhance partnerships and programming	<ul style="list-style-type: none"> Number of strategic partners (donors and implementation partners, domestic, government and international) increased per agreed definition Structured 'partnership and programming' plan in place Responsibilities relating to 'partnerships and programming' assigned to management team members (e.g. 	<ul style="list-style-type: none"> Number of strategic partners 	<ul style="list-style-type: none"> Increase over baseline

Strategic Objectives	Key Outcomes and Outputs	Indicators	Targets or Standards
	communications, relationship management with stakeholders and partners)		