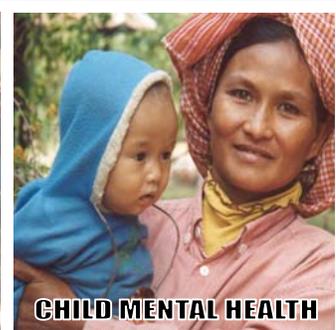


# ការងារ នៅប្រទេស កម្ពុជា

## CARITAS CAMBODIA

Our effort towards human rights and human dignity...



Together we can do more!

## **Caritas Cambodia:**

Caritas Cambodia is an official social development arm of the Bishop's Conference of Cambodia has been built on the values of Love, Concern, Justice, Peace, Unity, Sharing and brotherhood.

Caritas Cambodia has two histories in the past 30 years. In 1970, the Catholic Church in Cambodia organized an Aid Commission to help the victims of war. This Aid Commission took the name of Caritas Cambodia that was also recognized by the Caritas Internationalis and accepted it as a full-fledged member in 1973. This Caritas functioned till 17th April 1975, the date when Khmer Rouge took over the political power in Phnom Penh. There was not only the closure of Caritas Cambodia and all religious activities but also there were the Vietnamese Army overthrew genocide of 1.7 million people out of the total 8 million Cambodians this regime in 1979.

Though after the Pol Pot Regime people who fled away have come back to their places in the country, practicing religion was fully banned under the Communist Regime. This continued till March 1990. In April 1990 freedom to practice religion was given to Cambodians.

### **The Beginnings 1990 – 1998**

It was in 1990 that the Secretary General of Caritas Internationalis and Secours Catholique of Paris came together to Cambodia and registered an organization under the Ministry of Foreign Affairs in Cambodia as an Antenna of Caritas Internationalis. The former present Bishop of Phnom Penh. Emile Destombes M.E.P returned to Cambodia in 1989. He was expelled in 1975 during the Pol Pot Regime. Bishop Yves Ramousse was the Bishop and was the first President for Caritas Structure. In 1997, Fr. Emile was ordained as Co-adjutore and in 2001 he became Bishop and in turn became the President of Caritas Cambodia until late 2006. In December 2007 Mgr. Enrique Fiquaredo (Kike) the apostolic vicariate of Battambang diocese became the president of Caritas Cambodia.

The post Pol Pot history of Caritas Cambodia (1990 – 1998 August] four Secretary Generals were appointed.

- Mr. Alex – (Philippines) 1991 – 92
- Mr. Peter Larance – (Canadian) 1993 – March 1996
- Mr. Frederick Serres – (French) April 1996 – December 1996
- Mr. Frederick Henriot – (French) Jan 1997 – August 1998
- Mr. Maria Victor – (Indian) September 1998- August 2004

In September 2004 onward

- Mr. Nuth Sam Ol was appointed as Secretary General
- Mr. Kim Rattana was appointed as Deputy Secretary General

Caritas Cambodia has been journeying for over 16 years with the poor and the marginalized section of the society towards their economic, social, educational, cultural, political and educational empowerment.

## **Legal Status of Caritas Cambodia:**

Registered

1. With Ministry of Foreign Affairs on 6th June 1990.
2. With Ministry of Health on 28th November 1991.
3. With Ministry of Rural Development on 9th December 2003.

## **Membership**

1. Caritas Internationalis Rome in June 1999.
2. Caritas Asia in 1999.
3. Asia Partnership for Human Development in November 2001.

## **Brief Country profile:**

### **1. General Situation**

Cambodia is one of the poorest countries in South East Asia. It is bordered to the North with Thailand and Laos, the East with Vietnam, the South with Gulf of Siam and the West with Thailand. It covers an area of 181,035.00 sq. km. The estimated population of Cambodia is about 13 million people. Density of population is estimated at 70 persons per sq. km. The sex imbalance is estimated at 52.2% female and 47.8% male. 7.7% of the population live in urban areas, 6.9% live in main towns and 85.4% in rural areas. Cambodia consists of 20 provinces, 4 municipalities, and 172 districts. Phnom Penh is the capital of the country.

Cambodia has to be viewed in its historical and political context. It is worth remembering that many of the consequences of distress are caused by civil war which lasted more than two decades. Cambodia was reduced to ruins: schools, hospitals, government buildings, roads and private houses were largely destroyed and the people psychologically shattered by their experiences, millions of hectares of lands were abandoned. Many people were killed and died due to hunger and disease. Refugees returned home and huddled in the suburbs of empty and dilapidated cities. There were no drinking water, no telephone, no mail service, no hospital, no registering office, no money, no market, hardly any electricity. Many international NGOs responded to these situations with emergency humanitarian assistance on a large scale. The emergency phase then shifted towards the rehabilitation and development work. With the development efforts of NGOs, INGOs and the government, significant progress has been made. However, much remains to be done. Improving governance and promoting sustainable development requires continued political commitment. Despite economic growth, poverty persists and the inequality between the rich and the poor, rural and urban are gradually becoming obvious. More work will have to be done to ensure that the poverty reduction focus is further mainstreamed and reflected throughout all the plans, strategies, projects and programs of the government. The INGOs and local NGOs play an important role in poverty alleviation both at the local as well as the national level.

**2. Politic:** the political situation is still fragile but there is stability. Democracy is yet to be achieved in its fullest in the Cambodian society which has had about two decades of totalitarian rule and which has lost its cadres and intelligentsia and the population reduced to subservient status. After almost “fifteen years of democratic government” where Hun Sen is still the Prime

Minister, there seems to be more liberty than before. Politically the situation is slightly better than before, but Cambodia has a long way to go before it becomes a full fledged democracy.

Following the Paris Peace Agreements of October 1991 and multi-party elections in July 1993, a new Constitution was adopted and this conferred on the Royal Government of Cambodia (RGC) its identity as a multiparty liberal democracy under a constitutional monarchy. Since the first mandate of the National Assembly (NA), three nation-wide elections have been organized, including the elections for the NA in July 1998 and in July 2003, and the first commune elections in February 2002. A new coalition government was established on 15 July 2004 following almost a year of political deadlock.

The coronation of HRH King Norodom Sihamoni in October 2004 is a step forward that indicates a growing stability of the nation. The smooth transition of the Monarchy has provided a fresh voice to promote values, moral authority and national traditions.

The commune elections of 2002 were an important step in a comprehensive program of political, administrative and financial decentralization. However, there is a strong political influence on the commune leaders and commune council members. Participation of the poor especially women at village and commune level in decision making are still limited. The ruling party, the Cambodian People's Party (CPP), nominates local authorities; hence, they are loyal to their party leaders. Most of the government programs often benefit only their party members. Lack of good governance among the local authorities often leads to corruption, exploitation from the powerful person, land grabbing, human rights violation, and natural environment degradation.

From the Human Rights point of view, the government is giving more attention to the civil society. There is also increasing participation of civil society and NGOs groups and a relatively underdeveloped media is beginning to exercise its function. However, civil society organizations and Cambodian citizens continue to face significant challenges, for example in accessing information, establishing dialogue and developing participatory processes.

In the administration of justice, issues of neutrality and independence, impunity, accesses to justice and legal aid for the poor are still a concern.

**3. Economic Growth:** Cambodia's gross domestic product (GDP) grew by an average of 6 percent over the past decade. The industrial sector was the main engine of growth, with garment manufactures forming 85 percent of Cambodia's exports. Tourism has begun to contribute to growth, while agriculture has grown only modestly, lagging behind population growth. There are concerns of a slowdown in growth in 2005 following the phasing-out of the Multi-Fibre Arrangement (MFA) at the end of 2004. New sources of growth must be tapped to achieve the 6-7 percent GDP growth target projected in the Rectangular Strategy. While 90 percent of the poor live in rural areas, agricultural production remains far below potential due to low investment and constrained access for the poor to arable land and markets. The new Government has moved quickly to address some of these issues, particularly reducing the costs associated with import and export procedures, company registration, and in ratifying Cambodia's accession to the World Trade Organization. While benefits from the latter are expected to be wide ranging – with more than 40 pieces of legislation relating to improvement of commercial transactions to be adopted over the coming years – strong effort needs to be placed on dealing with possible negative consequences and on the proper implementation of the legislation if the benefits are to materialize.

The private sector in Cambodia is dominated by the informal sector, which accounts for over 80 percent of GDP and close to 90 percent of employment. Much informal sector activity is concentrated in agriculture. The informal industrial sector accounts for almost half of total industrial outputs and supplies mainly the domestic market. Some 7,000 registered private enterprises constitute the formal private sector which is narrowly focused on garments and tourism. Foreign direct investment (FDI) drives the formal private sector which is the main source of exports. However since the late 1990's FDI has been declining due to: (i) weak governance including an underdeveloped legal framework and an ineffective regulatory regime, excessive red tape, and widespread corruption; (ii) a lack of access to, and the high cost of, institutional finance; (iii) high costs and a lack of infrastructure services such as transport and energy; (iv) limited technical and managerial skills and; (v) limited access to land, information and competitive markets.

In joining the WTO and through efforts to enhance sub-regional trade, the Government recognizes the need to accelerate legal and judicial reforms and clarify market rules for the private sector. Equal effort is needed to ensure that negative consequences will be addressed and laws will be enforced. Developing a strong, independent private sector can also strengthen governance, as the private sector's demands for transparency and impartial arbitration can catalyze reforms.

**4. Poverty:** There is consensus that around 35-40 percent of the population has expenditure levels below the income poverty line, with 15-20 percent in extreme poverty. Poverty in Cambodia is overwhelmingly rural. Factors aggravating Cambodia's poverty include the very limited sources of growth, with few if any linkages to the domestic economy, the poor quality and lack of access to social services, landlessness, environmental degradation, and a lack of genuine participatory processes engaging the poor in the decisions that shape and affect their lives.

Measures are also taken up to influence poverty alleviation by providing services to the village communities. There has been considerable movement toward attainment of universal primary education, with the net primary school enrolment rate increasing from 76 percent in 1997 to 91 percent in 2003. The quality and affordability of education has also improved, but further progress is needed. However there remains significant gender inequality in education, with only 16 percent of girls currently enrolled in lower secondary school and suffering higher drop-out rates. Health measures are of concern, with child mortality estimated to be 115 per 1,000 live births and a maternal mortality rate of 437 per 100,000 live births. Around 85 percent of babies are delivered at home and skilled personnel attend less than one third of all births. While an unmet demand for family planning services remains, progress has been made and population growth has decreased over the last six years from 2.5 percent in 1998 to 1.81 percent in 2004. Although Cambodia has the highest HIV/AIDS infection rate in Asia, it has made progress, with the adult prevalence rate declining from 3 percent in 1997 to 1.9 percent in 2003.

Widespread illicit drug use amongst youth and people in labor-intensive activities –including agriculture - has emerged in recent years. Such illicit drug use is forcing a rapidly increasing number of people into poverty. The lack of community-based drug dependence treatment and rehabilitation services in the country means that drug addicts and their families are challenged by increased and chronic diversion of already limited family resources to finance the purchase of illicit substances.

Poverty increases with household size and number of children. It is highest when the household head is engaged in agriculture. While households with women heads are not significantly poorer than others, they are often more vulnerable, having less land and thus rely more on risky methods, such as selling assets, or taking children out of school and sending them to work. Non access to education and health also play important roles in worsening poverty conditions.

Poverty rates are significantly lower when the household head has secondary, technical, or higher education. Likewise, high out-of-pocket health costs are a major cause of indebtedness and loss of land.

**5. Social and cultural:** Strong family relationship is a basic value that is still prevalent in Cambodia. However, the influence of the western culture through media interaction such as TV, internet, Video etc. do have an impact on the value system especially among the youth, resulting in violence, sex abuse and other marginal and socially deviant attitudes. In some cases, people even tend to borrow money in order to squander them in festivities or other activities.

At the same time the interaction with the western or modern culture has also facilitated the emancipation of the population by giving access to modern technology, right based approach, gender sensitive attitude.

In spite of the influence of the West, the Khmers still tend to keep intact their traditions and this can play a negative role: lesser place for women, violence on women, husbands abandon their wives etc. Women are still considered as second class citizens and in the villages they do not get their due respect.

People still tend to attribute social evils to Karma and do not act to come out of their difficult situations, some get engaged in long religious practices in order to liberate themselves from these evils. Some dehumanizing customs are still prevalent in the society, especially in the rural areas.

The educational system, one of the main factors for long term development, is still lacking in development. The scars of the mass destruction of the educational infrastructure and the intelligentsia during the Pol Pot regime are still prevalent, although there is some progress made in the educational field. There is still lack of good school teachers and good schools for the children. Parents are not fully empowered to send their children to school as a priority. Severe poverty conditions, especially in the rural areas, do not give the possibility for the parents to make schooling as a priority for their children. In many cases parents do not send their children to school after their primary schooling, due to the significant amounts they have to pay for their schooling, buying of uniforms, stationery and books.

**6. Health:** The health system is still under development and in the rural areas, the access to health facilities is rather poor; only about 16% of the villages have primary health care and majority of the villagers do not have access to doctors or health personnel. The lack of health system aggravates the health of the poor because of the poor sanitary conditions like lack of potable drinking water leading to waterborne diseases and other complications.

It also needs to be noted that more than 60% of the population do not have toilet facilities and this contributes to very unhygienic conditions.

HIV/Aids is another health problem which is a matter of concern for the Cambodian society. Growing tourism and prostitution, lack of awareness on the part of the poor people and above all human trafficking to the neighbouring countries contribute to propagate Aids.

**7. Gender Situation:** Cambodia has among the lowest levels of gender equity in Asia as measured by the gender development index (0.427) and the gender empowerment index (0.283). Social attitude and tradition deem women to be of lower status. The consequences are manifested in the significant gender inequities in access to education and levels of female literacy, higher rates of girl child labour, gender inequities in access to public services, and low representation of women in decision-making positions. Poverty is also greater among Cambodian women than men across all economic groups.

Women make significant contributions to the national economy and the incomes and wellbeing of their households. Women comprise 54 percent of the skilled agriculture and fisheries workers, and a substantial number of rural households receive regular income transfers from the almost 300,000 young women employed in the garment sector. Apart from agriculture and garments, women are primarily self-employed in small, informal companies and comprise 49 percent of self-employed retail traders. Lack of access to, or control over, productive resources and services including credit, land and land titles, agricultural inputs and extension services are critical gender issues. Although progress is being made in responding to gender inequities in social sectors, serious gaps remain. The female child labour rate of 50 percent in the 14-17 age groups is considerably higher than the male child labour rate of 36 percent. Cambodia's maternal mortality rate remains one of the highest in the region, suggesting the need for increased attention to reproductive health and improved access to both health information and services.

Women are under-represented in both elected and appointed positions as well as in mid to high levels of the civil service. Only 8.5 percent of the commune councillors and 12.2 percent of National Assembly members are women. General weaknesses in the judicial system together with their low social status leave women with little legal protection. As a result women are highly vulnerable to trafficking, domestic violence and rape. The legal standing of women in property disputes is also unequal. While some progress in formulating policies promoting gender equality has been achieved, mainstreaming gender is a serious challenge, and the political will to implement such policies remains weak.

**8. The Church in Cambodia:** The Catholic Church was established in Cambodia 500 years ago. On April 17<sup>th</sup>, 1975, Church was banned, the Church religious leaders were expelled and practice of any religion was prohibited by the Khmers Rouges; later the Vietnamese overthrew the Khmers Rouges and took control of Cambodia and maintained the ban on religion. The missionaries present there, in particular the MEP fathers, were forced to leave the country.

In March 1990 after the fall of the Khmers Rouges, religious practice was once again authorized and people were allowed to practise their religion. But Church as an institution had to find means to come back into Cambodia. At this juncture, the religious authorities present in Cambodia, prior to the Khmer dictatorship, were ready to stage a comeback but intended to do it progressively. The best way for the Church to comeback into the country was through the social activities which was also a dire necessity on the aftermath of the Khmers Rouges retreat. Wanting to be very cautious in a very vulnerable and uncertain political situation, Church opted to come under the banner of social work. Consequently, Caritas Internationalis played an important role in negotiating with the new leadership in Phnom Penh, to get the Church in as a social work organisation. As such Church came into Cambodia as an antenna of Caritas Internationalis to carry out social activities in the new Cambodian society. Fr. Emile Destombes

was sent as a Caritas Internationalis representative to initiate Caritas Cambodia, antenna of C.I. and he was soon followed by Mgr. Ramousse and Fr. François Ponchaud. Paradoxically, Caritas came to existence first and facilitated the entering of the Church into Cambodia. It was only at a later stage that the Church was recognized as such by the Cambodian government and was allowed to work as such. Today Caritas Cambodia exists as a faith based NGO and the Church does exist as an institution.

In any case, as on today, the Church is a minority institution. The Catholics are about 60 000 in number, out of which only about 7 000 are Khmer. The Khmer catholic community is very poor. The Church in Cambodia is totally supported by the religious community from all over the world. All the Church structures are managed by foreigners, except Caritas which has got a Khmer leadership today. The biggest challenge is the future of the Cambodian Catholics and the future existence of the Church with a Khmer identity. A few Khmer priests have been ordained in the last few years. At the same time, there is an important solidarity within the Catholic community.

**9. Relation between the Church and Caritas:** Mgr. Destombes emphasized that “although Caritas entered first and paved the way for the Church to come in, yet today there is a need to be aware that Caritas is the expression of the local Church and is a witness of universal solidarity through the Church. Church needs a strong Caritas as an instrument for witnessing in the Cambodian society”. He also observed that Caritas Cambodia must work in close cooperation with the Church in the dioceses and that the bishop is the Chairperson of Caritas. All the three bishops are in the governing Board.

It also needs to be observed that prior to the coming of the Khmers Rouges, there used to be a group of volunteers working under the leadership of Catholic Church and involved in social activities. These groups called “Comités de Solidarité” were grass root social action groups involved in solidarity and charity activities. They have been created again when the Church came back to Cambodia, and one of the concerns of the local Church is to create a link between the comités de solidarité and Caritas Cambodia. At the diocesan level, since the bishop is in charge of the social action, there is a need to create the link between Caritas, the “committee of solidarity” and the bishops.

Caritas, as the expression of the Gospel values and the teachings of the Catholic Church, must develop closer cooperation with “committees of solidarity” and must become a means of witnessing in a very simple way. This, said Mgr. Destombes, will go in the way of strengthening the local Church. In this regard, he underlined that the guiding principles, i.e. the basic Gospel values, must guide all the activities. As on today, he also observed that the relation between the bishops and Caritas was appreciable. The work done in the different regions is undertaken keeping in mind the need for cooperation and it must continue. The Management Committee must also contribute to keep up this spirit. This, he said, is vital for the future of Caritas Cambodia and also for the Cambodian Church.

## **Caritas Cambodia's Vision, Mission and Guiding Values...**

*Caritas Cambodia is the instrument of the local Church to implement the social teachings of the Church into action in the Cambodian society. As such it is the social arm of the Church to take up all activities of solidarity in the Cambodian society.*

### **Vision**

Caritas Cambodia in its quality as the social arm of the Church is entrusted with the task of fighting against injustice, promoting the dignity of the poor and above all contributing to establish the values of the Kingdom in a Buddhist society. As such its vision is:

*“The realisation of a just society where rights of people are respected, integral development is promoted by building communities through an empowering process”.*

### **Mission**

In order to achieve this vision, Caritas will be an institution to empower the poor through animation and community organisation and above all through a mutual learning process.

Consequently its mission will contribute to restore human dignity of the poor and will liberate them from the clutches of poverty.

### **The guiding values and principles**

As the social arm of the Church, Caritas Cambodia enroots its vision in the values of the Gospel and the Social Teaching of the Church. Its action stems from a strong desire to live the values of the gospel in a society where there is a need for constant dialogue and reflection.

As a priority, Caritas will help the poorest of the poor without any distinction of caste, creed or religion.

In this regard, Caritas Cambodia shares the aspirations of Caritas Internationalis to promote a “civilisation of love”, that contributes to create a just society where there will be sharing among the people, the poor will have the possibility to ask for their rights and dues.

As the expression of the solidarity of the local Church and as a civil society organisation, Caritas Cambodia enroots its mission in the following basic guiding principles and orientations.

#### ***Human Dignity***

The human person irrespective of religion or ethnicity is the focal point of all the activities which are geared towards the social and political empowerment of each individual within the community. Educating and empowering the individuals in order to achieve collective empowerment is taken up as a priority.

### ***Gender Balance***

Promoting equality among men and women is a priority. This results in a special focus on women empowerment through education and community organisation. Women are considered as important motors for sustainable community development.

### ***Ecology and sustainable Agriculture***

In a country which is predominantly agricultural and where more than 60% of the population is rural, Caritas deems Community based Agricultural development as an indispensable component of its activities and at the same time respecting the ecological order.

### ***Collective ownership of the programme and networking***

Commitment to build people into communities through the VDAs is one of the priorities. The VDAs are people oriented Community based activities with special emphasis on economical and social development. The VDAs are organised into federation at the province level, thus giving the possibility for political participation to the members in the commune and at province level.

### ***HIV/Aids***

Presence of the international forces, exposure to modern values, tourism, have contributed to expose the poorest section of the population to Aids. Due to dire poverty conditions, the poorest tend to eke out a living by entering into prostitution. In the same way, human trafficking also is one of the risk to which young women are faced: they are taken abroad on promises of obtaining an employment, but are forced into prostitution. Caritas Cambodia considers this as an important issue to be addressed on a priority basis both at the social and medical level.

## Brief Strategies and Activities 2007-2011

### **Strategy 1**

Elaborate strategies for disaster preparedness, mitigation response and prevention

Activities:

#### **1. Prevention**

Capacity building of staff and community  
Linkage and networking with local NGOs, Govt' and private sectors.  
Strengthening the committee for disaster management at village level, and national level

#### **2. Preparedness**

Establish Disaster Management Manual  
Researches and Documentations  
Special fund for disaster management

#### **3. Response**

Relief  
Networking  
Resources mobilization

#### **4. Rehabilitation**

Infrastructure  
Psychosocial trauma counseling with special focus on women.

### **Strategy 2**

Through the ongoing empowerment process motivate and strengthen the communities to take up collective activities on important global and national issues.

Activities:

**Strengthening the ongoing programs in the three sectors:**

#### **1. Socio-Economic development**

##### **1.1 Strengthening and formation of P.O:**

- Forming and strengthening the grass roots structure (VDAs)
- Awareness building to communities on Social analysis, human rights and gender issues.
- Motivate the grass roots structure to take up advocacy issues through networking.
- Collective action on land rights, women, human, children rights, trafficking, and disability.
- Capacitate the communities to become self-reliant
- VDAs Federation formation

##### **1.2 Livelihood program**

###### **1.2.1 Sustainable Agriculture Development**

- Promote Organic farming practice (Integrated Farming System, Diversify Farming System)
- Autonomy of farmer (Seed, Soil, Water, Market...)
- Farmers campaign on: farmers rights, non-chemical day, environment day...
- Exposure visit, Farmer conference

1.2.2 IGA and MED

1.2.3 Cooperative

1.3 Small Infrastructure development

1.4 Staff capacity building

- Communication, Facilitation skills
- Research and survey technique
- Conflict resolution
- Asset Based Community Development (ABCD) approach
- Planning, Monitoring and Evaluation
- Result Based Management (RBM) training
- Animation for social transformation

## **2. Health development**

2.1. Community health

2.1.1 Awareness on Health and Sanitation

2.1.2. Collaboration with health center for preventive and curative service through Operational District and Health Department.

2.1.3. School health program

2.1.4. Mother and Child Health

2.1.5. Provide Training to VHVs, TBAs

2.1.6. Outreach service / Medical Consultation

2.1.7. Emergency, referral

2.1.8. Health campaign

2.1.9. Strengthen commune health committee

2.1.10. Collaboration with WFP and other NGOs.

2.1.11. Staff Capacity building:

- Growth monitoring, Child Nutrition
- Training of Trainers
- PME
- Database

2.2. HIV/Aids:

2.2.1. Preventive:

- Awareness education
- Pre and Post test and referral
- Cooperate with HC to educate community.

2.2.2. Curative:

- Education for PLHA and Family on HIV/Aids
- Provide access to ARV treatment
- Visit to OVC and chronic patients
- Care to the prisoner who have HIV/Aids
- Formation of HIV/Aids Support Group

2.2.3. Rehabilitation of Socio-Economic of PLWHA:

- Provide skill training to PLHA
- IGA / Handicraft
- Saving groups
- House rehabilitation

2.2.4. Staff capacity building

2.3. Blindness prevention

2.3.1. Training

- Sub-specialized (small incision for Cataract Surgery, Retina, Glaucoma, Neuro and pediatric Ophthalmologist.)
- Residency training program

- Training Diploma in Ophthalmic Nursing
- Upgrading basic eye nurse to Diploma in Ophthalmic Nursing
- 2.3.2. Research program
- 2.3.3. Eye care services in the hospital
  - Renovate and build new building and equipment (Main issue for next year)
  - Develop Special Clinic (Retina, Cornea and pediatric)
- 2.3.4. Staff capacity building

## 2.4. Child and Adolescence Mental Health

### 2.4.1. *Center Based Programs*

- Clinical and Counselling service
- Special projects such as daycare and early stimulation units
- Continuing Professional development
- Research, documentation, publication
- Networking
- Parent association

### 2.4.2. *School Based Programs*

- Health check-up and prophylaxis
- Prevalence study, Operational research
- Identification and training of students, teacher volunteers
- Counselling and referral program
- Establishing play facility
- Child-friendly school

### 2.4.3. *Community Based Programs*

- Awareness raising
- Prevalence study, Operational research
- VCD, health center staff, traditional healer training
- Home-based counselling, early stimulation
- Home gardening, prevention of micro-nutrient deficiency
- Prevention of 'Needless Disability Program'

### 2.4.4. *Out reach program*

- Clinical services at 'Aruppe Center', Catholic Church, Battambang

## 3. **Youth development program**

- 3.1. Vocational training skills
- 3.2. Value based education through conference, workshop, training, youth fellowship and exposure visit.
- 3.3. Youth club (Youth forum, job placement, job establishment, and social service activities)
- 3.4. Networking with other likeminded organizations.
- 3.5. Staff training
  - 3.5.1. Communication / Facilitation skills
  - 3.5.2. Research on job opportunity and job placement
  - 3.5.3. Transfer of Skill (ToS)
  - 3.5.4. Conflict resolution

### **Strategy 3**

Promote advocacy by networking with P.O and other likeminded organizations and the government to influence policy changes.

Activities:

#### **1. Capacity Building to staff and community on:**

- 1.1. Communication skills
- 1.2. Analytical skill
- 1.3. Advocacy techniques
- 1.4. Research and survey technique

#### **2. Networking**

- 2.1. Researches and Documentations
- 2.2. Develop information system on differente issues
- 2.3. Motivate and mobilize civil society actors in order to take up issues on a collective basis.

#### **3. Advocacy**

- 3.1. Create a platform to bring together the civil society actors
- 3.2. Promote network to take up advocacy activities
- 3.3. Promote campaigns to raise issues or problems: Commune elections, human trafficking, Human Rights day, corruption...

### **Strategy 4**

Strengthen the institutional capacity of Caritas Cambodia by introducing new systems and structures at all levels.

Activities:

#### **1. Capacity Building**

Capacity building of the key staff and the management on

- Managerial skills
- Professional and Technical skills

#### **2. Systems**

- Strengthen the management system by putting in place new systems
- Strengthen the PMS to ensure accountability and transparency

#### **3. Structure**

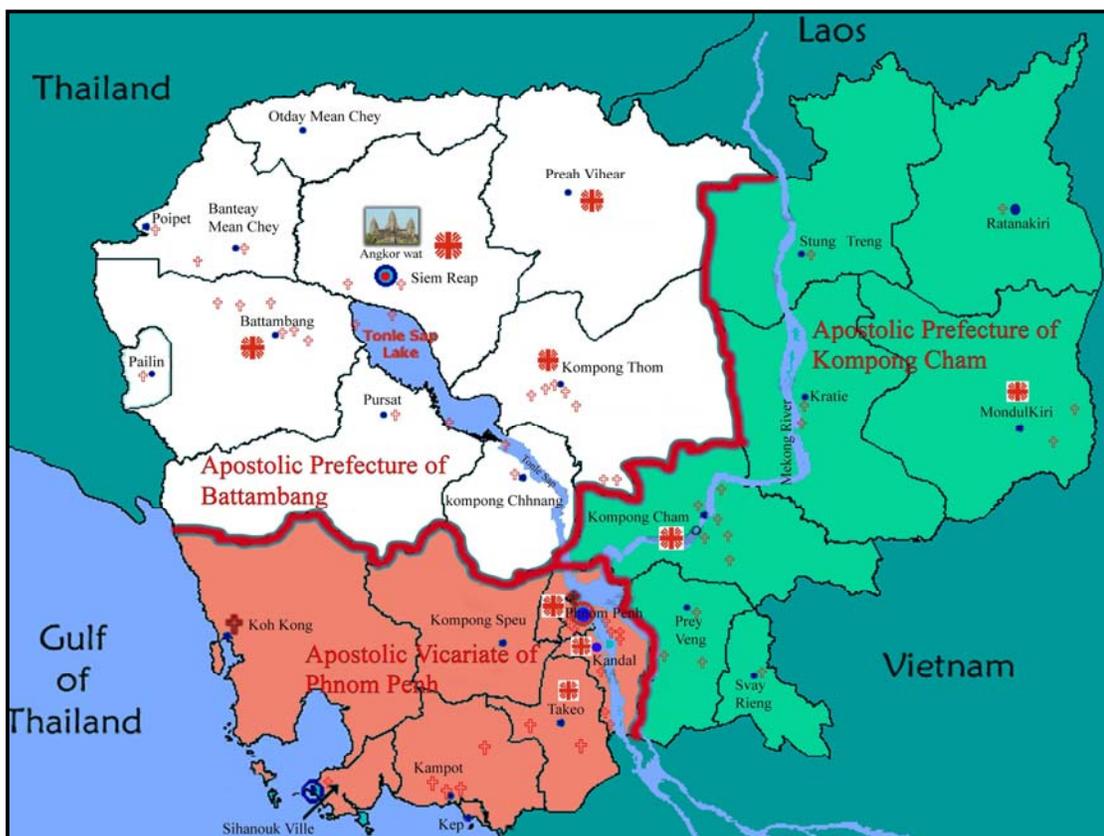
- Review the policies and memorandum of Caritas Cambodia (Financial and technical)
- Establish specific desk at the national secretariat such as Information, Documentation, Gender, HRD and Capacity Building.

#### **4. Communication**

- Strengthen coordination by improving communication and good policies between the national and regional offices
- Strengthen partnership between the partners and Caritas Cambodia by improving communication

## Our target areas

Caritas Cambodia being the development arm of the Catholic Bishops Conference of Cambodia, it works in close collaboration with the local dioceses. Caritas Cambodia working in seven provinces: Kandal, Siem Reap, Battambang, Kompong Cham, Kompong Thom, Preh Vihea and Takeo and Mondolkiri province in 2008. It has operational integrated rural development projects covering six provinces. Caritas Cambodia is committed to promoting and strengthening activities, as part of the community development, and in empowering poorer and most vulnerable sections of the society. Integral developments of communities are particularly empowering the poor to guard their rights. Sustainable agriculture development within communities and income generation program to ensure food security through expansion in agriculture production and increased availability of rice and other food crops, basic service and rural infrastructure development, Rural credit program, youth development program, comprehensive community health program, Home care program for persons with HIV/AIDS and Child Mental health, Blindness prevention. Caritas Cambodia has maintained close relationship with the local authority and other NGOs, and large number of other agencies through various networks. Caritas Cambodia is an active member of the Cooperation Committee of Cambodia (CCC), an association of all International and National NGOs working in Cambodia, NGO forum and Sectoral meetings such as MEDICAM, community development sector group, youth groups, urban sector groups, and water and sanitation group. Caritas Cambodia attends the monthly meetings of CCC, NGO Forum and other sectorial groups regularly.



## Activities undertaken and Achievement

### ***COMMUNITY DEVELOPMENT PROGRAM***

*Towards right based approach  
Target beneficiaries: 61,628 people  
Target VDAs = 300 villages*



### **Grass-root people organization**

- The awareness level of disadvantaged and the displaced groups on the issues affecting their lives has been increased and they are able to well articulate their problems,
- Identify solutions and make commitments.
- They have gradually gained confidence in themselves and started to realize that they can manage their own lives by themselves.
- They are gradually breaking the culture of silence
- Over 250 Village Development Associations (self help groups) have been formed in five provinces.
- These groups are built on the human values and they promote and practice the values of sharing and concern for others and respect human dignity.
- The poor are able to look at the issues critically and look for solutions.
- The grassroots groups are able identify their needs and able to take collective decisions.

## **Food security through sustainable agriculture development and income generation program:**

- Small and marginal farmers have understood the concept and use of sustainable agriculture development program
- Increased agriculture productivity and increased food security level at the house hold level
- Promotion of organic manure and better land management
- There is access to credit facilities within the groups and the exploitation from the moneylenders has been reduced.
- There is considerable improvement in agriculture production and able to secure food for nine to ten months.
- Family income has been increased and is able to buy food during lean period.
- Internal and external migration in search of work has been decreased.
- The small and farmers learned to use the land in an optimal level and increased the productivity.
- They have learned elements of natural resource management, reduced use of chemical fertilizers and increased use of organic manure.
- There is a greater sense of ownership.
- Quality of life of the disadvantaged has been improved. More and more community participation and poor have access to natural resources.
- They have achieved physical and social infrastructure and the poor are empowered. It is a strategic intervention.
- Capacity building the local people for management skills found effective, Technology transfer from one province to another was highly beneficial to the poor,
- Exposure visits to successful program helped them to do integrated farming system.
- Gender impact is significant as women carry some of the main activities out.
- More women participate in the programs.
- The grassroots institutions participate in the advocacy issues such fighting for land title and grabbing of land of the poor by rich and leasing out natural resources to the private companies.

## ***COMMUNITY HEALTH PROGRAM***

*Health services  
accessible to poor people  
in 141 villages  
106,119 population*



### **Primary Health Care:**

- Rural community becoming more and more health conscious
- Reduced infant mortality rate.
- Improved maternal care
- People in the target areas have access to health care
- Women use birth spacing methods and become healthier
- School children are taught basic hygiene and sanitation
- Health of the poor has been improved
- People understand the role of preventive health activities and use health services when needed
- Management committee and Village support group committee of the each health center was functioning effectively.
- Underweight children number has been greatly reduced and nutrition of under 5 years old children has improved. Mother has healthier feeding practices.
- School children get health knowledge and have health behavior.

## ***HIV/AIDS PROGRAM***

***People Living With HIV/AIDS  
have access to treatment  
and return to normal life  
in their community.***

***Cross cutting issues target  
84,000 Populations***



### **Home based care treatment for people with HIV/Aids**

- Improve the quality of life of people with HIV/AIDS and their families by providing a comprehensive home care.
- HIV/Aids patients have developed Tuberculosis and have been treated at the provincial hospital with Caritas supported for food and psycho-social support.
- HIV/Aids patients were provided loans to start small business. They improved their living condition and increased their income.
- Promote network of community volunteers capable of taking care of sick members of their community and promote nondiscriminatory approach
- Support group development has been very successful as people help themselves to be “adherent” to treatment and help their “Peers” in the community.
- PLHA volunteers are also joining our program and helping with HIV/Aids education sessions in their own villages. Home visit are also done to speak to women about their rights to negotiate safe sex with their husband.
- More education on Aids prevention and care was given to the community
- Less discrimination and fear amongst the people affected by the disease, their family or the community.
- Health education and informal discussion with relatives and neighbors have raised awareness and understanding of the disease.
- The PLWHA were access to Ante-Retro-Viral treatment.

# ***CENTRE FOR CHILD AND ADOLESCENT MENTAL HEALTH (CCAMH)***

*A National Centre Services  
for prevention and intervention  
with Community and  
school based for Children and  
Adolescent with  
Neuro-psychological and  
intellectual disability*



## **Center for Child and Adolescent Mental Health**

- 5270 cases were treated
- Community based child mental health programs was initiated
- 40 teachers 15 volunteers trained
- 30 villages and 4 schools benefited.
- Working in collaboration with other NGOs
- Training university students
- Community based child mental health programs was initiated
- Working in collaboration with other NGOs
- Reduction in the prevalence of various disabilities
- Increased Awareness level of community
- Produced the communication materials on micronutrient deficiency disorders at the center
- Prevent needless disability among children
- Stakeholders were aware of Child Help-line
- Improved health status
- Increased number of children with disability attending School
- Increased number of referrals and consultation
- Active participation of the parent
- Established a play facility exclusively for children with multiple disabilities.
- Parent hand out and increased visibility of activities in the media.
- Greater collaboration with rural development sector
- Breast-feeding becoming most important for community

## ***TAKEO EYE HOSPITAL (T.E.H)***

*A national hospital for  
quality of services  
to blind people  
20 000 consultations  
per year*



### **Eye care and Trainings**

- Clients were provided rehabilitation services, medical referral services, and loan or grant provision, Cow Bank, emergency relief to poorest client, education support to blind children, disabilities awareness raising and clients meeting.
- Self Help Group of disable person were formed and supported within CBR existing areas. Self Help Group strengthened in mobilizing resources to support individual and collective income generation activities.
- Collaborated with other NGOs, INGOs and local hospital for referral other medical needs.
- Various training and Capacity building were provided to the field staffs so that they are capable to work with all kind of disabled person.
- The eye units delivered consultations and surgeries. The Eye units encountered various problems that affected the work.
- The doctors and nurses were trained and sent back to their respective provincial hospitals.
- Provided training to the Health center staff from the operational district with the aim of improving the referral system from the health center to the hospital.
- Provided training to the school teacher with basis knowledge to assist children who have eye problems.

# ***YOUTH DEVELOPMENT PROGRAM***

*Skills training and  
value based education  
for young people of  
all provinces.  
200 trainees per year*



## **Youth Development Activities:**

- 1471 youths were trained and gainfully employed
- The trained youth have been able to find employment in government agencies, factories, companies and NGOs, also establish small workshops on their own.
- Youth Club with 600 membership has been formed
- Participate in advocacy work taken up by other NGOs such as Environment's Day, No Pesticide Day, Women's Rights Day, World Food Day, etc.
- Youth try to understand their contribution to the society
- The trained youth have improved their attitude, energy level, stress tolerance and emotional maturity. Hence, the untrained youth were motivated by them.

## Partnership associate with CC

-  Caritas Germany
-  Caritas France
-  Caritas Australia
-  Caritas Swiss
-  MISEREOR
-  Caritas Spain
-  Caritas Japan
-  Sciaf
-  Caritas Sweden
-  APHD
-  OBOS
-  CBMI
-  Other Sources