CARE Cambodia
Program Statement
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Foreword

With a history working with Cambodians since 1973, CARE is delighted to share our vision for our future in Cambodia.

Re-establishing our presence in Cambodia in 1991, CARE’s work has continued to adapt to the country’s rapid development, and the evolving and emerging challenges this growth has created for its most vulnerable people.

CARE is committed to promoting equitable and inclusive development, focusing on the most vulnerable households and communities.

Program results in Cambodia reflect those found by CARE throughout the world - investment in the empowerment of women and girls is one of the most effective methods of overcoming poverty. CARE’s collective work over the last 65 years has taught us when you empower women and girls whole communities benefit. Employing this as a foundation, CARE is targeting two key impact groups: marginalised ethnic minorities; and poor and vulnerable women.

Responding to the needs of these two groups ensures we: address the underlying causes of poverty; - effectively measure and leverage our work; and create sustainable benefits for our impact groups as well as their communities.

We believe working with partners at different levels to address underlying causes of poverty will lead to positive and lasting results.

As we implement the strategy in this program statement we look forward to sharing with you our progress and results.

Stav Zotalis
Country Director
CARE in Cambodia
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1. Vision

CARE is an international humanitarian organisation fighting global poverty by empowering women and girls. CARE was originally established in 1945. Today, CARE works in 84 countries around the world.

In Cambodia CARE works with the poorest and most marginalised communities to address the root causes of poverty and vulnerability. CARE works in partnership to achieve lasting results.

2. Mission

CARE has been an important partner in Cambodia’s development since 1973. This Program Statement sets out how CARE’s work, and the work of its partners, will continue to help the people of Cambodia to reduce poverty, inequality and injustice over the next 10-15 years.

CARE Cambodia is addressing the underlying causes of poverty by:

- Strengthening and building individual, organizational and institutional capacities;
- Building partnerships to facilitate long term sustainable change;
- Working to empower women and their communities to understand and use their rights, and
- Supporting policy development and implementation through advocacy and dialogue.
Cambodia is a rapidly developing country with enormous human and economic potential. After emerging from war and internal conflict, over the last two decades Cambodia has experienced high levels of growth that has resulted in increased employment, improvements in health and education and overall living standards for the majority of its people. Cambodia has relatively abundant natural resources, and is located in a region of significant economic growth. Despite these successes, 1 in 4 Cambodians (about 3.5 million people) live on less than USD 1.25 per day, while over half the population (52 percent) are considered poor according to a range of social and economic indicators\(^1\). Growth in Cambodia has been narrowly focused, occurring mainly in the agriculture, tourism, garment manufacturing and construction sectors. This concentrated development has resulted in increasing inequality between urban and rural areas, between rich and poor and for socially excluded groups. The economy is also vulnerable to external shocks such as financial crises, as well as oil and food price rises. The lack of diversification of productive sectors translates into limited opportunities for income generation and income diversification for the poorest households.

Social development has not always kept pace with economic progress. Some indicators of well being have improved in recent years - for example the HIV epidemic has slowed down and overall enrolment rates for primary education have been rising - while others have shown little change or have been decreasing - such as maternal mortality and education outcomes for rural and ethnic minority girls and women\(^2\). The disparities in health indicators, education outcomes and employment opportunities between different areas of the country and between different population groups, remain substantial.

Women are under-represented in decision-making roles at all levels, from the village to the national government. Women also remain at risk from gender based violence and human trafficking\(^3\). Rural women are among the most disadvantaged groups in Cambodia. **Ethnic minority populations** suffer from limited access to services and marginalisation from mainstream Khmer society. The poor in rural areas are affected by economic land concessions and land-grabbing. Degradation and poor management of natural resources, coupled with the impacts of climate change and reduced access to water will have a significant effect on agricultural production, on which the majority of poor households still depend. **Food insecurity** remains a chronic problem, particularly in the northern and north-eastern provinces.

While many national policies and strategies are in place, there is a lack of coordination among key stakeholders and further capacity and resources are needed to properly implement those policies. A process of decentralisation has commenced, which offers opportunities for greater engagement at the local level, and increased representation of and by the poor and socially excluded. However, governance remains weak and decisions that affect the poor and marginalised would benefit from greater use of democratic processes. Corruption is a serious problem made worse by a lack of transparency in decision making, along with cultural norms that require a sharing of rewards. Civil society is vibrant and active; Coordination across the many NGOs can present problems. Non-government organisations often find their activities can be constrained or limited by government decisions and actions.
4. CARE Cambodia’s Response

CARE recognises the need to address the underlying causes of poverty and marginalization in order to bring sustainable, positive change in people’s lives. This is done through identifying the people for whom CARE wants to see significant and lasting change the ‘Impact Groups’ and by implementing activities based on CARE’s ‘Unifying Framework’ that brings together the eradication of poverty and the enhancement of individual and collective rights.

Impact Groups Who CARE Works With

CARE Cambodia has identified two long term programs based on Impact Groups. These Impact Groups are Marginalised Ethnic Minorities and Poor and Vulnerable Women. For these programs, CARE works towards an Impact Goal that represents the vision for the future and around which programs and activities are directed.

CARE Cambodia is undertaking further analysis to improve our understanding of the Impact Groups, our program delivery approaches and the measurement of results and impact.

Unifying Framework
How CARE Brings About Change

CARE’s Unifying Framework draws on the rights-based approach to development, and identifies a common goal: eradicating poverty and achieving social justice. It sets out three interconnected outcomes:
- Improving Human Conditions (which refers to the quality of life, well-being, and opportunities, including the necessary material conditions for a good and healthy life)
- Improving Social Positions (which relates to people’s position in society and to their ability to live in dignity - influenced by the nature of systemic marginalization, by barriers that underpin exclusion, inequality, and powerlessness)
- Improving the Enabling Environment, the structural environment that recognizes and reinforces mutual rights and obligations – including: (a) good governance; (b) sound legal, regulatory, political and institutional frameworks; (c) pro-poor policies; (d) institutionalised mechanisms for transparency and accountability; (e) conducive private sector social accountability mechanisms; (f) strong civil society participation; (g) freedom from conflict.

CARE believes that working towards these objectives means addressing the multiple dimensions of poverty and social injustice. Working with partners at different levels to address underlying causes of poverty will continue to lead to sustainable results.
Program Delivery

CARE Cambodia’s program approach sets out clear priorities for ensuring sustainable positive changes for the poorest and most vulnerable people in the Impact Groups. CARE engages in active dialogue and advocacy on development policies and attracting resources for Cambodia, especially in relation to women’s empowerment, with donors as well as through the CARE International network. Activities are developed, designed and implemented to address underlying causes of poverty and to build support for sustainable and lasting changes that can be taken to scale. CARE’s strengths include capacity building and coordination, and therefore CARE has taken a greater role in facilitating partnerships with communities, local civil society organisations and governments rather than using direct implementation. The long term aim is to build the capacity of local civil society in order to make the changes more sustainable. CARE has a focus on results and knowledge – improving the assessment of impacts and outcomes from interventions, and enhance the incorporation of this learning into future programs.

CARE Cambodia:

- **Continues to analyse** the Cambodian development context, the impact of programs and bring global experience to help build evidence to inform decisions on future programming;
- **Mobilises** the active participation of Impact Group populations throughout our planning and operations;
- **Develops partnerships** that are long term, sustainable and effective;
- **Designs interventions** to build complementarity, leveraging of additional resources and scaling up;
- **Recognises** the centrality of women’s empowerment to all development interventions;
- **Establishes** high-quality monitoring/evaluation, impact measurement and information systems, and
- **Communicates** research findings and shares results with partners, stakeholders and the people of Cambodia.
Program 1: Marginalised Ethnic Minorities

Cambodia is home to a range of ethnic minorities. Indigenous groups, often referred to as highland peoples, are estimated to represent 1.4 to 2.0 per cent of the Cambodian population, or around 250,000 people. There are at least 17 different language groups living in ten of Cambodia’s 24 provinces. Members of these groups are among the poorest and most marginalised segments of Cambodian society, with the most limited access to health, education and other services. Mortality rates of children are twice the national average and school enrolment rates for girls in the northeast (where many indigenous people live) are significantly lower than other areas of Cambodia. Ethnic minority communities previously reliant on shifting agriculture are finding that land is becoming scarcer and natural resources are being depleted, which undermines traditional livelihoods and coping mechanisms.

CARE Cambodia has been working with indigenous communities in the northeast of the country for over a decade. These programs have focused on education, particularly the education of girls and young women. In more recent years, CARE’s programs have included assistance for food security, livelihoods and health. There have been considerable achievements, particularly in regard to the adoption by government of a bilingual education policy and model. Through this work, CARE has developed strong partnerships with ethnic minority communities, local organisations and provincial governments. To meet the Impact Goal however, is requiring CARE to take a more multi-dimensional approach to addressing poverty and marginalisation.
CARE’s Marginalised Ethnic Minorities Program is therefore based on ensuring equitable, quality social services to poor and remote communities, supporting the greater ownership over resources (both natural and human) and advocating for more responsive governance.

The Marginalised Ethnic Minorities Program has a focus in Ratanakiri Province, but will seek to work for the benefit of all ethnic minority communities in Cambodia, with results benefiting wider Cambodian society, especially the rural poor. Strengthening partnerships with government, with other development agencies, local non-government organisations and with community leaders is an essential element of this approach.

For Marginalised Ethnic Minorities, CARE has identified the primary underlying causes of poverty as social exclusion and inequality (due to ethnicity and gender), the gap between policy and practice (which results in lack of capacities to control resources and livelihoods), and poor governance arrangements resulting from limited participation by ethnic minority populations, coupled with a lack of responsiveness by government. The ability of many ethnic minority populations to engage in economic activities is further constrained by geographic isolation. Further, due to their location ethnic minority populations are more vulnerable to the impacts of climate change, natural hazards, loss of land and diminishing access to natural resources.
In particular, CARE Cambodia:

- Continues to build on successful interventions in bilingual education, and education for girls;
- Strengthens the livelihoods approach to address immediate and underlying causes of food insecurity and rural poverty for ethnic minority and poor Khmer communities in remote areas;
- Strengthens the ability of communities to access services and the responsiveness of service providers to meet the needs of ethnic minorities;
- Acknowledges and integrates climate change adaptation and disaster risk reduction activities as key components of the program; and
- Works at national, provincial and local levels to promote the rights and interests of marginalised ethnic minority communities, and develop indigenous female leadership.
Program 2: Poor and Vulnerable Women

Cambodia ranks poorly in international measures of gender equality. Women make up only 22 per cent of elected officials, and less than 15 per cent of commune council members. The growth of urban-based industries has resulted in considerable rural to urban migration, especially of young women for the garment industry. As a result, women now make up half of Cambodia’s formal labour force, although they earn an average of 33 per cent less than their male equivalents. Migration has also increased the risks to young women of being drawn into occupations such as commercial sex work, beer promotion and other forms of entertainment work. The internal and crossborder trafficking of women and children linked to these industries is a growing concern. The great majority of women’s work in Cambodia remains in the informal sector (especially in smallholder agriculture) and is thus both underpaid and frequently unrecognised. While women own two thirds of small and medium enterprises, in rural and urban areas they have less access to credit facilities, new technologies, market information and other income generation opportunities.

Despite a lack of information and analysis on gender issues in Cambodia, significant gender disparities are evident in key development indicators. Maternal mortality of 461 per 100,000 live births (and significantly more in remote areas) is amongst the highest in the region. While HIV infection rates are decreasing, about half of all new cases are amongst married women from spousal transmission. While there is near gender parity in primary school enrolment, girls’ attendance and retention rates are lower than boys, leading to very low participation in secondary schools. This problem is particularly acute in remote rural and ethnic minority communities. There remains a high acceptance of gender based violence, while most victims do not have access or do not seek professional or legal support. Poverty remains the single most important driver of human trafficking.

In Cambodia, 92 per cent of the poor live in rural areas and the majority of the poor are dependent on agriculture. Improving the livelihoods of the rural poor, particularly women, is crucial for addressing absolute poverty. Women provide more than 50 per cent of the labour in rural households, but often have limited involvement in decision making and income-producing activities. Average annual growth in agriculture in the last decade has been 2 per cent; however as a source of employment for over 60 per cent of the labour force, this growth is insufficient to absorb increasing numbers of job seekers.

The poorest households rely on leasing land, selling their labour or other sources of income for survival.
Female headed households typically have even more limited opportunities. Household water, sanitation and nutrition is generally poor across the country, but worse in remote rural areas. Many villages lack adequate road communications with markets and health or education services in larger villages and towns. Poor post harvest facilities mean significant crop losses and lower prices for produce. Government extension services are severely limited, and often do not reach remote areas. Poor households are often highly indebted, with limited access to rural credit and subsequently have high vulnerability to external shocks. In the northern and northeastern border provinces, home to most of the ethnic minority populations, chronic food insecurity can mean households experience food shortages for up to six months of the year.

CARE employs the Household Livelihood Security approach, which is aimed at ensuring adequate and sustainable access to income and resources to meet basic needs (including adequate access to food, water, health facilities, educational opportunities, housing, and time for community participation and social integration). Consideration is given to rights, which includes ensuring access to services and equity in treatment. Livelihoods themselves can be made up of a range of on-farm and off-farm activities that together provide a variety of procurement strategies for food and income. Livelihoods are more secure when households have ownership of, or access to, resources (both tangible and intangible) and income earning activities, including reserves and assets, to off-set risks, ease shocks, and meet contingencies.
CARE’s program to address underlying causes of poverty combines a range of actions incorporating a focus on **women’s empowerment**—addressing the sum total of changes needed for a woman to realise her full human rights; the combined effect of changes in her own aspirations and capabilities, the environment that influences or dictates her choices, and the interactions she engages in every day. For Cambodian women, this means CARE will continue to **support and promote good governance** that recognises gender equality, build **effective relationships** for policy engagement and advocacy to achieve better outcomes for women, and continue to be an acknowledged leader in the coordination and strengthening of **quality services** that improve the lives of women and their communities.
In particular, CARE Cambodia:

- **Continues** to work with rural to urban migrants and the poorest and most disadvantaged communities in rural Cambodia, focusing on building capacities, increasing resilience and reducing vulnerabilities, while promoting rights and advocating for implementation of policies for women’s protection and safety;
- **Mobilises resources** to address food insecurity, climate change vulnerability, sustainable natural resource management and disaster risk reduction within our programs and those of our partners;
- **Develops** income generation opportunities for urban and rural women and men through capacity building, diversifying and expanding income sources, increasing access to affordable finance and improving linkages to markets;
- **Promotes** the use of savings led microfinance within communities to support rural credit and minimise the risks from exploitation;
- **Works in partnership** with other organisations and communities to address the most serious health issues affecting women – e.g. maternal and child health, acute diseases – and to increase access to quality health services;
- **Supports** further research and policy development to improve the quality of information and analysis on gender issues in Cambodia, and
- **Works at national, provincial and local levels** to promote the participation of women in decision making through our activities and through advocacy with our partners, and advocates for greater ownership of, and access to, natural resources by poor communities, and for donor and government programs to include adequate opportunities for participation from the poorest households.
Emergency and Humanitarian Program

The risks from major natural disasters in Cambodia are lower than other countries in the region. Despite this, many poor people are vulnerable to the impact of low-level natural hazards, potential border conflict and outbreaks of disease. CARE continues to monitor these risks as part of a network of international organisations and government agencies in Cambodia.

CARE is an active partner in humanitarian and emergency relief operations in Cambodia. When a disaster or emergency occurs, CARE immediately responds to address the needs of people affected, through providing shelter, food and other support. In the recovery period, CARE provides assistance to restore livelihoods and rebuild communities.

All of CARE’s programs include elements of disaster preparedness and disaster risk reduction for the benefit of vulnerable populations in times of emergency. We work with authorities at national and provincial level to strengthen community level disaster management and response. Areas of priority include addressing the impact on poor communities of natural hazards such as floods and droughts, as well as the effects of climate change and the risks from emerging pandemic threats.


(2) United Nations Development Program. Cambodian Millennium Development Goals Current Status. 2010

(3) Ministry of Women’s Affairs. A Fair Share for Women: Cambodia Gender Assessment. 2008. USAID. Gender Assessment: Cambodia. 2010


