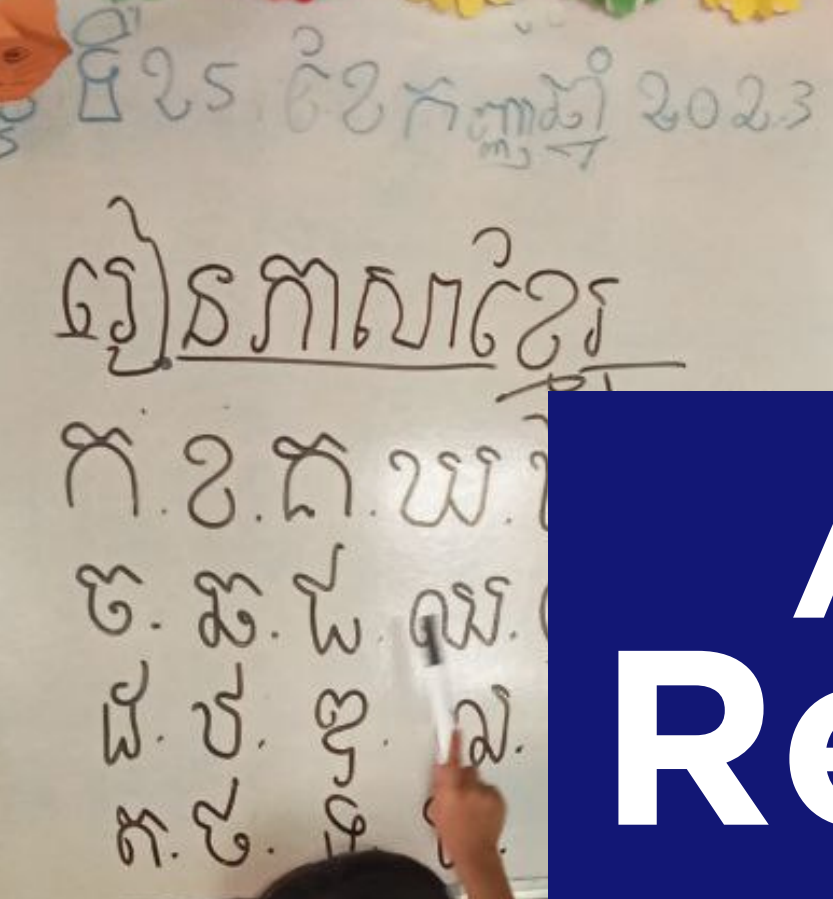




ខេមរា

**KHEMARA**

IMPROVING THE QUALITY OF LIFE OF  
CAMBODIAN WOMEN AND CHILDREN



# Annual Report



**2023**





# CONTENT

|          |   |           |
|----------|---|-----------|
| <b>1</b> | <b>FOREWORDS</b> .....                            | <b>3</b>  |
| <b>2</b> | <b>PROJECTS</b>                                   |           |
|          | Child Care Centers .....                          | <b>4</b>  |
|          | Women and Girls with Disabilities .....           | <b>12</b> |
|          | HIV/AIDS Prevention .....                         | <b>18</b> |
|          | Food Security and Climate Change Resilience ..... | <b>27</b> |
|          | Consortium for Out of School Children .....       | <b>36</b> |
|          | Promoting Healthy Behaviours .....                | <b>45</b> |
| <b>3</b> | <b>APPENDICES</b> .....                           | <b>52</b> |



ខេមរា

**KHEMARA**

## **SINCE 1991**

KHEMARA is Cambodia's longest serving local non-government organisation (NGO). In 1991, Cambodia was starting to rebuild and recover after many years of war, poverty, famine and widespread instability. Such a past had left the country traumatized with little knowledge of basic human rights, particularly the rights of women, children and the vulnerable in the community. This led to large sectors of the population being subjected to abuse through a lack of understanding of their options to exercise their rights.

Khemara was founded to educate, support and empower the most vulnerable and disadvantaged people in the community; to ensure they understand their rights and achieve their potential to participate in decision making.

## **IMPROVING THE QUALITY OF LIVES OF WOMEN AND CHILDREN**

Over the past 32 years, Khemara has developed a range of services to protect and empower women and children to improve the quality of their lives. Today, its fundamental understanding and established concept has enabled thousands of women, children and those with disadvantages to recognise their potential and rights to participate in social development.

## **BY THE CAMBODIAN PEOPLE FOR THE CAMBODIAN PEOPLE**

Collaborating directly with commune councils, committees for women and children and communities, Khemara stands out as a grassroots local NGO present on the ground and constituted of a local team that works closely with the beneficiaries. All programs are based on a robust set of principles for identifying those most in need in the community and establishing a clear and concise implementation plan.

# Foreword



**Koy Phallany**  
Executive Director

With our numerous projects focusing on health awareness and access to education, 2023 was a year of reconstruction and self-improvement for KHEMARA. We embarked with excitement on implementing diverse projects in Phnom Penh, Takeo and Tboung Khmum provinces.

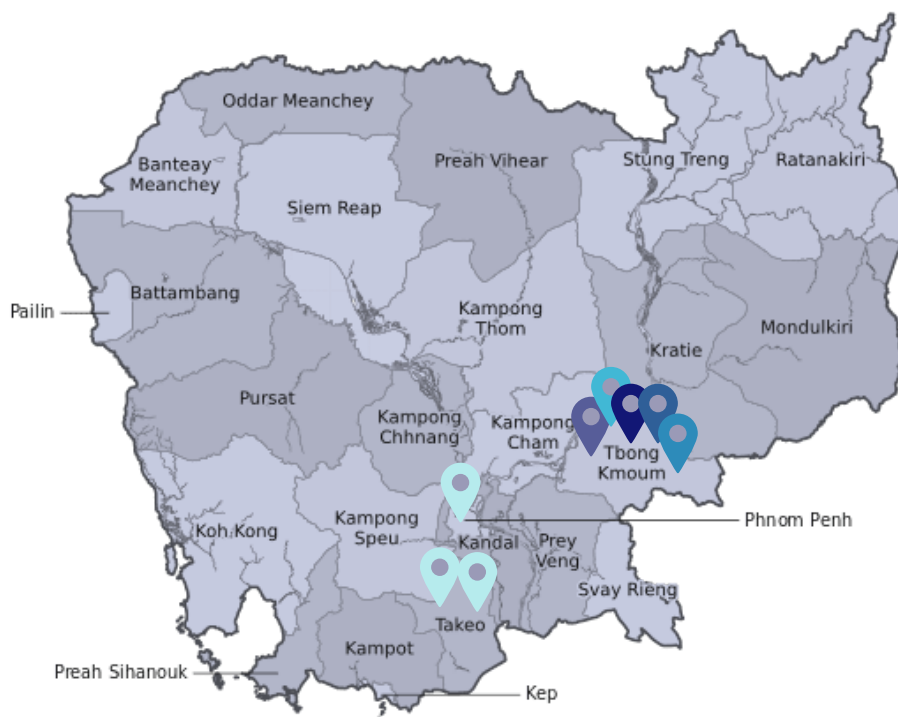
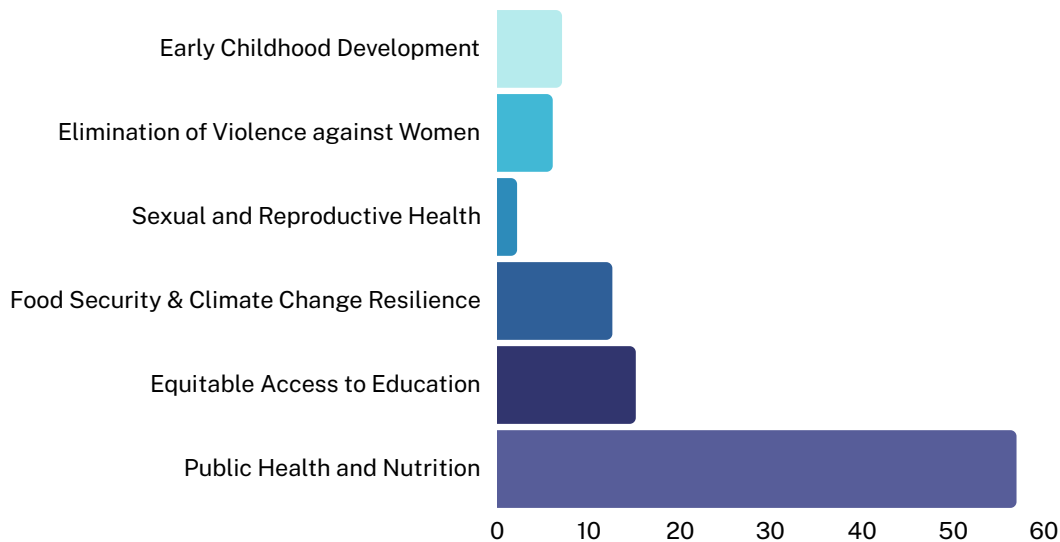
2023 was a special year for Khemara. Our organization has shown clear and efficient results in supporting and promoting education. Not only did we continue to strengthen our grassroots approach, adapting to the needs of communities and answering their challenges, Khemara gained national recognition for its hard work for social development. In fact, we received several certificates of appreciation from national and provincial authorities regarding our education and health projects and we were honoured with a royal medal from the King of Cambodia, gifted to us by the Prime Minister of the Kingdom of Cambodia in person.

As 2023 comes to an end, I look forward to 2024 which promises to be a great year for Khemara. We are planning to expand our projects and extend our activities to new provinces and communities. The focus is on the expansion of our Early Childhood Education actions, towards the opening of new child care centers opened full-day during the week with medical check-ups and WASH facilities provided. Moreover, we are looking for ways to improve parents and community participation and involvement in our education actions. Regarding women empowerment, I am eager to see our project for the elimination of violence against women and girls expand, thanks to new donations, so that Khemara can work in several new areas and serve new communities.

We could not have achieved all that we did without the dedication, commitment, hard work and contribution of Khemara's team and partners; stakeholders; national, sub-national and local authorities; and funding partners amongst others. Working closely and harmoniously with all level partners permitted Khemara to run the 2023 projects smoothly and efficiently. We want to thank all of you sincerely for your continued support and solidarity.

# PROJECTS IMPLEMENTED

(% OF 2023 BUDGET)





2023

# Child Care Centers

Project





# Context

**Improving the quality of life and education of children is a major challenge in Cambodia. With 34.8% of the country's population being children [1], the future of Cambodian society revolves around the future of its children.**

The current situation of Cambodian children is far from satisfying, particularly during the most vulnerable and crucial part of the children's life: early childhood. This complex situation browses a variety of topics that gravitate around three main issues: **Poverty, Hygiene, and Education**. Among all three matters, poverty is a major concern as it influences both hygiene and education, impacting the growth and living conditions of children.

In Cambodia, poverty remains an important problem with 17.8% [2] of the population living below the poverty line (around 3 311 739 person)[3]. This inevitably affects the children, as 22% of them live below the poverty line and 48.7% of the under 17-year-old Cambodian are multidimensionally poor [4]. In addition to the impact on those children's quality of life, poverty impacts parents' ability to buy school furniture, school tuition, or provide daily healthy and balanced meals. Moreover, when households face poverty, parents cannot abandon income-generating activities to stay home and care for the children.

Eventually, caregivers have to leave children unattended at home or bring them to work, putting the children at risk of getting injured. Sometimes, older siblings will have to stay home to care for the youngest, leading to brothers' and sisters' inability to go to school. While some parents might choose to drop an income generating activity to watch over their children, it exposes the household to more poverty.

If health and hygiene are central requirements for decent living conditions, their importance is most crucial during early childhood development. Yet, Cambodian children are not well equipped in this matter, neither in private nor at school. Within households, access to clean water, sanitation and health facilities is still a problem in Cambodia, with 39% of the poorest and 32% of the poor [5] lacking access to drinking water, 86% and 75% without access to sanitation and 51% and 41% without access to basic hygiene services [6].

In schools, meanwhile the situation is at an all-time record concerning access to primary and secondary schools with more than 80% of them offering basic access to water, the situation remains alarming when it comes to preschool with only 60% of schools providing basic access to water [7]. Although it is common worldwide, this disparity takes on particularly significant proportions in Cambodia, even from a global point of view. Sanitation in school environment is a major issue as only 32% of Cambodian schools offer basic sanitation services; the lowest rate in all East and South-East Asia [8]. This preventable situation leads children to be stunted, unhealthy, sick, and in worst cases to an early death, especially in rural areas.

Finally, if major improvement has been made in Cambodia regarding education, there remains a major delay in early childhood education development.

In 2021, while 91.9% of Cambodian children were enrolled in primary education, only 60% of the 5-year-old registered in early childhood education. A number that falls dangerously behind as age decreases, with 32.6% of enrollment for the 4-year-old and only 12.1% for 3-year-old children [9]. This does not include completion rates that are also a major concern among all the Cambodian education structures, whether in early childhood, primary or secondary education [10].

In addition to the lack of teachers and infrastructures, there is a clear lack of awareness from the parents regarding the need for and benefits of early childhood development in Cambodia. This lack of knowledge about the importance of early childhood education, coupled with the aforementioned problem of poverty, leads to a low enrollment rate of Cambodian children in early childhood education structures.

[1] Numbers from 2019. UNICEF, *AN ANALYSIS of THE SITUATION of CHILDREN and ADOLESCENTS in CAMBODIA 2023*, Phnom Penh, 2023

[2] National Institute of Statistics, Ministry of Planning, *Economic and Social Survey 2019/2020*, Phnom Penh, 2020; see also; Humanitarian Response Forum (HRF), *Contingency Plan, Focus on Floods, Droughts and Storms*, Phnom Pehn, November 2022

[3] Query IDPoor Data, Household Data, <https://app.idpoor.gov.kh/public-data-query#publichouseholddata>

[4] Data obtained by using the Multiple Overlapping Deprivation Analysis methodology (MODA), UNICEF, *AN ANALYSIS of THE SITUATION of CHILDREN and ADOLESCENTS in CAMBODIA* Op Cit.

[5] The poorest population of Cambodia is 1 130 707. And the poor population represents 2 196 227 people. Both are under the poverty line. – Based on the ID Poor Methodology

[6] Ministry of Rural Development, *National Action Plan Rural Water Supply Sanitation and Hygiene 2019–2023*, Phnom Penh, 2023

[7] UNICEF, JMP, WHO, *Progress on drinking water, sanitation, and hygiene in schools 2000-2021 Data update*, Bangkok, June 2022.

[8] Tied with Laos. Cambodia is also the second lowest rate of sanitation in East Asia, South East Asia, And the Pacific combine after the Solomon island. JMP, *Progress on drinking water, sanitation, and hygiene in schools 2021 update*, Bangkok, September 2022,

[9] UNICEF, *AN ANALYSIS of THE SITUATION of CHILDREN and ADOLESCENTS in CAMBODIA 2023*, op.cit.

[10] Cf, *Consortium on out of school children* project from Khemara page 34

# Objectives



To act in the favor of Cambodian children and their families, Khemara is committed to its flagship project: The Child Care Centers (CCCs).

Launched in 1991, Khemara's oldest ongoing project aims at addressing early childhood challenges in Cambodia through the strengthening and expansion of kindergartens' capacities. In that way, the new kindergartens move beyond their primary educational function to become the center of an action which impacts positively the entire community. Through its CCCs project, Khemara is committed to working both inside and outside the kindergarten.

To influence the quality of education within the kindergarten, Khemara places emphasis on the importance of environment in education rather than simply on the quality of programs and teachings. This translates into the organization's determination to create a safe and fulfilling space for children not only to learn, but also to grow.

In addition to allowing time for play, rest, and artistic expression, good infrastructures are needed to set a good environment, whether it is the decoration and quality of the kindergarten or the provision of WASH facilities (Water and Sanitation Hygiene).

These WASH facilities serve a dual purpose, and help Khemara influence the overall health and well-being of the community. Indeed, along with being partially accessible to the entire community, Khemara's child care centers provide children with teaching on hygiene matters and practices, that they can later share with their peers and families and therefore contribute to limiting the reproduction of unhealthy behavior. To address health issues in the community, Khemara provides medical assistance and check-ups to its beneficiaries as well as quality food support. These two actions not only affect the overall health of the children and their facility to attend class, but also target families' expenses by helping to reduce the costs of food and medicine.





# Objectives



Khemara's consideration of the impact of child care centers in their community translates into important supplementary effort outside of the kindergarten. By ensuring that a parent-teacher bond is established, Khemara not only gains the opportunity to educate on the importance of early childhood development but also improves its integration within the community.

This "Out Of the Kindergarten" approach of the CCC project helps the monitoring process of the NGO's intervention as it provides a more complete overview of the children's situation and the influence of the Child Care Center. It is an opportunity to receive direct feedback from the families of our beneficiaries. These discussions also allow the parents to participate in the life of the Child Care Center, becoming actors of the action, which is a great way to improve democracy and empower the community to participate in decision-making processes.

Beyond its actions' immediate results, one of Khemara's main long-term objectives is to ensure the sustainability of its activities and the involvement of its staff in the decision-making process. Teachers' participation in decision-making processes, as well as their almost total control over the daily activities and life of the child care centers, is crucial to ensure that our project adapts to the needs and specificities of its location and beneficiaries. This does not only improve Khemara's CCC project overall efficiency, but also strengthens the integration of the child care center within the community.

Ultimately, this inclusion of teachers, parents, and local authorities allow the Child Care Center to operate and pursue its objective autonomously from Khemara.





# Actions

## Proper infrastructures

These renovated, or newly built, kindergartens are decorated by the teachers and Khemara's staff. They all provide WASH facilities: toilets, hand-washing facilities and water fountains. These water fountains can be used by the community so they can access drinkable water. To ensure children's fulfillment, the kindergartens are equipped with playgrounds, toys and a dedicated nap room.

## Access to health

Along with international volunteers from Projects Abroad (on Koh Dach Island), Khemara offers medical check-ups to its beneficiaries every two-weeks. These medical check-ups also include monitoring, dental check-ups and medical support in case of serious problems. The medical check-ups provided on Koh Dach Island are also open to the elderly of the community. Khemara's work toward its beneficiaries' health also includes food support. It takes two forms: Providing healthy and balanced meals three times a day for the children attending the kindergarten, and food distribution to the families [1].

[1] Which include noodles, rice, water, sugar, salt, fish cans, soy and fish sauce, and oil. These distributions also include soap and are worth 107 450 Riels per families (26 dollars).

## Our kindergartens

In 2023, the Khemara Child Care Center project was operating in three different locations for 227 children between 3 and 6 years old:

📍 **Koh Dach Island**, our oldest CCC (built in 2014) on the island, it is still active and operates all day. It is providing its services to 31 children divided into 2 classes.

📍 **Bati**, our newest CCC (opened in June 2022), it operates half-day in a former abandoned kindergarten, renovated by Khemara. It is providing its services to 87 children divided into three classes.

📍 **Tram Kok**, our biggest CCC to date, opened in January 2021 for a total of 109 children, in four classes. This Child Care Center operates half-day.

## Quality education

Khemara's CCC offer quality education in both Khmer and English. Besides the classes on mathematics, English, Khmer, science, and learning of the surrounding wildlife, children also have time for drawing and drama lessons. The education provided in the CCC ensures children finish at the top of their class when they go to primary school. This transition is being closely monitored by our team who follow and help the children in their first years of primary school. Beneficiaries are also provided with school furniture such as backpack, notebook, pencil etc.

Khemara also offers training to its beneficiaries on WASH topics with dedicated sessions about teeth brushing, hand washing and other healthy behaviors.



# Future

With the year 2024 coming soon, Khemara plans to expand its Child Care Centers Project by improving the services in the organization's already existing kindergartens and by creating more child care centers in the country.

In order to improve our infrastructures, the CCC on Koh Dach Island will be renovated on the upper and ground floors. In Bati, Khemara is planning to open the kindergarten all day and work closely with our partners from Projects Abroad to expand their team's medical support to Bati. Concerning Tram Kok, discussions are underway with the local authorities and the Tram Kok Health Center to organize medical check-ups every two weeks. Furthermore, Khemara plans to open new kindergartens in Mondulkiri, Krouch Chhmar, and Tboung Khmum (where the organization previously operated a child care center).







**ខេមរា**  
**KHEMARA**

+855 175 898 87  
khemara.admin@khemaracambodia.org  
<https://www.khemaracambodia.com/>



2023

# Preventing violence against **Women & Girls**

## With and Without Disabilities



# Context

Gender-based violence is a huge problem around the world and Cambodia is no exception, as stated by UNICEF in 2023: "In Cambodia, violence against women and children is [still] commonly accepted" [1]. Despite the government's efforts and an overall improvement of the situation, much remains to be done. In fact, in 2022, 10% of women aged 15 to 49 have experienced physical violence since the age of 15 [2] and 45% of girls aged 1 to 14 have experienced physical violence [3].

Women are not equal in front of gender-based violence (GBV). Some differences appear due to economic, geographical, and marital reasons. In this regard, the most vulnerable women are undeniably the married women[4], living in rural areas[5], who are undergraduate[6] and poor[7]. These data clearly show the impact of isolation and dependency on the initiation and reproduction of GBV, but also those violences are reinforced by factors such as disability and young age. This impact of isolation was also highlighted by the COVID-pandemic when we noticed a significant increase in violence against women around the world and in Cambodia as well.

Isolation, however, is not only present in the premises of violence but remains afterwards, creating a vicious cycle.

According to the 2021-2022 Demographic and Health Survey of the Cambodian National Institute of Statistics, 53% of gender-based violence victims do not seek help or tell anyone about the violence.

Moreover, in 54.5%[8] of the cases when the victim seeks help, they do so to their families, creating a close space to solve violence without the involvement of professionals. In addition, being part of a cultural, linguistic and religious minority reinforces victims' isolation and unwillingness to report GBV. More than their communitarian life and the exclusion that comes with their status, belonging to a minority constitutes a fertile ground for silencing victims. Indeed, women and girls victims of GBV do not report the acts of violence for fear of weakening the group or of being accused of betraying the group.

[1] UNICEF, *AN ANALYSIS of THE SITUATION of CHILDREN and ADOLESCENTS in CAMBODIA 2023*, Phnom Penh, 2023, p.2

[2] National Institute of Statistics, *Demographic and Health Survey 2021-2022*, Phnom Penh, 2023, p.287

[3] UNICEF, *AN ANALYSIS of THE SITUATION of CHILDREN and ADOLESCENTS in CAMBODIA 2023*, op.cit

[4] 57.8% of the physical violence and 69.5% of the sexual violence are committed by the current husband/intimate partner. National Institute of Statistics, *Demographic and Health Survey 2021-2022*, op.cit., p.287

[5] Rural women are more vulnerable than urban one (11.2% of rural women have experience violence since the age of 15 and only 8.8 for the urban ones). National Institute of Statistics, *Demographic and Health Survey 2021-2022*, op.cit., 299

[6] Non educated women are 19.6% to have experience violence where only 2.4% Of the women that have an education going further than the secondary experienced violence since the age of 15. *Ibid.*

[7] 15.4% Of the lowest wealth quintile having experience violence since the age of 15 and only 6.2 for the richest. *Ibid.*

[8] National Institute of Statistics, *Demographic and Health Survey 2021-2022*, Op.cit., p.319.

# Objectives



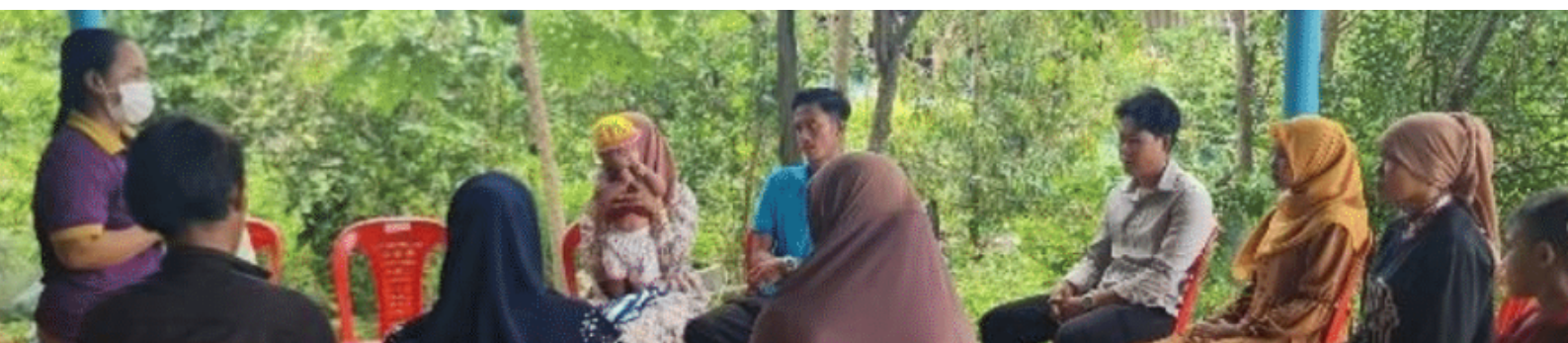
Acknowledging the aggravating factors previously mentioned, Khemara chose to work in Tbung Khmum, a mostly rural province with the second lowest secondary school completion rate and the fifth lowest primary school attendance rate, known as the main province for the Cham minority, an Arabic and Cham-speaking minority that practices Islam and makes up 11% of Tbung Khmum's population.

To break the cycle of violence, Khemara aims to address the isolation that the organization underlines as one of the main factors that trigger gender-based violence. To oppose the domination and violence created by and for gender inequality, all of Khemara's actions in this project are constructed around the idea of regrouping actors and making them participate in the action. More than being the DNA of Khemara, this focus is central to ensure that violence stops but also to prevent its reproduction. The need to establish group solidarity and give victims a central role in the response is hindered by a significant issue when addressing gender-based violence: silence. As previously noted, GBV victims often remain isolated following acts of violence, with community pressure playing a significant role in their reluctance to speak out.

Khemara responds to this issue by establishing an alternative to group pressure, creating a new space for victims to express themselves. This space is led by individuals who have lived through the experience of GBV, or are specialized in these matters, and are able to understand the victim's reality and respond to her needs.

However, Khemara's goal is not only to protect and support victims of GBV. To solve this deeply rooted problem in our society, our NGO recognizes the importance and need of education. In this matter, Khemara focuses on organizing trainings with our beneficiaries including their husbands. These trainings have two objectives, to avoid the recurrence of violent actions and behaviors by the husband, and to empower women and girls to recognize and fight sexist behaviors and gender based violence.

These sessions allow Khemara to cover a wide range of topics affected by patriarchy and related to GBV, such as consent or men's perceptions of women. These trainings are also an excellent way for Khemara to build relationships with the couples and women, allowing for easier monitoring and facilitating women's reporting of GBV to the NGO.







# Actions

## Trainings

Focused on intersectionality, training sessions aim to enhance the comprehension of gender inequality, controlling and violent behaviors, as well as the respect of consent, the correct behavior to adopt in case of violence, and the already existing tools that women can use in these situations. These training sessions are organized within the community and are aimed at both women and couples.

This action is the backbone of Khemara's project, as it not only ensures the end of violence but also increases the knowledge of women in order to help them recognize gender-based violence. These trainings have proven to be effective, with 98% of the 99 persons who attended the trainings in 2023 reporting an increase in their knowledge about gender-based violence (GBV) following the training.

Furthermore, Khemara works in collaboration with local authorities to organize a 16-days campaign. Occuring every year, this campaign aims to increase the attention of young people in preventing and responding to gender-based violence. In 2023, this campaign took place in Hun Sen Pongear Krek High School and Heng Samrin University, reaching a total of 336 student (234 girls).

## GBV-response group

The main problem created by the fight against GBV is the wide range of actors involved in such actions. The first mission of Khemara in the creation of the solidarity group was to include all actors of the protection of GBV victims. Therefore, the groups include health center staff, police, judiciary, social workers, members of the Commune Committee for Women and Children. The groups' main responsibility is to allow victims to open up and report cases of violence in order to then facilitate an effective response.

With the presence of police and justice members, the victims will benefit from facilitated access to justice and with the help of health center and social workers they will be cared and followed up. After 9 quarterly meetings gathering more than 252 people, 5 GBV-response groups were created and helped respond to 66 cases of violence.

## Sustainability

For long-term sustainability, Khemara is devoted to establishing community-based self-help groups. Organized by women for women, these groups break the isolation that follows violence, bringing victims together. Victims can share their experience and inquiries with women who lived, or still live, in the same reality. These groups are also a great way to empower the community as they create a force to be taken into account and help raise the problem of GBV in the community and the voice of the victim. In 2023, we supported the implementation of 10 of these self-helps groups, helping over 153 women.

# Future

For the year 2024, Khemara aims to reach the already established objectives of the project. These objectives all aim to increase the number of beneficiaries and trainings in the project for the next years of implementation.

Started last year and targeted for a total of three years, this project is in a constant state of adaptation as it needs to adapt to local realities.







**ខេមរា**  
**KHEMARA**

+855 175 898 87  
khemara.admin@khemaracambodia.org  
<https://www.khemaracambodia.com/>



2023

# Sexual and Reproductive Health

# HIV/AIDS Prevention



# Context

Although the numbers of newly HIV infected dropped since 2015 (from 1400 in 2015 to 1100 in 2020) [1], this situation did not last and HIV infections increased back to 1400 in 2022. This makes Cambodia the third most infected country per inhabitant in South East Asia which translate in a new HIV/AIDS contamination every four days.

During the last years, the HIV situation in Cambodia has worsened.

If the generalization of PrEP medicine helped by government efforts [2] as well as the generalization of the free access to HIV test in health centers allowed Cambodia to notice a significant drop of HIV related death until today (1700 in 2015, 1200 2020, to 1100 in 2022)[1], the situation regarding the newly infected is far less pleasant.

In fact, even though HIV related deaths dropped, life with HIV still remains a challenge socially in Cambodia with 15% of the people living with AIDS reporting experiencing discrimination and stigma in their respective community[3], and 26% of the population expressing discriminatory attitudes towards people with HIV[4].

Cambodia's situation is closely related to a lack of education on HIV and more widely STI but is also to a lack of use and knowledge on contraception. In general, if the technical situation of Sexual and Reproductive Health (SRH) improved significantly in Cambodia during these past 5 years, the main issues remain family planning strategy and education.

Indeed, 74% of Cambodian women demand access to family planning and 60% of them report an unmet need for it. This lack of family planning is shown in the data regarding contraception methods with only 26% of women using pills, and only 14% using condoms [5]. Such a lack of education also translates into a lack of self-knowledge with, for example, only 20% of the 15-49 years old women having a correct understanding of fertility period [6].



The situation worsens when we look closely into the age category. Indeed, although everyone can be a victim of sexually transmitted infections and the lack of sexual and reproductive health education affects all of Cambodian population, the youth are especially vulnerable.

First experiences often become spaces for unsafe sexual behaviors. In turn, this leads to devastating consequences.

The the use of contraception for the 15-25 is the lowest of all ages groups with only 28.4% of women between the age of 20 and 24 using any types of contraception and only 4.9% for girls between 15 and 19. Regarding contraception use, SRH information and HIV/STD knowledge and testing, 15 to 19 years old are consistently far behind all other age categories, even though 19% of women and 17% of men have sex before the age of 18 [7].

[1] <https://www.aidsdatahub.org/sites/default/files/resource/unaid-aid-data-book-2021.pdf>

[2] *Ibid*

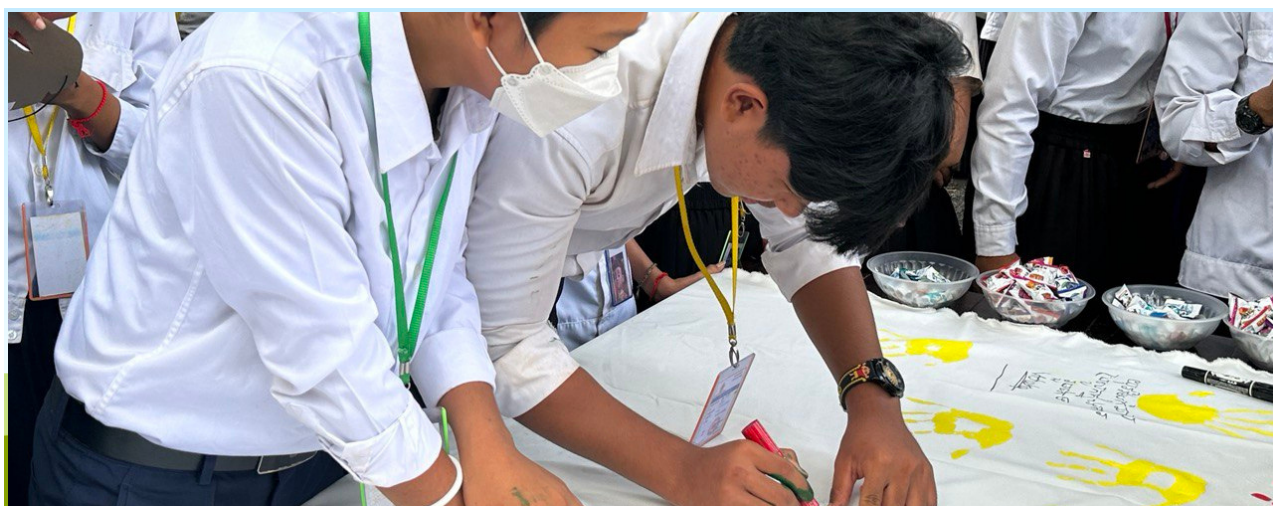
[3] “Percentage of people living with HIV who experienced stigma and discrimination in health-care and community settings, countries with available data, 2018–2021”, UNAID, *Global AIDS Update 2022*, 2022

[4] In 2023, 24.5% of Cambodian express their opposition to buy fresh vegetable from a HIV positive person. National Institute of Statistic, *Cambodia Demographic and health survey 2021-2022*, Phnom Penh, March 2023

[5] Sexually active unmarried women. This number must be put in perspective with its relation to marital status. In Cambodia, 76% of men admit using condoms during their last sexual intercourse, however this is in a non-marital or non-cohabiting situation. As for women, if the numbers fall to 47%, this is also closely related to marital status with a drop of condom use data and an increase of pill use. However, these number stays very low and in a lot of case, marriage and regular sexual relation equals the abandon of modern contraception. *Ibid*.

[6] *Ibid*.

[7] *Ibid*.



# Objectives



To prevent sexually transmitted infections (STI) and improve communities' knowledge on sexual and reproductive health (SRH), Khemara's plan focuses on educating the youth. Not only is the youth at major risk as mentioned previously but their education on SRH will benefit them all their life. Yet, talking about SRH subject at this age can be challenging as students tends to avoid, laugh, or be shy about such topics. Khemara's objective is to integrate itself in the school as much as possible and to break the barriers between students and the action. To this end, Khemara intends to work within the school on three level: Administrative, School, and Students.

The action's administrative-level is embodied in our relationship with schools' teachers and director. They are key to the implementation of Khemara's actions in the schools not only through their approval but also because they are one of the best monitoring actors for the actions. Living with the students every day, they know a lot about the problems, behaviors, and current state of mind of the students. Even though the student's voices will always be the most important and precise for our monitoring, teachers and directors benefit from a more general and higher point of view and are easier to exchange with.

Moreover, teachers are a key element in Khemara's action. Their position of educators, close to students, helps the implementation of the action. Besides, ensuring their approval is mandatory as our action sometimes takes place during class time.

School-level refers to Khemara's action toward all the students. These activities and events are the highlight of Khemara's project and allow the organization to make direct contact with its beneficiaries. Playful, and passing as a day off for the students, educative programs give Khemara the opportunity to connect with the students in an all different way as if the NGO were organizing formal training or conferences. This format also allows Khemara to break boundaries and ensure that the maximum number of students participate to the actions.





# Objectives



The most important level is the student-level. Ensuring that our beneficiaries take part in the decision making process and the life of our action is at the core of Khemara's purpose. HIV prevention and sexual and reproductive health campaign make no exception. To guarantee the best link with the beneficiaries and to create a better environment for them to make SRH topics their own, Khemara works directly with some students to make them actors and representatives of Khemara's project inside the schools. These students are what we call "Peer educators", they are the center of our SRH action and embody the operation.

Trained by Khemara and its partners, the Peer educators directly intervene in school with their peers and receive their questions and inquiries. They also participate in the activities and events that Khemara organizes. Peer educators embody the action's commitment to democracy, to beneficiaries' self-organization and participation, to education for SRH and STI prevention, etc. Moreover, they are best positioned to inform Khemara on the trends and change of the students world. Thus, they are ensuring us a better understanding and therefore a better implementation of the action in the students' reality.

Khemara's action however would not be complete with only education. Because ensuring that students know the fundamentals of Sexual and Reproductive Health and HIV prevention is important, Khemara needs to provide them with tools to apply this knowledge in their life. To do so, we are working closely with the local health centers and local authorities and committees such as the Commune Committee for women and Children (CCWC).

Apart from providing students with materials we are committed to provide students with follow-ups in any SRH and STI related inquiries and procedures. STI and SRH problems are very serious and generate stress and anxiety especially when knowledge about these subject is insufficient.

It is mandatory to ensure that a comprehensive and safe environment is created and that the students that engage themselves in any kind of procedure feels followed and not judged.





# Actions

**Khemara's action is taking place into 4 schools in the Tboung Khmum province: Beoung Proul High School; Tout Vihear High School; Tuek Chenh High School; and Tropong Russey High School located in Beoung Proul, Chiro I, Chiro II communes in Tboung Khmum District. In 2023 this action reached 793 students**

## Peer Educators

The Peer Educators (PE) are chosen by an elective process involving the whole school. Starting from 7th grade, the election process is supported by the school administration, Khemara staff but also the community leader and the number of peer educators is decided regarding the size of the school. In November 2023, a total of 34 peer educators were working in the schools with respectively 6 peer educators for Beoung Proul (3B/3G), 8 Peer Educators for Tropong Russey (3B/5G), 10 Peer Educators for Tout Vihear (4b/6G) and 10 Peer Educators for Tuek Chenh (3B/7G).

Peer educators follow a training by Khemara's staff in collaboration with the health Center where they learn about multiple subjects regarding SRH and STI but also regarding communication towards their peers and then get a refresher training 6 month after the first one.

Training are organized in such a way that the peer educators get to know each other which ensure that P.E. appear as a cohesive group, helping them be recognized and acknowledged by the other students.

Because the impact of the P.E. revolves around their importance in the school, they are implicated to a maximum level in the organization of the events and in addition to animating these events they are able to organize activities that takes place during the events.

## Day-to-day Education

Education of students on SRH and STI matters would not be complete with only one event per year. The core of the action takes place every day, with the peer educators' help, to the direct direction of the students. Every two weeks during the salute to the flag, peer educators gather to speak about SRH and STI related topics in front of the school, a process supported by teachers and by the school director to avoid putting to much pressure on P.E.'s shoulders.

Beyond these traditional and formal informative speech, the main education sessions take place every month in the newly implemented question box.





# Actions

This box gathers students' questions and inquiries about SRH and STI subjects that are then answered in front of the classes by peer educators who gathered beforehand with Khemara's and Health Center's staff to prepare the answers.

The idea behind this action is to allow a free and anonymous way for students to ask questions and to receive answers to their actual inquiries. In a context where students, especially boys, avoids speaking about these subjects, this box allows the students to avoid group's pressure and judgment while allowing everybody to benefit from individuals' question.

In this day-to-day education action, the peer educators, whose previous action have made recognizable for the students, act as link between students and the Health Center and Khemara's staff.

Although contacting the Peer Educators is not mandatory, some students prefer to contact a peer to talk about these subject. Therefore, Khemara made sure that students had someone to reach out too, to guarantee that no one was left behind.

## Events

Along with the election of peer educators, the so-called "Mask Event" is one of the most important actions of the project. In 2023, three of them were organized the 9th of september, the 1st of december . During half a day, the Mask Event is the occasion for Khemara to openly showcase its action and to meet the students in a playful and happy environment. During this time, priority is given to students' expression and to helping them. Multiple activities are organized by Khemara and the peer educators which allow every Mask Event to be different. However, three main activities remain the same.

To ensure students' expression, we organize a painting session where students are invited to paint with their hands and write what SRH represents to them. To stimulate interest and answer students' inquiries, we organize a *True or False* quiz on SRH and STI-related subjects. Our last main activity, which gives its name to the event, is a mask contest between all the students. Organized to raise awareness about the situation of HIV positive people, these mask events create a great moment for students to exchange with Khemara staff about HIV and SRH and often constitute a time for Khemara to gather testimony.

Apart from their entertainment and educational aspect, mask events are also the time for Khemara to provide its beneficiaries with direct support on SRH and STI matters. Khemara provides students with free condoms and, with the help of the health center's staff, informs the students on STI and pregnancy testing and abortion possibilities in the area.

# Future

This action is very young and therefore constantly evolving. For the year 2024, Khemara will continue to adapt its action according to the feedback received from our beneficiaries and from the schools administration. Special attention will be given to the progressive overtaking of formal activities to implement more interactive activities promoting participation of beneficiaries because Khemara believes this is necessary to improve the student's involvement in the project.

As such, the formal speech by the peer educators, which occurs outside in a standing position in front of all the school, will be gradually replaced by small group projects similar to the ones taking place during the P.E.'s trainings. This will allow the students to work, supervised by a P.E, on sexual reproductive health, making it their own. However, this will not include to public presentation as this might expose students to group pressure. These activities will allow the in-charge P.E. to gain confidence in themselves and their leadership and will make them recognizable, therefore improving their effectiveness.

Khemara's actual action severely lacks an awareness program about consent, internet use and danger. Because students around this age often engage in the consumption of pornography content, it is important to help them gain knowledge about safe behaviors, consent and, more widely, to prevent the loss of confidence suffered by some when engaging with this kind of content. Moreover, especially on the SRH and STI topics, the internet is an fertile soil for fake news and contrary information. Giving the students tools to safely browse and search on internet will be beneficial, even for their day to day lives and their studies.







**ខេមរា**  
**KHEMARA**

+855 175 898 87  
khemara.admin@khemaracambodia.org  
<https://www.khemaracambodia.com/>

2023

**SEWOH Project**

# **Food Security and Climate Change Resilience**

**For marginalized particularly vulnerable  
farming communities in rural Cambodia**





# Context

**In Cambodia, the rural population, especially land-poor, landless and/or women-headed households, constitute a particularly vulnerable community. Global warming, malnutrition and poor health education are common challenges that need to be addressed for rural communities, especially women and children, to be protected and empowered.**

Southeast Asia is part of the most disaster-affected region in the world and 85 percent of disaster risks are climate-related [1]. Cambodia experiences increasing extreme weather events leading to casualties, slowed economic growth and development, destruction of infrastructures, environmental depletion, and a decline in people's quality of life and welfare.

Those negative consequences of global warming particularly affect Cambodians living in rural and remote areas where subsistence agriculture and natural resources are their main sources of livelihoods and local economy. In fact, the majority of their agricultural production is dependent on the monsoon rain and natural floods/recession [2]

Children are the more vulnerable group regarding environmental harm. 1.5 million children under 5 years old die every year from air pollution, water pollution and exposure to toxic substances, together with other types of environmental harm while many more suffer from diseases or disabilities throughout their life.

In Cambodia, unsafe drinking water is one of the leading causes of child morbidity, particularly in low-income households. Children who live in rural settings are two times more likely to drink unsafe polluted water than children living in urban settings [3].

The current situation regarding drinking water in Cambodia demonstrates a need for education to improve storage, handling, and treatment of water in the household and reduce the risk of pathogen exposure among household members, particularly children.

Along with hydration, nutrition is an important issue when it comes to rural communities, especially women and children. During pregnancy, during childbirth and during the first months of having a child, mothers and newborns are particularly at risk. Even though Cambodia has made significant improvements in decreasing its child mortality rates, many children are still dying every year, especially at birth and during the first month of life.

Those deaths are often from preventable causes either because mothers did not receive the right care during pregnancy, or because babies did not receive postnatal care or proper nutrition in the early months of life. In fact, rural communities often lack adequate, affordable and accessible health services, a lack of skilled health staff, and adopt poor hygiene and harmful traditional practices.

Cambodia's malnutrition rates for children under 5 years are among the highest in the region. And it is in rural areas that the situation raises the most concern.

Malnutrition has irreversible effects on children's health and is one of the most significant obstacles to human development. "Sub-optimal feeding practices, poor water, sanitation and hygiene (WASH), poverty and mothers' lack of education are the main causes of child undernutrition". [4]

In rural Cambodia, income from their land is rarely enough to sustain their families leading to poor farmers experiencing a high level of food insecurity. Therefore, rural Cambodia's children, and especially those under 5 years old, constitute one of the most vulnerable populations in the country.

[1] UNEP, UNICEF, UNCHR, Children's Rights to a Safe, Clean, Healthy and Sustainable Environment in the ASEAN Region, Nairobi, UNEP, UNICEF, UNCHR, 2021,

[2] *Reducing the vulnerability of Cambodian Rural Livelihoods through enhanced sub-national climate change planning and execution of priority actions (SRL)*, UNDP website, <https://www.undp.org/cambodia/projects/reducing-vulnerability-cambodian-rural-livelihoods-through-enhanced-sub-national-climate-change-planning-and-execution-priority>

[3] Poirot E, Som SV, Wieringa FT, Treglown S, Berger J, Laillou A., *Water quality for young children in Cambodia - High contamination at collection and consumption level*. *Matern Child Nutrition*, 2019

[4] UNICEF Cambodia, *Health and nutrition Cambodia Country Program*, Phnom Penh, 2019, (p.2, §6)





# Objectives



This project is implemented by the Vulnerable Children Assistance Organization (VCAO) in collaboration with Khemara Cambodia, Cambodian Women's Development Association (CWDA), and Children and Life Association (CLA).

This community-based project's main purpose is to reduce poverty in rural farming communities. This project constitutes an opportunity for the four NGOs to muster their respective strengths and best practices to combating the causes of malnutrition and hunger. To do so, they join forces to develop strategies and action plans such as investments in small-scale water management infrastructure, technical assistance to resilient agricultural practices, and capacity building support, especially targeting poor women, for improved food production in home gardens.

Households from 60 villages of 7 municipalities in 4 districts of 4 provinces have been selected on the basis of poverty status, food insecurity, degree of vulnerability and inability to cope with external climate shocks, and their interest and commitment to participate in project activities. Priority is given to families with disabilities, large families and women-headed households.

As malnutrition remains the underlying cause of 45% of child deaths and 20% of maternal deaths, the organizations are working to raise awareness on appropriate feeding and healthy practices during pregnancy and after birth, during the child's first years. Malnutrition during pregnancy and early life causes long-lasting consequences that can lead to learning difficulties, vulnerability to disease, and lower future earnings. Good nutrition is the bedrock of child survival, health and development.

Together with the three other NGOs, Khemara aims to promote the importance of water hygiene and balanced nutrition in households and communities as part of a comprehensive approach for ensuring healthy child nutritional status and growth. Healthier feeding and hygiene behaviors can only be adopted by all if local administrations are supported to actively engage in promoting individual and communal access to services.

This is why the SEWOH project is based on an interdisciplinary and coordinative approach with the target groups but also with the local authorities and the relevant ministries.



# Objectives



To improve child and maternal health, women are to be supported and educated on their health to avoid any preventive incidents during pregnancy, delivery and early childhood. Promoting comprehensive emergency obstetric and newborn care can make the difference between life and death for pregnant women, young mothers and their newborns. Furthermore, education programs on antenatal care, regular medical checkups, and postnatal care as well as the provided support during medical care interventions should be realized by gender-sensitive personnel.

This project is based on the thought that changing perceptions is the first step towards changing behaviors. Therefore, we advocate for a change in practices encouraging women to deliver their babies with a midwife in a hospital rather than a traditional birth attendant at home, to visit a clinic for routine life-saving health checkups for their babies and themselves rather than not having their newborns checked after birth. Such choices can save lives, avoid health complications and guarantee the best for children's development.

To ensure proper nutrition and reduce poverty, this project also targets agriculture and livestock practices of farming communities to guarantee their adaptation to climate change and the optimization of production capacity to generate sufficient income to sustain the household. Thus, Khemara takes part in implementing trainings and campaigns on agricultural techniques, water use, farming and livestock management and food processing.

Concerning the targeted youth, vocational trainings is provided to support young people in gaining skills for employment opportunities in the region's local enterprises such as hairdressing, beauty, tailoring or motorcycle repair.

Finally, with the establishment and follow ups of self-help and saving groups, the project assures strong collaboration, interdependence and collective support among community members along with strengthened participation in the educative programs and training sessions provided by Khemara staff.







# Actions

## Income Generation and Production

In collaboration with local authorities and Department of Agriculture, Khemara provides trainings in agricultural techniques and livestock breeding, organizes 2-days sessions on family garden farming, livestock husbandry techniques and food processing, and provides additional grant support (vegetable seed and agriculture material) to the beneficiaries. Besides, Khemara engages in the construction of wells. In 2022, the project led to the successful construction of 31 wells in total, including 12 set by Khemara reaching 54 households. And in May 2023, Khemara had already set 5 new water wells in Cheurteal Ti Mouy Village, Srei Seam Village and Chroy kor Village.

In cooperation with Commune Committee for Women and Children and the Heads of Communes, Khemara organizes vocational trainings and specific courses for the youth of covered area's villages. In addition, support is provided to households who cannot diversify their agricultural production to earn alternative income.

In 2022, 1.622 poor households benefited from SEWOH project's actions; 25% of them can grow vegetables, cash crop and raise poultry for at least 9 months of the year, 20% reduced the number of hunger days to 90-150 days/year and 42% increased their income to 120-180 USD/month (4.00-6.00 USD/day).

## Climate Change Resilience

To help rural communities adapt their agricultural practices to climate circumstances, Khemara is working with local authorities and the Department of Agriculture to provide technical trainings and workshops to self-help groups. Within January and June 2023, 52 sessions had already been held by the four NGOs for a total of 248 participants in 26 villages. In-depth follow-up meetings for self-help groups are also organized to train community members on vegetable organic growing, poultry raising, well maintenance, and food processing for local market demand. In March 2023, Khemara alone organized 10 meetings in Tatrav village, Tek Chenh Village, Toul Ponley Village and Chroy Kore Village. Synchronously, a continued education program was ensured with the arrangement of 9 village meeting sessions and follow-ups of 9 saving groups.

All four NGOs work together to promote district and provincial networking among self-help groups, with the organization of tournaments, and of exchange visits to the project's different programs so that beneficiaries can learn more about the specificities of agricultural production in each area.



# Actions

## Health and Nutrition Advice for Mothers and Caregivers

Cooperating with health centers in its covered area, Khemara organizes semestrial “Community Kitchen” sessions that include courses on nutritious food preparation for babies under 2 years-old, instructions on pregnancy check, iron and folic acid supplements for pregnant women and vaccination for under 2 infants, on the benefits of breastfeeding but also on the dangerous symptoms to be aware of concerning new mothers’ and newborns’ health.

Working with the commune head, village heads, and health center authorities, Khemara engages in the monitoring of behavioral changes in the fields of nutrition. The organization regularly arranges meetings at commune level to discuss the situation of children, pregnant women and childbirth in the coverage aea. Four of those sessions were held by Khemara on January and June 2023 in Chiro 2 Head of Commune, and Peam Chilaing Head of Commune, for a total of 100 participants. During the year 2022, with the help of the health center staff, Khemara was able to provide prenatal care to 545 pregnant women, vaccination to 122 children and birth delivery services at health center to 55 women per month.

## 1.000-day Campaign

The 1.000-day Campaign is one of our main action. This awareness campaign aims at educating mothers and caregivers on the 1000-day cycle, from inception in the womb until the infant is 24 months old. Future and new mothers participating in this program learn about the need for periodic health checkups, the importance and specificities of child and pregnancy nutrition, safe hygiene practices, and the healthy weight and height of a baby at a certain age. During the 1st Semester of 2023, already 35 half-day community gatherings and educative sessions were organized and benefited 446 mothers and caregivers of children under 24 months.

Assisted by commune chiefs and Commune Committee for Women and Children, chiefs of local health centers, deputies, midwives, and heads of villages, Khemara organizes home visits with local authorities to monitor parents’ change of behaviors such as pregnant women’s monthly attendance to health check-ups, the family’s implementation of a healthy nutritious diet and mothers’ breastfeeding of babies at least 8 to 12 times a day. In 2022, Khemara and the three other NGOs were able to conduct a total of 55 visits in 42 covered villages that involved 663 households with 130 pregnant women and 576 babies under 24 months.

Finally, Khemara is actively lobbying and networking at district and provincial level on food security. The organization cooperates with government representatives (WCCC) and submitted the Progress Report to District and Provincial Governor.



# Future

With the project approximately 95% complete at the time of this report, the project partners have already achieved most of the targets set in terms of physical inputs and numbers of beneficiaries reached through these inputs. Areas falling short of overall targets mainly relate to follow-up, capacity building and strengthening of groups formed throughout the first few years.

Today, as Khemara wishes to continue joining forces to empower vulnerable communities, the organization is considering the organization of new projects with its SEWOH partners.





**ខេមរា**  
**KHEMARA**

+855 175 898 87  
khemara.admin@khemaracambodia.org  
<https://www.khemaracambodia.com/>



2023

# Consortium for Out-of-School Children

## Project



# Context

**High dropout and repetition rates in early grades and low secondary registration remain a persistent challenge in Cambodia today. Those numbers vary considerably with each different socioeconomic groups. In fact, drop-out rates are particularly high among children from vulnerable groups, including people from ethnic minorities and indigenous communities.**

The high numbers of children being out of school is closely related to several factors: the uneven access to school, the informal costs for families, the limited prospects for good jobs after secondary or tertiary education, a lack of vocational training and second-chance programmes. Besides, teachers are poorly trained and supported, underqualified and underpaid therefore delivering an overall low quality of teaching and learning in schools and dated curricula. In addition, most teachers must rely on second jobs and/or offer private tutoring to increase their income. [1]

However, for children who come from ethnic minorities, new challenges add to those above cited. In fact, the high school drop-outs rates within those vulnerable groups can be explained by the language barrier. Children from vulnerable groups face several disadvantages as they are more likely to suffer from poverty, from gender inequality, from disability and to live in an isolated geographical location.

Such challenges eventually lead to a high number of those children dropping out from school. Later, when looking for work, many find themselves excluded from obtaining decent employment because they lack the required academic qualifications and skills. [2]

Multilingual Education (MLE) was introduced for the first time in Cambodia by the non-governmental organization CARE approximately 15 years ago in the five north-eastern provinces. The objective was to encourage and increase access to and participation in quality education from vulnerable groups' children, via a language transition. In Cambodia, while the Khmer ethnolinguistic population represents around 90 percent of the country's residents, several minority groups from different ethnicities, traditions and religions are also living in the country. Among them, the muslim Cham minority accounts for 1-2 percent of the population.



# Context

The Cham community now resides in scattered provincial regions across Cambodia, in the provinces of Batdambang, Tboung Khmum, Kampong Thum, Kampong Cham, and Pouthisat. Today, most of the members of this religious minority live in poverty-stricken and often isolated villages. Along with their own traditions, the Cham have their own language. Cham language is considered on the *vigorous* level according to the EGID (Expanded Grade Intergenerational Disruption) Scale. This means that the language is used for face-to face communication by all generations and its situation is sustainable, as the language continues to live on, unwavering. [3] However, when enrolling in typical public Cambodian schools, Cham speaking children find themselves facing difficulties to adapt to all-khmer curricula.

*“The odds of low performance in reading and mathematics among students who speak a minority language at home are more than twice as high as the odds among students who speak Khmer at home.”*

SITAN, 2023:10 [5]

This is why multilingual education is as still relevant today; it constitutes an effective tool to adapt education for children who speak a minority language. Currently, such methods are being gradually implemented by the Cambodian government and its Multilingual Education National Action Plan 2019-2023 [4] that aims to encourage enrollment of minority children and reduce school drop-out rates caused by language barriers.

[1] UNESCO, *Country Strategy for Cambodia 2019-2023*, Phnom Penh, 2018

[2] Basic Education Equivalency Programme (BEEP), UNESCO website, <https://www.unesco.org/en/articles/basic-education-equivalency-programme-beep?hub=66944>, 1 May 2023

[3] Jessica Ball and Mariam Smith, Srom Bunthy, Srey Mao, Ka Nom, Thuk Bun, Cheun Kham Phin, Chab A and Pim Kheav, *Independent Evaluation of the Multilingual Education National Action Plan in Cambodia*, Phnom Penh, UNICEF, May 2019

[4] Cambodian Ministry of Education Youth and Sport, *Education Strategic Plan, June 2019*, Phnom Penh, 2019

[5] UNICEF Cambodia, *An analysis of the situation of children and adolescents in Cambodia*, Phnom Penh, 2023, p.10



# Objectives



The Cambodia Consortium for Out of School Children is a collaborative project between Khemara and Action Education (AE), funded by Educate A Child and implemented by AE. The project's core purpose is to support marginalized, out-of-school children (OOSCs) have access to equitable, quality and relevant primary education. Khemara works to remove economic and other barriers for education in order to facilitate access back to school for OOSCs.

To raise awareness on the need for primary education in the commune, the organization also engages in the conception and organization of several campaigns to enroll children in school. As a local grassroots NGO, Khemara focuses on greater community involvement and engagement with education duty bearers. Therefore, the annual enrolment campaign organized in each school target communities from areas surrounding the primary schools at the village level and focus on accessibility. These enrolment campaigns are an opportunity for Khemara to mobilize local community leaders and committees including the School Support Committee, Commune Committee for Women and Children along with the schools' students. enrolment campaigns were organized within the villages surrounding primary schools.

One of the primary reasons behind the high number of out-of-school children within Cham communities is the language barrier. To ensure that Cham-speaking students can transition successfully to a Khmer-speaking education curriculum, teachers and Islam teacher assistants work together and share ideas to create learning materials in classrooms and use them to facilitate education for the children. This multi-lingual program should ensure that students are able to acquire the knowledge much faster and that their attendance rate remains high throughout the years.

Beyond only removing the language barrier for education, Khemara also aims to lessen the economic burden of sending children to school for Cham households. For schooling costs should not prevent children's access to school, scholarships and bicycles are provided by Khemara to selected students, so as school materials and transportation costs are not reasons stopping parents to enroll their children.

With the intention of ensuring a high retention rate of 85%, percentage of first-time enrolled OOSC who return to the same school, the following school year, Khemara engages in the establishment of remedial classes.





# Objectives



Remedial classes are designed in close cooperation with school directors in meetings to discuss timetables beforehand. In fact, such classes are to be flexible to avoid overlapping school timetables and the Muslim religious schedule. Remedial classes are reserved for children with learning difficulties, it is a time when they are provided special support and the opportunity of one-on-one explanations and follow-ups. The establishment of remedial classes is a key achievement in our action plan to reduce repetition rates and drop-out tendencies.

Khemara takes on the duty to gather teachers, headmasters and other professionals in order to develop teaching methods for bilingual learning and teaching activities. Creating greater support to the schooling of OOSC and providing the children with enriched learning opportunities is what transpires from Khemara's actions in the different schools. Such objectives come hand in hand with the ensuring of adequate and well-equipped infrastructures. Therefore, Khemara works to continuously ensure students' access to clean washing facilities in the schools.

Finally, Khemara's main concern in all of its projects is to ensure their sustainability, making sure that they continue to affect communities on the long run and that they are eventually ran by the community it-self. To permit such sustainability, Khemara aims to conduct technical trainings for teachers and Muslim teacher assistants to facilitate bilingual education, create materials for student learning, and create work plans for student learning.

Overall, the objective is to achieve continuous development and improvement of the school curriculum, to improve equitable access from all children to schools while also working to prevent drop-outs and repetition tendencies, encouraging school enrollment and educating on the importance of sanitation in communities.





# Actions

## Enrollment of OOSCs

**Khemara is currently working in 30 schools in Tbong Khmum Province.** The project expanded from 15 to 30 schools in December 2023.

Via the organization of enrollment campaigns, financial support and the opportunity for children to access special multilingual programs, Khemara has been able to enroll a total of 634 out-of-school children from January to June 2023.

Our ultimate goal is to enroll 1.750 students in primary education programs and to achieve an 85% retention rate, meaning the least drop-outs possible. Khemara is also promoting education directly in communities as the NGO organizes annual enrollment campaigns in each school's area.

This school year 2022-2023, the enrollment campaign was held in December 2022 in all 15 schools. Our awareness program was able to reach 717 participants including families but also local leaders, school directors, and community committees such as the School Support Committees and the Commune Committees for Women and Children.

Overall, the campaign was a huge success because directly after the events the school directors of our partner school registered 203 newly enrolled children for January 2023.

## Multilingual Education (MLE)

Project's participants conducted a 4-Days Workshop and reached consensus and approval on learning curricula and tools for multilingual education in our 15 target schools. During the semester of January to June 2023, Khemara welcomed the enrollment of 334 Cham-Students in 12 MLE classes (1s Grade).

Khemara has collaborated with the Department of Education to train Cham teacher assistants in 2-days workshops. In turn, 9 teacher assistants were successfully hired for the 12 multilingual classes as 3 of those classes were already taught by Muslim teachers.

The teacher assistants are key actors to ensure that Cham-children are gradually introduced to the Khmer language in order to reach the same level as other students quickly. Khemara and partners thoroughly make sure to provide a contribution of \$45 of the overall monthly salary of \$150 for the Islam-Teacher Assistants.





# Actions

## Remedial classes

Designed with school directors and adjusted so as to better adapt to children's schedules and religious practices, remedial classes have been implemented in the project's 15 schools. Children with learning difficulties are provided special educational support, to avoid them dropping out but also to prevent grade repetitions. Khemara makes sure that teachers receive an additional allowance of 80\$ per month to run the remedial classes. Over the school year 2022-2023, 763 students have accessed the classes, including 434 of newly enrolled OOSC. 34 remedial classes have been set during the 1st semester.

## In-kind study support

Khemara aims to remove all barriers to children's access to school whether lingual, financial or geographical. Households that struggle financially are more likely to be reticent to enrolling their children to schools. To answer those challenges, Khemara provides support to children including school supplies and transportations. From January to June 2023, 484 children received in-kind support while 50 newly enrolled OOSC received scholarships in the forms of bicycles worth 50\$, facilitating access to schools.

With the expansion of our project to 15 new schools in December 2023, Khemara will also be able to provide the 375 newly registered

students with in-kind support of 11\$ each, including school material such as the designed Khemara school bag, clothes, books and pens. Those should be distributed to students early January 2024.

## Sustainability

To ensure the sustainability of the project, Khemara is working to strengthen the capacities of the community and the well-functioning of the schools and multilingual programs.

During the school year 2022-2023, Khemara has organized two semestrial workshops to strengthen the capacity of the school support committee on the 19th of September 2022 and on the 26th of March 2023. Those workshops allow stakeholders to share experiences and discuss issues among themselves to improve their capacity building measure and compose an inclusive school development plan.

To evaluate the results of our numerous activities, follow-ups are scheduled 4 times per year and conducted by the DTMT (District Training and Monitoring Team) from the Provincial Office of Education to ensure that all activities are in line with our project goals. Furthermore, to ensure proper and durable infrastructures in the 15 schools, Khemara has managed to rehabilitate 11 handwashing facilities, repairing 9 of them and setting up 2 new ones.

# Future

As there had been delayed regarding those actions, Khemara will make sure that in-kind support be provided to reach the 2023 target of 650 out-of-school children and the 2-days refresher training for teachers and assistants be organized in February 2024.

**Regarding the next school year 2023-24, Khemara will thoroughly continue to implement the Consortium for Out Of School Children Project.** The NGO will engage in rigorous evaluations of the first year and its successes and continue its quarterly follow-ups with the DTMT in schools to ensure the continuous effects of all programs.







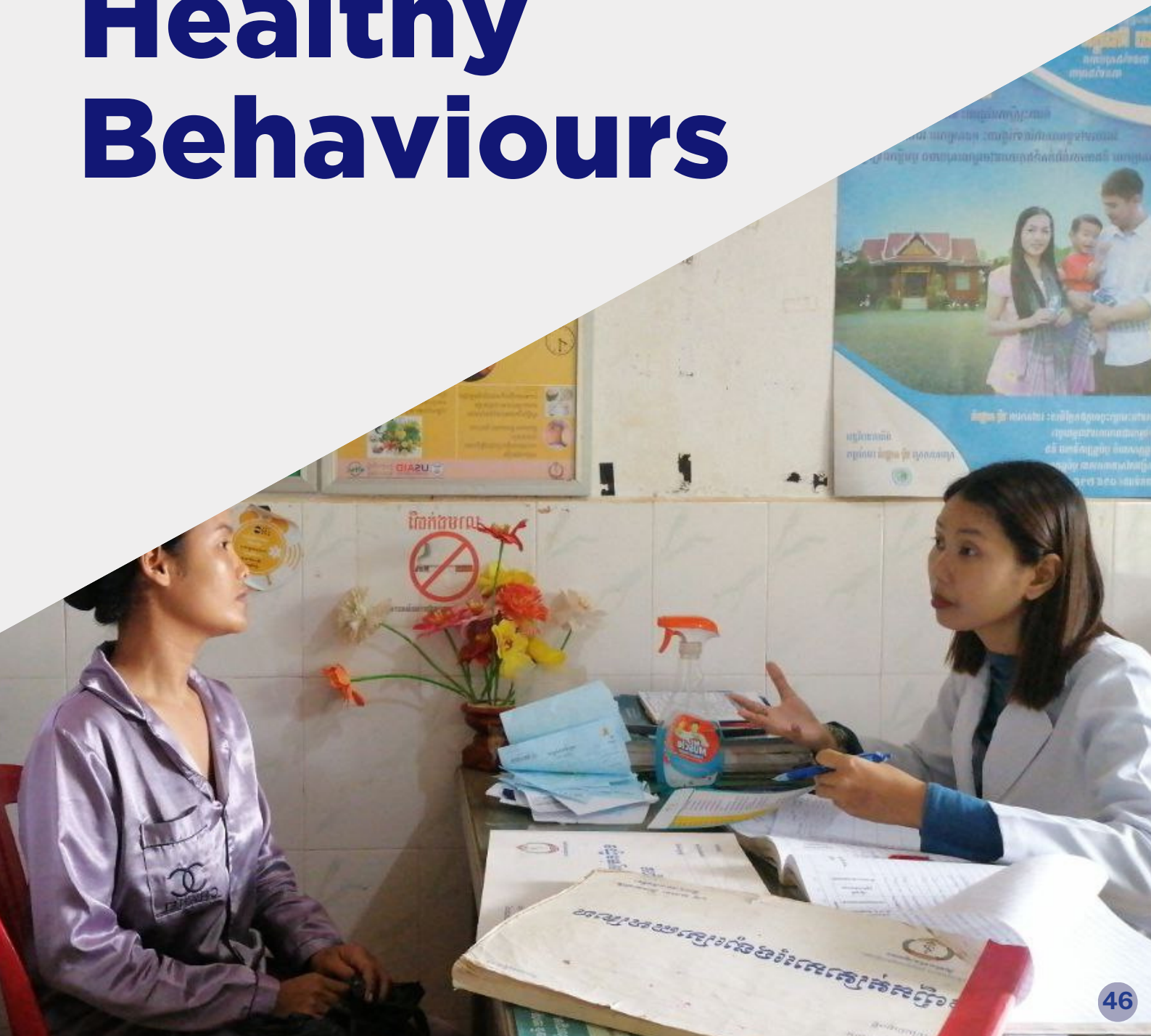
**ខេមរា**  
**KHEMARA**

+855 175 898 87  
khemara.admin@khemaracambodia.org  
<https://www.khemaracambodia.com/>



2023

Population Services International  
**Promoting  
Healthy  
Behaviours**





# Context

**In Cambodia, the rural population constitutes a particularly vulnerable community. Child and maternal health and nutrition, along with safe modern contraceptives, are important topics that need to be raised awareness about, as too many children still suffer from malnutrition and diseases prevail in rural communities where water is not used properly and basic hygiene facilities are not available.**

As explained before in our report (p.18), in Cambodia, unsafe drinking water is one of the leading causes of child morbidity, particularly in low-income households. In 2022, more than 22% of the population had no access to basic water services. In fact, 1.2 million Cambodian households could only drink surface water, directly collected from rivers, streams, pond, lakes or irrigation canals. [1] Drinking unsafe water exposes populations to a higher risk of illnesses such as diarrhea which, when left untreated, can prevent people, especially children, from getting the nutrients they need to survive, ultimately leading to malnutrition.

The decline of breastfeeding and limited education on appropriate feeding across age groups is also a risk for young children. Pregnant women are a great concern in vulnerable communities where food resources and water access are limited. Their health requires particular attention as they could impact both their baby's survival and their own.

Regarding hygiene, in 2022, 1.6 million Cambodian households have no hygiene facilities. [2] Unhygienic behavior is another factor that aggravates the risks of infections, diseases propagation and water contamination. With untreated water, dirty hands are one of the main causes for diarrhea in adults and children, contaminating food, touching eyes, nose, and mouth. However, diarrhea in children under 5 can lead to stunting or, even worse, premature death.

Health practices include safe sexual relations and family planning. Even though progress is being made regarding the spread of modern methods of family planning (MMs-FP), access to knowledge on those topics is still insufficient and inequalities remain as certain segments of the population, especially in rural areas, are less educated on MMs-FP. Yet, the utilization of MMs-FP is vital to helping women and couples ensure their health and maintain better control over their life choices.

[1] Drinking water service levels, Household Data, Cambodia, JMP official data map, <https://washdata.org/data/household#!/khm>

[2] *Ibid.*

# Objectives



Partnering with Population Services International (PSI), Khemara works to improve health behaviors among Cambodians and ensure that they seek and receive quality healthcare with decreased financial hardship.

The project “Promoting Healthy Behaviors” (PHB), in collaboration with the Royal Government of Cambodia (RGC) especially by the Provincial Health Department (PHD) and Provincial Department of Rural Development (PDRD), is implemented in eight provinces: Phnom Penh, Kampong Chhnang, Kampong Cham, Tboung Khmum, Battambang, Pailin, Pursat and Kampong Speu. Khemara is in charge of the project implementation in Tboung Khmum province.

Khemara is acting to improve behaviors and raise awareness on Maternal & Child Health, Nutrition, Water, Sanitation and Hygiene (WASH) and Family Planning. The main objectives of this USAID-funded project are to provide quality social and behavior change activities, to increase self-efficacy to enact positive behaviors and reduce harmful behaviors, including use of health and social services, among priority populations, and to ensure that social norms are strengthened to support positive behaviors among priority populations.

Regarding **Maternal and Child Health and Nutrition (MCHN)**, Khemara aims to change key behaviors to promote practices such as breastfeeding newborns within 1 hour of birth, exclusively for the first 6 months, and then complementary for 2 years, visiting health facilities (public or private) for at least 4 Post Natal Care (PNC) check-ups with baby within 10 weeks of delivery and introducing adequate, and age appropriate feeding to children 6-23 months. Those actions target mothers from 8 months pregnant to 24 months postpartum, but also grandmothers, husbands, healthcare workers and midwives.

To do so, MCHN actions are to be implemented in collaboration with the National Centre for Health Promotion (NCHP) that provides training on how to guide MCHN social and behavior change toolkits and to use data recording collection tools as well as methods of health center staff orientation to Khemara staff. In turn, knowledge is relayed in villages so that local health support groups can introduce their own work plan to the target audience. The centerpiece of this intervention is the use of Interactive Voice Response (IVRs). When mothers sign up, they receive scheduled phone calls with recorded messages about childcare, feeding and health to remind them to perform key healthy behaviors.





# Objectives



Family Planning (FP) is another key health area in which Khemara works to promote healthier practices. PSI provides implementation NGOs such as Khemara with two intervention concepts : “Loving Relationship” and “Heart Protector”. Those campaigns are designed and social and behavior change activities are developed to dispel persistent myths and misperceptions about modern methods (MMs) of contraception, to encourage couples to discuss moder methods of contraception and family planning and make decisions together, and, finally, to have men participate eagerly and start talking to their wives about MMs-FP. Therefore, those actions target couples who do not yet use FP methods or use a traditional method. Khemara’s purpose with FP actions is to provide rural populations with clear knowledge and correct information about different MMs-FP, including duration and possible side effects. It is important that open discussions are opened between partners about best suited MMs for them, so that couples and men are motivated to consult with a trained health provider or attend a health center for more information.

To reach postpartum women who have given birth in the last 4 weeks, Interpersonal Communication agents engage with health centers to provide women with educational long-sleeves. These immunization card holders are distributed to postpartum women when discharged from the clinic.

The goal is to open a conversation between women and the health center around postpartum family planning – a hotline number is available for women to ask any question. Follow-ups are organized as Khemara carries out household visits to the session participants to provide additional individualized discussion on couples’ concerns and questions on MMs.

Finally, Khemara works to change behaviors on Water, Sanitation and Hygiene (WASH). As it concerns all, the target for those actions is the whole community, with special attention to caregivers of children (mothers, fathers and grandmothers). Those actions include education on the appropriate treatment of drinking water, and on proper handwashing with soap at 5 critical times. To encourage healthier practices , Khemara spreads information using leaflets, loudspeakers, banners, and posters but also organizes community events that are designed to engage with caregivers - led by the local village chief and Interpersonal Communication agent. Khemara’s purpose is to challenge the misconceptions about food sanitation so that community members learn how germs are transferred, when to wash hands, how to manage drinking water, and how to install a handwashing station at home. Khemara ensures the proper installation of WASH kits as agents visit households to ensure correct placement of handwashing stations and safe drinking water treatment/storage facilities.





# Actions

## FAMILY PLANNING

Since December 2020, Khemara has been working with PSI to provide education on Family Planning (FP) and Modern Methods of Contraception (MMs) to communities. Since October 2022, Khemara operates in 4 operational districts Ou Reang Ov, Tboung Khmum, Dambae, and Ponhea Krek, working with 38 Health Centers for a total of 402 villages in 31 communes.

From October 2022 to May 2023, Khemara has organized 416 couples and Men sessions. In those meetings, Khemara was able to educate community members on the use of modern methods of contraception and healthy family planning practices, reaching a total of 4977 people.

In addition, the organization provided the participants with follow-ups. Khemara's agents conducted home visits and calls with couples to answer their questions and provide personalized support. From October 22 to May 23, 2,970 follow ups were successfully conducted by Khemara and 3,236 women received immunization card holders with educational content on modern methods of contraception and family planning postpartum.

## MCHN

Since July 2022, Khemara implements its PHB Maternal and Child Health & Nutrition program in 5 Operational Districts (Ou Reang Ov, Memot, Ponhea Kraek, Krouch Chhmar and Dambae) of 45 villages and 40 health centers.

From August 2022 to May 2023, 5,492 women signed up to access Interactive Voice Responses – regular scheduled calls. The program was able to reach a wide audience, providing detailed and personalized knowledge on newborn care and maternal health, and successfully accompanying mothers in their first months of parenting.

To ensure the sustainability of its actions, Khemara provides training on MCHN Intervention Strategy to village health support groups (VHSG). In turn, VHSGs helped register 777 women to the IVR program.

## WASH

To educate communities on practices to protect their health such as handwashing, storing food and drinking safe water, Khemara has organized 518 community events and reached 6,865 in 2022 and 1,596 households set up WASH kits correctly at home.

Although the WASH program was closed down in September 2022, activities keep running by local key actors that kept playing WASH messages on loudspeaker in 60 villages as of May 2023. When the program ended, WASH tools were handed over to the Provincial Department of Rural Development of Tbong Khmum province to encourage the continuity of the programs.



# Future

Khemara plans to continue implementing Family Planning and Maternal and Child Health and Nutrition social and behavior change activities.

Khemara's Interpersonal Communication agents will work to increase attendance to community sessions, especially to promote the participation of men to one-on-one family planning sessions at public spaces. In addition, field monitoring will be conducted with regular visits by the senior management team, Public Health Policy Unit, MCH and Interpersonal Communication agents. Khemara agents will deliver some remaining WASH stickers, and soap to key persons and motivate them to play WASH voice messages through loudspeaker. Khemara is also looking to implement a video to the MCHN program, to be played on the TV at health centers. In the same manner, to promote key behaviors of family planning, Khemara will work for the displaying of modern methods of contraception posters at health centers and communities.

Finally, PHB agents will work with vaccine nurses to plan a community session on Family Planning and giving vaccines to community people in the village.







**ខេមរា**  
**KHEMARA**

+855 175 898 87  
khemara.admin@khemaracambodia.org  
<https://www.khemaracambodia.com/>





ខេមរា

**KHEMARA**

IMPROVING THE QUALITY OF LIFE OF  
CAMBODIAN WOMEN AND CHILDREN

# APPENDICES



**2023**

# The benefits of Sexual and Reproductive Health awareness campaigns in high schools



Lang Vaha, 20-year-old 9th grade student of Teuk Jenh high school. Lang Vaha lost his mother to HIV. He now actively participates in awareness campaigns to prevent anyone else from suffering alone like his mother did.



Teuk Jenh High School is one of the high schools benefiting from Khemara’s HIV/AIDS prevention educative project. As part of its monitoring procedures, Khemara has received feedbacks from beneficiaries and interviewed those willing to share their experiences.

*“Giving an opportunity to learn things, make a group of friends and teach each other is very important for teenagers. **HIV/AIDS awareness campaigns deliver an important message that helps the youth educate themselves before deciding to do something.** I hope that Khemera will continue their excellent work, and expand even more, in order to help every teenager in the rural areas access sexual health education.”*



**Mr Chhorn Sopheara**  
Director of Teuk Jenh High School



**Lim Sainy**, 15-year-old  
9th grade student of  
Teuk Jenh High School

*“People who have virus HIV/AIDS die from infections, are subjected to discriminations from the community and friends at school.”*

Lim Sainy insists on the importance of the role of education campaigns to improve the conditions of people living with HIV. **Those campaigns advise students not to judge others but rather look for a cure.**

Along with her classmate, Lim Sainy is learning and educating others on ways to preserve their health, such as using adequate protection during sexual relations.

*“My dad, who worked as a soldier and was rarely home, passed on HIV/AIDS to my mom who died from the disease when I was only 15.”*

Lang Veba has experienced HIV in his household, with both his father and mother being infected and his mother passing away from the disease. After his mother passed away, Lang Veba experienced rejection and judgment from his classmates. Today, Lang Veba wants everyone to **remember not to discriminate those living with HIV or their relatives.** He also wants to raise awareness on the dangers of unsafe sex and how, when not protected, cheating on a partner can put people at risk of contracting HIV or other sexually transmitted infections.



**Lang Veba**, 20-year-old  
9th grade student of  
Jenh High School

CONSORTIUM FOR OUT OF SCHOOL CHILDREN

# Changing Lives

## Providing Equitable and

## Adapted Access to Education





The Cambodian Consortium for Out of School Children is a collaborative project between Khemara and Action Education (AE). Our purpose is to support marginalized, out-of-school children to provide them access to equitable, quality and relevant primary education. Khemara works to remove language and economic barriers for education in order to facilitate access back to school for those children.

*“Here, in Tboung Khmum, the two main reasons for school dropouts are **poverty and migration.**”*

Tboung Khmum District Governor explained in an interview with Khemara how migration and poverty lead to children dropping out of school. Families that face high poverty cannot afford school material and school fees. As they move across regions or struggle to make ends meet, parents might choose not to enroll their children in school.

*“**There is a real need for improving access to education in the district and Khemara is contributing a lot on this matter.** This is the first major action on education from an NGO in our district and we are definitely satisfied with the results and really support Khemara’s projects.”*



**Ms. Orn Eng Lay**  
District Governor of  
Tboung Khmum



**Suen,**  
Mother of 4 children  
Krouch Chhmar Village

*“**I have always wished to send my kids to school but it is too expensive and we do not have enough money.** My husband and I only make 10\$ a day which, with all our expenditures, makes it very difficult to live and support our 4 children. For example when we bought the school materials for our children, we had to pay the seller in installments and I was often late for my payment. It was a very difficult situation.”*

*“Today, with Khemara’s support, I can send my children to school with all the material they need and still save some money for other expenditures. This is such a relief and the first time I received this kind of help.”*

*“Being able to send my children to school is very important for me. My husband and I are illiterate. **I don’t want my kids to follow the same path as me; I want a better future for them and I’ll try everything and do anything to give it to them.**”*

Dropout rates among children from the Cham minority are particularly high. One of the primary reasons behind this is the language barrier. To ensure that Cham-speaking students can transition successfully to a Khmer-speaking education curriculum, teachers and Islam teacher assistants work together on a multi-lingual program, to guarantee that students reach the same level as other students quickly and that their attendance rate remains high throughout the years.

*“Most Cham parents can speak both Khmer and Cham. However, at home, they speak Cham only. So, **Cham children don’t speak Khmer which makes it is very difficult for them when they start school.**”*

As a teacher assistant, Slais Fathila is cooperating with the teacher to help 1st-Grade students transition from the Cham language to the Khmer language. She stated in our interview that her experience as a teacher assistant has always been very good. The cooperation with the teacher is very easy and is going very well. Slais Fathila said she can see the students improving every day and that parents are very happy with the multilingual education program, and want it to continue.



**Ms. Slais Fathila,**  
24 years old  
Cham-speaking Teacher  
Assistant  
Svay Khleang Primary  
School

*“Usually the teacher will say something in Khmer, and I will translate it immediately or individually to the children. Speaking Khmer is easy; the children just need help understanding. **Once they can understand the teacher, they learn very quickly.**”*

Before the action, children were learning the basics of Khmer in 4 of 5 months, now they learn Khmer in 2 months because they are supported and help all throughout their first year.



**Teacher Kers Tang Heng**  
Svay Khleang Primary  
School

*“Working with a teacher assistant helps me a lot. When she is here, teaching is easier.”*

***Before the implementation of the project, teachers had to call the parents to school to translate; this was unreliable and unsustainable as teachers and children struggled to understand one another. It made it really difficult to support them in their studies.”***



PROMOTING HEALTHY BEHAVIOURS

# Changing behaviours and influencing others for better households' living conditions



**One of our main actions in the Promoting Healthy Behaviour project is an educative campaign about Family Planning and modern methods of contraception. By organizing sessions to debunk myths and inform couples on contraception, Khemara intends on increasing the use of safe modern methods of contraception rather than traditional ones.**

Song Marry and Suan Salon are parents of 2 children. Before the birth of their second child, the couple only used traditional methods of contraception.

After the birth of their second, they learnt about modern methods of contraception at the health center and starting using it. However, the couple kept on hearing rumours about the unreliability, and dangers of modern methods of contraception.

In 2022, Song Marry and his wife got invited to a session on Family Planning, as part of Khemara's PHB activities. The couple took part in discussions with the group and together about the use of contraceptions, how each works and their different effects.



**Mr Song Marry,**  
29 years old  
Ou Raing Ove Village

During the meetings, Mr Song Marry actively engaged with the project. This was an opportunity for him to get answers to his different questions regarding modern methods of contraception.

Understanding the actual functioning of the different and various modern methods of contraceptions helped Song Marry feel secure in his wife's and his decision to use the contraceptive pill.

Today, Song Marry actively works with Khemara in his village to promote the use of safe contraception. He uses his own experience to raise awareness, provide knowledge and help other couples choose what is best for their own situation.



HIV/AIDS PREVENTION

# Participating in the Peer Education program to teach friends and classmates about health



**Peer education is a key program of our HIV/AIDS prevention project in high schools of Tboung Khmum province. Trained to be able to teach others and support their classmates, peer educators are motivated students who volunteered to share knowledge and be a contact person for any other student in need of answers or support regarding the topics of sexual and reproductive health.**

I applied to be a peer educator because i wanted to improve the knowledge of the students about HIV, as almost all the students in my former high school didn't know anything about HIV/AIDS and Sexual and Reproductive Health.

Becoming a peer education made it possible for me to spread information and raise awareness. As a Peer Educator, I felt that I was helping my community, so it was a good experience.

**Did you find your position impactful for you and for the students?**

Definitely ! I learned a lot about HIV and SRH as I recieved a lot of trainings and I was able to adopt the right behaviors. This allowed me to teach a lot to my fellow classmate and, although i cannot speak for them, I saw a real impact for my friends. They learnt how to protect themselves and adopt healthy behaviors.

I really encourage students to take on this position and choose to participate in the peer education program to spread information to others but also to gain confidence in themselves, in their capacity to speak in front of others and lead a team.

It is a great opportunity that I 100% recommend !

**Khemara intends on increasing its use of Peer Education as a way to make learning more accessible, more relatable and more adapted to children and teenagers. Peer Education is one of the best tools to empower the youth to take on their own fate, experience social engagement and participate in their generation's health awareness and development.**



**Sungsa Natea,**  
20 years old  
Police Officer  
Former peer educator from  
Teuk Jenh High School  
(2 years ago)



**Report of:** Khemara Cambodia, Phnom Penh, 121101, Cambodia

**Produced and designed by:** Khemara Head Office, Sangkat Preaek Pnov, Phnom Penh

**Credits:** All photos used in this publication have been sourced from Khemara's project and Khemara's image bank

Unless otherwise indicated, all data from this document have been sourced from Khemara's or its partner's report

**Copyrights:** This publication in its entirety may not be reproduced or transmitted in any form or by any means, electronic or mechanical, including photocopy, recording or any information storage and retrieval system now known or to be invented, without written permission from the publisher.

Requests to reproduce excerpts or to photocopy should be addressed to the administration of Khemara at [khemara.admin@khemaracambodia.org](mailto:khemara.admin@khemaracambodia.org)

All other queries on rights and licenses, including subsidiary rights, should be addressed to Khemara's email address: [khemara.admin@khemaracambodia.org](mailto:khemara.admin@khemaracambodia.org)



ខេមរា

# KHEMARA

Since its founding in 1991, Khemara's goal has always been to improve the lives of Cambodian women and children and empower vulnerable communities.

While much has been accomplished since then, the journey is far from over. In the aftermath of the Covid-19 pandemic during which Khemara and its projects suffered from lack of fundings and affected work capacity, Khemara is now trying to rebuild itself and expand its activities.

In this regard, 2023 has been an excellent year for the organization with the start of several new projects and the return of international staff to the headquarters. For 2024, Khemara is planning to expand its activities and reach new provinces around Cambodia.

Everything written in this report would not have been possible without our partners' trust and our team's hard work. As year 2023 comes to an end, Khemara will continue to work to create a bright future for Cambodian women and children.

---

## 2023

