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# Cambodia



### Fast Facts

<b>Population:</b>	<b>14.3 million</b>
<b>Life expectancy:</b>	<b>63 years</b>
<b>Under 5 mortality rate:</b>	<b>88/ 1,000 live births</b>
<b>Maternal mortality rate:</b>	<b>461/ 100,000 live births*</b>
<b>Adult literacy rate:</b>	<b>77%</b>
<b>HIV prevalence:</b>	<b>0.8 %**</b>
<b>Access to improved water:</b>	<b>81% (urban) 56% (rural)**</b>

Source: Source: International Human Development Indicators, United Nations Development Programme, 2011.  
 \*National Institute for Statistics, 2008  
 \*\*NCHADS  
 \*\*\*Joint Monitoring Programme for Water Supply, WHO/UNICEF, 2008

### Program Overview

CARE worked in Cambodia between 1973 and 1975, distributing food, providing medical assistance and improving education. From 1975 onwards CARE worked to support the millions of Cambodian refugees who fled the Khmer Rouge and were living in camps along the Thai-Cambodian border. In 1990, CARE returned to Cambodia, working with the United Nations to help 370,000 Cambodian refugees return to their homes. Over the years, CARE has shifted its focus in Cambodia from short-term, vital relief operations, to long-term projects in health, education and rural development.

### Disaster risk reduction

CARE is working with communities to prepare for and reduce the effects of drought, focusing on agricultural land and water management, soil conservation, and different ways to farm and earn an income. CARE is also working to reduce families' vulnerability to disasters by building the skills of people and organisations. In 2010/11, CARE moved from relief to recovery for those communities affected by the flooding in Ratanakiri. The focus has been on helping schools reopen, cleaning wells, providing cash grants to vulnerable households, replacing lost livestock and repairs to key agriculture equipment.

### Food and livelihood security

Cambodia is one of the poorest and least-developed countries in the Mekong Region. Through years of experience helping poor rural households, CARE knows that improving subsistence farming alone will not address chronic poverty. Projects focus on the poorest and most disadvantaged communities in rural Cambodia and address food insecurity, the impacts of climate change, sustainable natural resource management and disaster risk reduction. Poverty alleviation is achieved through the introduction of livelihood strategies, the diversification of income sources, and the use of savings-led microfinance to support rural credit and minimise debt.



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## Education

Most indigenous people do not speak Cambodia's national language of Khmer, which is the language used in government schools. Consequently, the rates of enrolment, retention and literacy amongst indigenous children are among the lowest in the country. CARE has established community-run schools, where students learn in both their own language and Khmer. CARE is also providing scholarships that directly target disadvantaged girls. The adoption of a bilingual education policy and model for use across Cambodia has been based on CARE's pioneering work in Ratanakiri Province. CARE continues to build on improvements in bilingual education and education for girls, and life skills education for poor and disadvantaged young women in rural areas, as well as those working in the garment industry.

## Health

Cambodia experiences high rates of maternal, infant and child mortality with a continued prevalence of malaria, tuberculosis and HIV. CARE works with the Global Fund to address HIV/AIDS, access to health services and capacity building of health workers and village health volunteers. An ECHO-funded project implemented by CARE in three provinces has strengthened communities and health workers to identify, refer and treat acute watery diarrhea, one of the leading causes of infant and child mortality in Cambodia.

## Human rights

CARE works to promote human rights in Cambodia. CARE is providing young men and women with training that aims to prevent incidents of gender-based violence and promotes sexual responsibility. CARE is training police in gender issues, and is also raising awareness of land rights and land registration procedures so that rural farmers and ethnic minorities can obtain legally recognised ownership of their land.

## Major donors

AusAID/ANCP, European Union, ECHO, GAP Inc., Global Fund, Levi Strauss Foundation, Maitri Trust, North- West Community for CARE (NWCC), Patsy Collins Trust Fund Initiative (PCTFI), The Ping Y. Tai Foundation, The West Foundation, UNICEF and UN Women.

CARE International members supporting current programs  
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