

Stories from the CARE and World Vision Learning Tour to Cambodia, August 11-16, 2024

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Delegation met factory workers in Cambodia that are receiving awareness trainings related to health, financial literacy, and gender-based violence.

OVERVIEW

From August 12th-16th 2024, a bipartisan delegation of ten congressional staffers traveled to Cambodia with CARE and World Vision to explore how U.S. investments are working to address Cambodia's key development challenges and improve the health of vulnerable populations.

In 1979, there were only 32 doctors left in Cambodia after the Khmer rouge genocide. Years of occupation and civil war followed, and a formal, centralized healthcare system was established until 1993 after the first democratic elections occurred under UN supervision. However, the arrival of democracy was quickly followed by a surge in the HIV/AIDS in Cambodia, with as much as 3% of the adult population testing positive for HIV by 1997. Meanwhile, the average income for Cambodians at the time was a meager \$0.70 per day. In short, the outlook for Cambodian development and healthcare at the turn of the millennium was bleak. But what happened over the next 25 years can be described as nothing less than a remarkable success. With the support of the United Nations and donor countries like the United States, the Cambodian people have been able to make

an incredible turnaround. As of 2022, there has been a 98.3% decrease of HIV prevalence and 82.5% of Cambodians living with HIV have an undetectable viral load. The per capita income has grown to over \$1800 annually. Not to mention, maternal and early childhood mortality has rapidly dropped, malaria has almost been eliminated, and tuberculosis is on track to be eradicated in the coming years.

Over the course of six days, the delegation visited healthcare development and preventative care program sites throughout the country to learn more about how this incredible reversal occurred, spending time with communities and seeing firsthand how they are impacted by the work of frontline healthcare workers, particularly members of the Village Health Support Groups (VSHGs), who are community health workers. They visited sites devoted to specific health concerns, including maternal and child health, tuberculosis, malnutrition, family planning, diabetes, and gender-based violence. Additionally, the delegation met with government officials, local leaders, health workers, and community members to better understand the impact of development assistance on localized and community-based health programs.

DAY 0

TRAVEL DAY

The delegation arrived in Phnom Penh on Sunday, August 11 and the Learning Tours team welcomed them in country.

DAY 1

SETTING THE SCENE: WHY CAMBODIA?

CARE and World Vision Learning Tours team officially kicked-off the trip with a welcome breakfast to get to know each other followed by a tour of the Tuol Sleng Genocide Museum in Phnom Penh to gain a deeper understanding of the Khmer Rouge genocide in and its impact on infrastructure, development, and healthcare.

Briefing with U.S. Mission in Cambodia

After the tour, the delegation went straight to the U.S. Embassy where they received a country context briefing by U.S. Mission Director, Kerry Pelzman, and other senior officials on U.S. development and health programs in Cambodia, along with other U.S. government priorities in the region. The delegation heard about the long history of the US-Cambodia relations. 2025 will mark 75 years of bilateral relations between Cambodia and the U.S. Not only is the U.S. the largest export partner of Cambodia (clothes, travel goods, etc.) but U.S. and Cambodia have 30 years of successful partnership on health, with particular wins on infectious diseases (e.g., 99% reduction in Malaria since 2011), tuberculosis, and COVID-19. Moreover, USAID has been implementing development projects in Cambodia for 30 years and currently has 47 implementing partner organizations increasing their focus on localization, sustainable development, and health systems strengthening. A speaker highlighted that the interventions introduced by USAID, such as the reading comprehension program, are now being scaled by the Cambodia government.

Site Visit 1: World Vision's Baby Friendly Health Center (BFHC) and Implementation of Social Accountability Framework (ISAF) site

The delegation then flew from the capital Phnom Penh to Siem Reap to visit the Sasar Sdam Health Center, where World Vision's BFHC and ISAF programs are being implemented. Dr. Chea Kimlrat, who has worked at the center since 1994, provided a tour of the facility, and discussed how USAID's investment has transformed their facility into a vital resource center for the community, especially through its work in maternal and child healthcare. The tour was followed by a



Dr. Chea Kimlrat, Sasar Sdam Health Center Director, demonstrates how they track children's malnutrition using a progress chart.

brief presentation of the Implementation of Social Accountability Framework program, where local volunteers lead a group of community members to score and evaluate local government facilities and services. Since this program started, its contribution has been tremendous in increasing the level of accountability between the local government and the community. To end the visit, the delegation had the opportunity to interact with the Village Health Support Groups (VHSGs), unpaid community health workers, who help spread maternal health education and support to all the women in their villages. Of note, all community health workers (CHWs) are unpaid in Cambodia. CHWs are paid in some other countries.

Scene-Setter Briefing with representatives from CARE, World Vision and FHI 360 in Cambodia

To end their first day, the delegation had a dinner briefing at a farm-to-table restaurant in Siem Reap, Lum Orng. The scene-setter briefing was led by CARE Cambodia's Country Director, Sovattha Neou, World Vision Cambodia's National Director, Janes Ginting and FHI 360's Enhancing Quality Health Care Activity (EQHA) Chief of Party, Lisa Dolan-Branton. The three NGO leaders gave the delegates an overview context of Cambodia's healthcare system and its history, gender, capacity building, and the population's common health issues. Unfortunately, the speakers stressed that key issues such lack of resources for mental health, health providers shaming and blaming the patients, and mistrust in the government are still prevalent among the local communities.



World Vision's Serey Kol provides an overview of the role of Village Health Support Group (VHSG) CHWs who are training mothers in their villages the importance of proper maternal and child health care.



Tour of Ta Prohm Temple in Angkor Wat, a UNESCO World Heritage Site, to learn about Cambodia's rich history.



A community health worker conducting a child-screening activity.



RTI International's child screening activity using the mid-upper arm circumference (MUAC) measurement.



Director of the Kien Chrey Health Center shows delegates some infographics they provide to community members to raise awareness of non-communicable diseases (NCD) like diabetes and hypertension.

DAY 2

MATERNAL HEALTH AND EARLY CHILDHOOD DEVELOPMENT

The second day began with a tour of the UNESCO World Heritage Site Angkor Wat, where the delegates learned the role of the United Nations in facilitating cultural conservation around the world. The delegation was able to appreciate the temple's history and significance to the Cambodian people.

Site Visits 2-5: RTI International's Integrated Early Childhood Development (IECD) program sites

Split into three groups, the delegation made their way from Siem Reap to Kampong Thom province where they visited four activities of the IECD program. The first activity introduced a community-based child screening tool called CB-DMAT that helps community health workers identify children at risk for developmental milestone delays and disabilities, increase referrals, and strengthen local capacity to provide specialized care. Then, it was followed by a home visit to a family whose child is recovering from moderate acute malnutrition (MAM) that highlighted the importance of community health workers doing follow up visits. Chan Sokkhy, RTI's Child Development Manager, emphasized that cases of children with malnutrition would have spiraled if it weren't for their CHWs, who keep track of the mothers in their own villages. They ensure that mothers are following the prescriptions given to them by their doctors and that they are feeding their children nutritious food. The third activity was another child screening event where the CHWs screened children using the middle- and upper-arm circumference (MUAC) measurement and taught the parents and children how to do proper handwashing. To end the day, the fourth activity was a group discussion with the CHWs who are trained by the IECD program to provide proper maternal and child health care to their villages. To date, the IECD program has reached \$31,853 children, 29,641 caregivers and 1,586 village health support group members, health center staff, child development leaders and master trainers.

DAY 3

FAMILY PLANNING AND CAPACITY BUILDING

Site Visit 6 & 7: PSI's Promoting Health Behavior (PHB) program – Family Planning Community Outreach Sessions and Non-Communicable Diseases Community Screening

Making their way south of the country, the delegation stopped by the Kampong Cham province to visit two sites from PSI's Promoting Healthy Behavior (PHB) program. PHB is a social and behavior change project to improve health behaviors among Cambodians and ensure they seek and receive quality healthcare. The first site focused on community family planning sessions – one for men and another for couples. The delegation divided into two groups per session and learned about the different methods they can use for family planning. At the men's group, one of the ice-breaker questions was about if it anyone in the group believed it was ever acceptable for a man to use violence against his wife and the responses shed light on the deep level of patriarchy and its connection to the prevalence of gender-based violence (GBV). This underscored the need for GBV prevention programming that engages men and boys and highlighted the work that other programs focused on family planning and other key needs can do and are doing on GBV prevention.

Afterwards, the delegation transferred to the Kien Chrey Health Center for the second site where they're conducting a community screening focused on preventing and responding to non-communicable diseases (mainly diabetes and hypertension). The delegation toured the health center facility and joined an awareness session with the local community to learn more about the common non-communicable diseases that their village is facing. In the end, the delegates got to join a small group discussion with representatives from the health center, PSI, local implementing partners and community members who have benefitted from the program. As a result of PHB activities, the percentage of people who self-reported using any modern contraceptive increased from 24.6% in 2019 to 41.3% in 2021 and the percentage of people who self-report exclusive breastfeeding for the first 6 months increased from 53.1% in 2019 to 61.7% in 2021.

Site Visit 8: FHI 360 (EQHA) Regional Training Center

Continuing their site visits in Kampong Cham province, the delegates then visited the province's Regional Training Center (RTC). The center provides courses to students who want to become nurses, dental nurses, and midwives. In 2023-2024, 1,050 people (845 women) were trained at the RTC, and funding from the EQHA project has been used to strengthen the curriculum, provide technical assistance to the students and instructors, acquire supplies like lifelike mannequins and video equipment to allow for virtual learning, as well as development and translate instruction manuals. The delegation met with the center's head director and other staff for a brief presentation about the center's success and impact. Strategically, the Center seeks to address the nurse and midwife labor shortage in remote areas. Most graduates of the program stay in Cambodia and work in the public health sector. Then, the delegation visited the simulation room which included some sophisticated equipment that allow students to practice exercises like suturing, checking vital signs, sterilization, and intubation. The delegates had the opportunity to learn more about the various activities and interacted with the medical students.

DAY 4

GENDER-BASED VIOLENCE AND COMMUNICABLE DISEASES

Site Visit 9: CARE's Sewing for a Brighter Future Project

On Day 4, the delegation traveled to the Naga Peace Factory in Kandal Province to visit CARE's Sewing for a Brighter Future project, a program focused on improving the health and wellbeing of garment industry factory workers, the majority of whom are women, in Cambodia. Through this project, committees and factory training teams are responsible for hosting information sessions on, and providing support with, healthy practices on a wide range of issues, including sexual and reproductive health, maternal and newborn health, nutrition and hygiene, and mental health. Workers also receive training on financial literacy, accessing social services, and how to identify, prevent, and respond to sexual harassment and gender-based violence. All of this happens in collaboration with factory management, with the goal of improving work-manager cooperation and communication. The delegation met and interacted with the representatives from CARE, Cambodian Women for Peace and Development (CWPD), and the factory's management team for an overview followed by a tour of the factory, visit to the factory's infirmary room, and observation of a GBV awareness training with the factory



Men's group Family Planning session.

workers. In the end, the delegation was able to join small group discussions with the workers and the program implementors.

Site Visit 10: FHI 360's EQHA One-Stop-Service for GBV

Back to Phnom Penh, the delegation visited the Phnom Penh Referral Provincial Hospital where FHI 360 supported the creation of a One-Stop Service Center (OSSC) for survivors of gender-based violence through the EQHA program. The GBV OSSC project provides emergency gynecological services that are connected the judicial system so that survivors are able to receive comprehensive services in one place. The GBV OSSC consists of a confidential waiting room and examination room that allows GBV survivors to wait and be treated separately from other patients, medical equipment for the examination and treatment, and other supplies to support patients, such as toys that child patients can play with in the waiting room. Additionally, the OSSC project includes the development of procedures that protect survivors' anonymity; for example, if local authorities bring patients to the hospital, they are required to be in plain clothes, and

the two OSS rooms are intentionally falsely labeled as "staff rooms." The hospital also disseminates information to fight the stigma around GBV to the community. In 2023, 111 GBV survivors received treatment through the OSS project, which led to 33 cases being referred to the courts. The delegation toured the facility and had an open discussion with the medical staff, local government representatives, and authorities.

Lunch Briefing on HIV/AIDS in Cambodia

The group then stopped for lunch to hear from various speakers on HIV/AIDS in Cambodia. At the briefing, the delegation heard from KHANA's Executive Director Choub Sok Chamreun, Chhouk Sar Clinic's Technical Lead Dr. Mary Sos, USAID's EPIC Project Agreement Officer Dr. Bunna Sok, and US CDC in Cambodia's Deputy Director for Programs Vanthy Ly. The speakers provided their profound overview of the country's situation on HIV/AIDS and share their insights into the Cambodia's future in reducing the cases of HIV/AIDS in the country. Overall prevalence rates of HIV/AIDS in Cambodia have fallen from 3% to 0.5% and 89% of Cambodians living with HIV/AIDS know their status.



Delegation tours a garment factory.

Cambodia has made significant progress in prevention, detection, and treatment of HIV. In 1997, at the height of the crisis, 343,000 Cambodians (or 3% of the population) had been diagnosed with HIV. In 2010, about 1% of the population had HIV. With the assistance of the U.S. President's Emergency Plan for AIDS Relief (PEPFAR), the number of annual new HIV infections has declined 36% since 2010. In 2022, 86% of an estimated 76,000 living with HIV were diagnosed, 99% of those were using antiretroviral treatment, and 97% of those on treatment had an undetectable viral load.

Site Visit 11: KHANA's STOP TB Program

On their last site visit of the day, the delegation visited the Kraing Yov Health Center to witness KHANA's STOP TB program conduct a community TB screening. To date, 390,325 people have been screened for TB, 9,052 TB cases have been detected and 7,905 people have been enrolled in TB Preventive Treatment (TBT) as a result of this project. The use of VHSG CHWs to help identify if community members have TB symptoms, encourage community members to get tested and treated, follow up with patients to make sure they're taking their medication, and disseminate information about TB is part of the project's multi-pronged approach, alongside community outreach events and the systematic screening of TB symptoms among all patients at Regional Hospitals. Many VHSG CHWs in this program are people who had TB themselves and can share first-hand information on the benefits

of TB prevention and treatment. After a tour of the health center and learning about the different steps of the screening, the delegation met with the CHWs and discussed with them the importance of these screenings and how they can eliminate TB in their villages.

DAY 5

SCALING FOR THE FUTURE

Meeting with Representatives from Cambodia's Ministry of Health

On their last day, the delegation met with representatives from USAID, CDC, Cambodia's Ministry of Health, the Cambodian National AIDS Authority (NAA), and the National Center for HIV/AIDS, Dermatology and STD (NCHADS) to discuss the bilateral relationship between the United States and Cambodia, its current strategic objectives on health, and highlights from this continued partnership. The speakers highlighted the Cambodian government's focus on health systems strengthening and implementing a Sustainability Roadmap (2023-2029) at the commune, district, province, and national level. Key elements of the roadmap include putting youth in the lead, expanding financial protections for people living with HIV and key populations, and allocating resources to dangerous hot spots. In HIV/AIDS, one speaker added that Cambodia is in the top 11 countries for HIV/AIDS response in the world. Currently, the local government funds 31% of its HIV/AIDS services (as of 2022) and seeks to increase more funding in the future.



Stories from Cambodia

When Ban Sokhon found out she had tuberculosis (TB), she first went to their spiritual healer because people in her community believed the side effects of TB medications caused a lot of pain, but nothing worked. She then found out about KHANA's Stop TB program which provided her with the support to recover from and learned more about TB. Now, she helps run TB People of Cambodia, a locally based organization that helps destigmatize TB medication and TB raise awareness around her country. While the TB incidence rate and death rate have been steadily decreasing in the last decade (from 575/100,000 in 2000 to 423/100,000 in 2011 and 320/100,000 in 2022), approximately 36 percent of TB cases remain undetected and undiagnosed in Cambodia, which leads to sustained transmission in the community. USAID/Cambodia's assistance has helped the National TB Program to achieve UN targets, with 90% case notification, 91% pediatric TB case notification, and 85% TB preventive therapy enrollment. The mortality rate has also decreased by 45%, from 42 cases per 100,000 in 2000 to 23 cases per 100,000 in 2022. Cambodia has also developed community mobilization initiatives to tailor USAID's TB treatment approaches to fit the needs of at-risk populations.



Group photo at the Evening Reception with the US Embassy in Phnom Penh.

POLICY RECOMMENDATIONS:

Support frontline health workers (FLHWs).

FLHWs, 70% of whom are women, work directly in the communities they live in, often rural and underserved areas, which is why their work is considered the “last mile” of healthcare. Community health workers reach the most vulnerable people through health education, care coordination, and by helping patients take charge of their own health – even though the vast majority are underpaid or unpaid.

■ **Cosponsor the bipartisan House Resolution 389 acknowledging the essential contributions of frontline health workers** and urging federal agencies to use existing authorities to support them. It is led in the House by Reps. Ami Bera and Jen Kiggans. (Senate companion coming soon.) This resolution is a critical first step in raising awareness about the vital work of FLHWs and paves the way for future legislation supporting frontline health workers worldwide.

■ **Invest in healthcare workers.** We thank Congress for the \$10 million in new FY 24 funding for USAID to support the global health workforce and the Senate for increasing this to \$20 million in their FY25 SFOPS appropriations bill. Increased funding is critical to creating catalytic change in health systems to protect, pay, train, recruit, retain, and equip frontline and community health workers. This funding has the potential to advance equity and address disparities while strengthening global health security.

Support a clean 5-year PEPFAR reauthorization: In 2003, the U.S. stepped up as a global leader in the HIV response, launching the President’s Emergency Plan for AIDS Relief (PEPFAR). PEPFAR has proven to be the most successful global health and development initiative by any nation in history. It has saved more than 25 million lives in countries most affected by the HIV/AIDS epidemic. Now, 20 years later, PEPFAR’s innovative, target-driven, and science-based prevention and treatment programming has fundamentally changed the course of the HIV pandemic.

■ The successes of the PEPFAR program and the Global Fund are only possible because of the longstanding bipartisan congressional and presidential support for the programs. With your leadership, we could end AIDS as a health threat around the world by 2030. We ask Congress to reauthorize PEPFAR for 5 years, as simply and expeditiously as possible, ensuring the PEPFAR program



A student demonstrates proper oxygen therapy treatment at the Kampong Cham Regional Training Center.

remains the cornerstone U.S. global health program that bipartisan members of Congress are proud to support.

Support Locally-Led policies in development and humanitarian contexts. International development and humanitarian programs are most successful when they are built on local knowledge, context, and expertise and led by those close to or from the participating communities. The U.S. should provide flexible funding to local and community-based organizations, especially those led by marginalized communities and women-led groups and networks.

■ **Cosponsor the Locally Led Development and Humanitarian Response Act, H.R. 7710/S.3994.** This bipartisan bill led by Reps. Sarah Jacobs and Cory Mills in the House and Senators Chris Coons, Joni Ernst, Tim Kaine, and Pete Ricketts in the Senate, would authorize USAID to create fewer administrative burdens for local organizations to ensure their ability to work directly with USAID, including:

■ Authorizing USAID to increase the de minimis indirect cost rate to 15% for local entities receiving USAID assistance awards, which allows them to improve oversight, efficiency, and impact by increasing financial and administrative capacity;

■ Authorizing USAID to allow a 180-day delay for local entities to register in the System for Award Management;

■ Authorizing USAID to award contracts or other acquisition instruments in which competition is limited to local entities if doing so would result in cost savings, strengthen local capacity, or enable more sustainable programs; and

■ Authorizing USAID to allow foreign entities to use national or international generally accepted accounting principles for contracts or grants awarded

Fully fund development assistance. Development Assistance (DA) is one of the primary bilateral accounts focused on poverty reduction and the development of self-reliant, resilient, and democratic societies. Implemented by USAID, the DA account supports programs in support of Congressionally mandated strategies that have cut global poverty in half since 2000.

Ensure that Development Assistance is funded at least \$4.77 billion in the final FY25 budget.

Support food security and malnutrition prevention: As many as 757 million people around the world are hungry – one out of 11 people, and one out of every five people in Africa. Despite some improvements in stunting and wasting rates, more than 22% of children under the age of five are stunted.

■ **Strengthen and protect Food for Peace and McGovern-Dole in the Farm Bill reauthorization, and fully fund these programs in the FY25 agriculture appropriations bill.** The Farm Bill authorizes these two critical food assistance programs that save lives in times of emergency and address the root causes of hunger and malnutrition. Food for Peace has a unique dual mandate: to provide US-grown food to communities who are at risk of starvation and/or do not have food available; and also to build resilient, self-sufficient communities that can feed themselves in the face of recurrent crisis or extreme weather. McGovern-Dole provides school meals and wraparound services to children around the world. As Congress continues the reauthorization process, any final Farm Bill must ensure that these programs can continue to listen to what local communities need, pay attention to the unique circumstances of women and girls, and use all available tools to reduce chronic and acute hunger.

■ **Support programs that protect and empower women in the final FY25 budget,** including family planning programming, gender-based violence (GBV) prevention and response programming, and women's economic security programming through the Gender Equity and Equality Action (GEEA) Fund, etc. Members should support the following funding amounts in the final FY25 budget:

■ **At least \$760 million for family planning** Among the most effective, affordable and life-changing interventions is the ability for women to time and space their pregnancies when it's best suited for them. Access to family planning services can prevent up to 30% of maternal deaths per year.



Community health workers (CHWs) from KHANA's STOP TB program.

■ **At least \$250 million for programming that prevents and responds to GBV worldwide.** One in three women worldwide have faced GBV at least once in their lives, while women in humanitarian settings are even more likely to experience GBV. GBV has harmful ripple effects that can undermine women's and girls' ability to participate in school, economic and political activities, and can have detrimental impacts on their mental, emotional and physical health. \$250 million would support the US government's initiatives to address GBV globally through the U.S. Strategy to Prevent and Respond to GBV Globally.

■ **At least \$200 million in direct and dedicated resources for women's economic security programming through the GEEA Fund.** Currently, The World Economic Forum predicts that, at the current rate of progress, it will take 169 years to close the economic participation and opportunity gap between men and women, which underscores the need for robust women's economic security funding. This funding would increase women's access to resources, services, and leadership opportunities and help address barriers that limit women's full participation in the economy.

If you are interested in learning more about CARE's Learning Tours program, please contact:



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