



# CARE Cambodia: Socially Marginalised Women

**OVERVIEW** CARE Cambodia focuses on the empowerment of particularly marginalised and vulnerable women in Cambodia. By working to empower socially marginalised women and their communities to understand and use their rights, and breaking down deeply-rooted, social and structural barriers to equality, CARE Cambodia is addressing the underlying causes of poverty and social injustice.

## COUNTRY CONTEXT CAMBODIA TODAY

Since emerging from war and conflict, Cambodia has experienced high levels of growth and development. Over the last decade, the poverty rate has dropped from 53% to 21%, despite a raise in the poverty line<sup>1</sup>. Economic growth has taken advantage of Cambodia's abundant natural resources and centred on the agricultural, tourism, garment manufacturing and construction sectors.

However, the lack of diversification has rendered the economy vulnerable to external shocks, and resulted in limited income opportunities for a large proportion of the population; growth has not translated into sufficient employment. Inequality is increasing between the rich and

the poor, between urban and rural areas, and for socially excluded groups. Whilst progress in some development indicators such as increases in primary school enrolment has been noted, overall, human development indicators remain low relative to the region. Great disparity also exists within Cambodia itself, with health indicators, education outcomes, and employment opportunities varying wildly across different regions of the country.

Cambodia also ranks poorly in international measures of gender equality; women are severely under-represented in national and local governance, maternal mortality rates are amongst the highest in the region, and girls have low levels of participation in secondary schools. Gender-based violence continues to be widely accepted and survivors of GBV have little access to support services.

The growth of urban-based industries in Cambodia has resulted in considerable rural to urban migration, especially by young women seeking work in the garment industry. Whilst this means that women are increasingly participating in the formal labour market, there remains considerable disparity in wages and women continue to lack access to higher-status occupations<sup>2</sup>. The majority of women's work, especially in rural areas, still lies in the informal sector and is thus both underpaid and frequently unrecognised.

**CARE Cambodia works at all levels - from influencing national policymakers to providing training to young women - to ensure that women have a legitimate voice and benefit equitably from social change.**

<sup>1</sup> Royal Government of Cambodia, *National Strategic Development Plan 2014-2018*. (Phnom Penh, Cambodia: Royal Government of Cambodia, 2014), 6.

<sup>2</sup> David Williams, Phu Huynh, Sophorn Tun, *Decent Work Country Profile: CAMBODIA*. (Geneva, Switzerland: ILO, 2012), ix.

## SOCIALLY MARGINALISED WOMEN

CARE Cambodia's Socially Marginalised Women (SMW) program works with women in both urban and rural areas. Whilst the majority of issues, such as gender-based violence and barriers to participation in decision-making, are faced by women in both contexts, the causes of and solutions to women's challenges in Cambodia are specific to the particular situations they face.

### SOCIALLY MARGINALISED WOMEN IN RURAL AREAS

Socially marginalised women in rural areas have limited livelihood options or capacities, and where they do enter the cash economy, they take on low-paid and under-valued jobs. Women also undertake almost all responsibility for household and care work<sup>3</sup>, but have limited involvement in decision-making and income-producing activities. Opportunities are further restricted by a lack of education; in rural areas especially, girls' participation in secondary schools is lower than that of boys, where cultural norms and economic necessities dictate that girls' education is not prioritised.

Rural women also experience from a lack of access to healthcare services, and the overall denial of their sexual, reproductive and maternal health rights. Maternal mortality rates in Cambodia remain some of the highest in the region. GBV also remains largely accepted, with little to no access to support services available for rural women.

Acceptance of gender-based violence among the community is still unacceptably high, with 80% of both men and women failing to respond when they hear of cases of abuse<sup>4</sup>.

The majority of rural households work in agriculture, but annual growth of the industry is not sufficient to absorb new job seekers. Strong reliance on agriculture and limited access to financial services means that rural households are also vulnerable to economic and environmental shocks. Many young women are therefore migrating to urban areas, exposing them to new risks including being drawn into sex work and entertainment work.

## THE SOCIALLY MARGINALISED WOMEN PROGRAM

### WHO?

Socially marginalised women who experience multiple denials of their rights, including garment factory workers, entertainment and hospitality workers, and women in rural areas.

### WHERE?

The provinces of Phnom Penh, Koh Kong, Ratanak Kiri, and Mondul Kiri, Cambodia.

### WHAT?

A wide variety of projects which focus on one or more of the thematic priorities of gender-based violence, sexual, reproductive and maternal health rights, women's economic empowerment, and women's voice.

### WHY?

Socially marginalised women in both rural and urban areas are denied multiple rights on a daily basis. They are amongst those most at risk of not benefitting from Cambodia's growth; furthermore, development is also contributing to the vulnerability of these women. In order to tackle the underlying causes of poverty and social injustice, CARE Cambodia is committed to ensuring that socially marginalised women benefit equitably from social change and have a legitimate voice.

### HOW?

#### TACKLING GENDER-BASED VIOLENCE (GBV):

Promoting a GBV focus in the legal framework and in related policies, including in labour laws, engaging with police to promote appropriate response behaviour and law enforcement, including engaging men and communities to change attitudes, and improving women's agency so they are empowered to take action against GBV.

#### HEALTH RIGHTS:

Developing equitable access to family planning services, raising the profile of female health service providers, and promoting the voice of SMW in health policy development.

#### ECONOMIC EMPOWERMENT:

Focusing on decent work for marginalised urban women, promoting women economic leaders in rural areas and working for safe domestic migration.

#### VOICE AND GOVERNANCE:

Facilitating the development of community-based organisations (CBO), strengthening the capacity of CBOs to work at a higher level, and integrating the voice of SMW throughout CARE's advocacy work.



<sup>3</sup> Asian Development Bank. *Gender Equality in the labor market in Cambodia*. (Manila: Author, 2013), 11.

<sup>4</sup> Government of Cambodia Ministry of Women's Affairs. *Follow Up Survey, Violence Against Women*. (Phnom Penh: Ministry of Women's Affairs, 2009), 29, 30.



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## SOCIALLY MARGINALISED WOMEN IN URBAN SETTINGS

The increase of urban-based income opportunities, such as the advent of the garment industry in Cambodia, has motivated many young women to migrate from their rural hometowns and villages to the cities in search of work. Women in urban settings experience particular risks and vulnerabilities in their private, public and work lives, including gender-based violence, a lack of participation in decision-making, limited knowledge of their rights, and a lack of institutionalised protections.

These challenges are often higher for migrant urban women, who are often young, and living away from home for the first time. They possess less awareness about urban life, are often invisible to the authorities and lack access to the protection and support networks provided by family and friends. Rural migrant women may also be particularly vulnerable to exploitation by urban men, who see them as 'pure' and thus highly desirable as sexual partners<sup>5</sup>.

The vast majority of female migrants send a percentage of their wages home to their families<sup>6</sup>. Whilst this contributes to the reduction of poverty in their home provinces, it can also make them susceptible to offers of money or gifts.

Many marginalised urban women work in garment factories, but others are drawn into the entertainment and hospitality industry, such as working as beer promoters. CARE has identified garment factory workers (GFW) and entertainment and hospitality workers (EHW) as two of the most at risk groups of marginalised urban women in Cambodia.

90% of garment workers in Cambodia are women, but the vast majority of managerial positions are held by men<sup>7</sup>. GFW have little access to decision-making within their profession, are actively excluded from political organisation and participation, and have little awareness of their labour rights. This leaves them vulnerable to multiple exploitations, such as forced overtime, a lack of benefits, including maternity and health-related labour rights, and the constant threat of dismissal if complaints are made.

GFW also face substantial health risks. They work in hazardous factory conditions, exposed to dust and toxic chemicals in noisy, crowded rooms with poor ventilation and inadequate lighting, and can often only afford to live in similar accommodation with other workers. They are reluctant to seek health support due to the low quality of care offered in the factory and the desire to save money. Low incomes and pressure to send money home also motivates many GFW to not eat well, resulting in malnutrition. GFW are also vulnerable to GBV, both within the workplace and in the public sphere as they travel to and from work.

EHW work in precarious and unsafe environments such as beer gardens, restaurants, karaoke bars, massage parlours and other entertainment venues. The presence of alcohol renders EHW more vulnerable to exploitation and violence from customers.

Whilst many EHW do not engage in sex work, it is recognised that the sex industry is prevalent within the entertainment industry in Cambodia. The stigma and social marginalisation as a result of this affects both EHW who do and who do not sell sex, making them vulnerable to expectant customers, and subsequently leading them to experience high rates of sexual violence and harassment. For those who do engage in sex work, they face heightened risks such as STIs, HIV and GBV, as they usually transact sex in an off-site, isolated location with little or no protection or regulation.

<sup>5</sup> CARE EMERGE, *Marginalised Urban Women in Cambodia*. (Cambodia: CARE EMERGE, 2014), 4

<sup>6</sup> Mauney, R. Final Report: Understanding pre-departure conditions and coping strategies of women migrating from rural to urban areas. (Phnom Penh, Cambodia: CARE Cambodia, 2013), 10.

<sup>7</sup> Nuon V, Serrano M and Khafa E. *Women and gender issues in the trade unions in the Cambodian garment industry*. (Phnom Penh, Cambodia: ILO-Better Factories Cambodia, 2011), 17





## OUR PROJECTS

CARE Cambodia implements a wide range of projects which tackle critical issues for socially marginalised women, including safe migration, labour rights, maternal mortality, GBV and sexual and reproductive health, which together form the SMW Program.

### PROTECTIONS FOR MARGINALISED URBAN WOMEN (PMUW)

Despite protections against gender-based violence in the legal and policy framework, a lack of accountability and poor implementation of the law means that GBV and sexual harassment remain a significant risk for women in Cambodia. PMUW specifically targets the priority concerns of female garment, entertainment and hospitality workers surrounding equitable access to GBV and sexual harassment protections, by mobilising authorities to realise, acknowledge, and implement their responsibilities. In doing so, interventions address key underlying causes of exclusion associated with duty bearer attitudes and practices.

The project works closely the Ministry of Women's Affairs and other government agencies to support hospitality owners and garment factory middle managers to implement locally appropriate, low cost GBV and sexual harassment workplace policies and mechanisms which are aligned with national labour laws and policies. Outside of the workplace, CARE supports Commune Councils to work with employers, landlords and other key figures to strengthen protections at the community level. The project also works to develop and pilot a model for engaging with police on GBV. PMUW is supported by the Australian government and is expected to directly impact over 2,000 women in Phnom Penh, and have a further indirect impact on over 23,000 people.

### SAFE WORKPLACES, SAFE COMMUNITIES (SWSC)

In Cambodia, violence against women, both domestic and in the workplace, remains commonplace and largely accepted. Women workers, especially rural migrant workers, are at high risk of GBV due to limited access to information, support and protections. They work and live in unsafe environments, are subject to abuse by employers and (in the case of entertainment and hospitality workers) customers, with little or no protection by police and other duty-bearers.

Supported by the UN Trust Fund to End Violence Against Women, SWSC aims to reduce the risk of GBV and sexual harassment for women in Phnom Penh and the surrounding areas, by engaging both men and women in tackling GBV at all levels. Key activities in SWSC include: life skills, health and gender training for male and female students, beer promoters, and garment, hospitality and tourism workers; building the capacity of local civil society organisations, the Ministry of Women's Affairs' Legal Protection Department, the police, and Commune Committees for Women and Children; and promoting behavioural change through workplace initiatives and media campaigns.

### SEWING FOR A BRIGHTER FUTURE (SBF)

Many garment factory workers are young rural migrants living away from their families for the first time. They are ill-equipped to deal with the risks of urban living: many become sexually active for the first time but lack the skills required to protect themselves; they are inexperienced in financial management and struggle to save and remit as much money as they had hoped; and they are unaware of their rights under labor laws. In partnership with the Levi Strauss Foundation, CARE Cambodia works in six factories in Phnom Penh to ensure that garment factory workers have increased knowledge, access to and use of information and services for: sexual and reproductive health and HIV/AIDS; food hygiene and nutrition; maternal and neonatal health; financial issues including savings and remittances; legal understanding and rights for labour conditions.

## PARTNERING TO SAVE LIVES (PSL)

Neonatal mortality rates in Cambodia still account for 50% of all deaths of children under five years of age. The Partnering to Save Lives project, supported by AusAID, aims to save the lives of women and newborns in Cambodia through improved quality, access and utilisation of reproductive, maternal and neonatal health services. This is achieved by partnering with frontline health service providers and working directly with some of the hardest to reach and most vulnerable communities. PSL is estimated to directly impact 78,261 men, women and children, in both urban and rural areas.

CARE, and project partners Marie Stopes International Cambodia and Save the Children, are working with the Ministry of Health to conduct a wide range of activities. In rural areas, PSL supports health facilities and workplace competencies to meet and maintain Ministry of Health standards; strengthening the referral system between communities and health service providers, including transport and communication systems; facilitating community mobilisation and engagement in healthcare support; and supporting reducing financial barriers to healthcare through CARE's Village Savings and Loans groups (VSLAs).

In urban areas, PSL works in factories to raise awareness of reproductive health in order to reduce the large numbers of abortions and increase women's abilities to make informed decisions, to facilitate referrals to health centres for reproductive health services, and working towards developing infirmary standards for factory infirmaries.

## PERSONAL ADVANCEMENT AND CAREER ENHANCEMENT (P.A.C.E.) IN THE COMMUNITY

Developed and supported by Gap Inc., the P.A.C.E. in the Community project works with CARE's VSLA groups to develop community members' skills and ensure that they can use their money in the most effective ways.

P.A.C.E. in the Community works in Koh Kong province with 15 VSLAs, comprising of a total of 300 members, to provide training in financial and life skills. Courses include communications, problem-solving and decision-making, time and stress management, literacy, health and hygiene, and financial skills training. Members therefore develop their personal agency as well as economic empowerment, which in turn enables them to develop an improved ability to manage their increased finances and access livelihood opportunities.

### VILLAGE SAVINGS AND LOANS ASSOCIATIONS (VSLAs)

VSLAs are a microfinance model developed by CARE in 1991. These groups comprise of around twenty, mostly female, members, and enable them to pool their savings and access small loans. Improved control of and access to finance can be used to improve livelihoods, cover healthcare costs, or other worthwhile investments.

There are now over 6 million active participants in VSLAs, in over 60 countries worldwide.

This project builds on CARE's prior work with Gap in implementing the P.A.C.E. curriculum in garment factories. Adapting the curriculum for the rural context and linking P.A.C.E. in the Community to VSLAs ensures active participation in the groups and enhances members' ability to maximise the impacts of participation in VSLAs.





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## STRENGTHENING CAMBODIA'S HEALTH SYSTEM

District-level primary healthcare in Cambodia increases the geographical reach of services, but the low utilisation of these services, particularly by vulnerable groups, is limiting Cambodia's ability to achieve the Millennium Development Goals for HIV/AIDS, tuberculosis and malaria. Supported by the Global Fund to Fight AIDS, Tuberculosis and Malaria, CARE is working with local and government partners to strengthen a holistic system that promotes community involvement in the health sector, and improves knowledge of and access to improved health service delivery for remote and marginalised population groups.

CARE is promoting improved access to healthcare at the community level by training and supporting village health support groups and community-based health volunteers, working with commune councils to develop emergency referral services, and supporting the poorest community member to access transport to health facilities through existing channels. Social barriers to healthcare are also addressed by holding service providers accountable for healthcare services; facilitating community feedback via CARE's Community Scorecard method. This project is estimated to impact over 200,000 people in Koh Kong, Ratanak Kiri and Mondul Kiri provinces.

## IMPROVEMENTS IN HEALTH SERVICE DELIVERY IN REMOTE AND MARGINALISED COMMUNITIES

Improvements in Cambodia's healthcare system, such as increased access to birth attendants and health facility-based deliveries, have resulted in impressive reductions in maternal mortality. However, the majority of rural areas still do not have access to adequate health services. Many households cannot secure the funds for treatment, cannot afford or manage the long distances between their homes and health facilities, or do not utilise existing services as they are of poor quality.

Under this project, supported by Glaxo-Smith Kline, CARE is improving utilisation and access to healthcare services for over 14,000 women and children in Koh Kong province. This is achieved through building the capacity of healthcare providers, both in clinical skills and in the ability to share knowledge and resources, and by promoting community level health support. CARE supports village health support groups to ensure they can deliver health messages to their communities, and supports health centres to improve outreach activities for the most remote villages.

## LOCAL ECONOMIC LEADERSHIP FOR MARGINALISED RURAL WOMEN (LEL)

Whilst rapid economic development in Cambodia has reduced overall poverty rates, marginalised rural women are at risk of not benefitting from this growth and development is also giving rise to new vulnerabilities for these groups. The Local Economic Leadership project, funded by the Australian government, aims to ensure genuine economic empowerment and a stronger voice for marginalised rural women. LEL is expected to have a direct impact on over 800 women, and an indirect impact on almost 2,500 community members.

This is achieved through ensuring that marginalised rural women have increased benefits from elevated livelihood and economic opportunities, which are in turn more highly valued within the community. CARE is building the capacity of demonstration farmers to enable them to develop livelihood options and share these with other women, creating market linkages following a detailed market analysis, promoting the inclusion of women in a formal Village Animal Health Worker training program, and supporting provincial government departments to develop further initiatives. CARE is also analysing current approaches to safe migration which will inform future activities which tackle this issue.



## SAFE MIGRATION AND REDUCED TRAFFICKING (SMART)

The widening inequalities between urban and rural areas are motivating many people in Cambodia to migrate domestically or internationally to find work. Migrants are often unaware of the realities of incomes, working and living conditions and other challenges which they may face. Individuals who are unaware of the dangers of migration are less likely to succeed and become more vulnerable to trafficking and other risks.

CARE's SMART project, funded by the European Union, aims to empower community members to make informed decisions about migration, and enable local authorities to provide adequate support services. This is achieved through partnership with local partner Cambodian Women for Peace and Development. SMART promotes safe migration and reduces the incidence of human trafficking in Cambodia by conducting awareness-raising activities in communities and via the media, training government and civil society actors, supporting the collaboration between government and civil society actors on unsafe migration issues, and advocating for improved policy regarding trafficking and migration.

SMART has raised the awareness of safe migration of over 50,000 men women and children. Legal migration has increased whilst illegal migration has decreased, and 21 illegal brokers and 5 illegal recruitment agencies have been stopped by the authorities as a result of the project.

## OUR LOCAL PARTNERS

To ensure effective and sustainable impact, CARE Cambodia works with a multitude of local partners from local, regional and national government, the private sector, and local civil society.

### MINISTERIAL, PROVINCIAL AND LOCAL GOVERNMENT PARTNERS

CARE Cambodia works in partnership with all levels of government to find long-term solutions to poverty and injustice. CARE engages ministerial partners, such as the Ministries of Women's Affairs, Health, Labour and Vocational Training, Tourism and the Interior, to strengthen advocacy efforts and tackle gender inequality at the policy level.

At the provincial and local levels, CARE Cambodia ensures the uptake of policy in the interests of socially marginalised women, and supports decision-makers in provincial departments, operational districts and commune councils to develop and implement practical and sustainable methods of tackling poverty and injustice. This often also includes partnering with service providers such as local health centres.

### PRIVATE SECTOR PARTNERS

CARE works with relevant private sector partners to garner support for initiatives, and to ensure that the private sector continues to work in the interests of socially marginalised women after CARE projects are completed. Partners include Crédit Mutuel Kampuchea, beer distributors and beer-selling outlets, Gap Inc. Levi Strauss and GlaxoSmithKline, coalitions of major brands, such as Beer Selling Industry Cambodia (BSIC), and industry associations such as Garment Manufacturers Association in Cambodia (GMAC) and the SAFE Working Group, which are all committed to fair and equal working conditions for workers.

### LOCAL CIVIL SOCIETY ORGANISATIONS

CARE is committed to enabling local civil society to have a voice and be able to participate in decision-making at local, regional and national levels. Wherever possible, CARE works in partnership with local civil society organisations as they are most connected with the key issues and will be responsible for ensuring that impacts continue after CARE's projects end. Details of some key local civil society partners are given on the following page.



## REGIONAL SUPPORT: EMERGE

CARE Cambodia is also supported by **Enhancing Migrant Urban Women's Rights and Gender Equity (EMERGE)**, a Mekong regional initiative supported by the Australian NGO Cooperation Program, funded through the Australian Department of Foreign Affairs and Trade. EMERGE focuses on enabling country-level projects in Cambodia, Myanmar, Laos and Vietnam to improve meaningful participation, protections and actions against gender-based violence, and access to decent work for migrant urban women, by:



**SHARING LEARNING** through identifying and communicating best practices, innovations, tools and resources between CARE Cambodia, other country offices in the Mekong region, local partners and stakeholders.



**DEVELOPING EVIDENCE FOR ADVOCACY** by collecting project data and conducting independent research into the impact of meaningful participation, gender-based violence and decent work.



**LEVERAGING AWARENESS, ACTION AND SUPPORT** by connecting CARE Cambodia with partners, stakeholders, resources and specialists.



**ADDING VALUE** to projects by offering technical support with regards to tools, reports, evaluations and assessments.

### CAMBODIA BUSINESS COALITION ON AIDS (CBCA)

CBCA works with the business community to educate and train companies about HIV, in order to reduce the impact of HIV on employees, the communities in which they operate, and the companies themselves. To achieve this, CBCA delivers programs and services to the businesses to assist in developing and implementing workplace policies and programs surrounding HIV.

### CAMBODIAN WOMEN FOR PEACE AND DEVELOPMENT (CWPD)

CWPD has a long history of working for women and children's health and well-being across the country, both at the community and national levels. CWPD is currently working with CARE on safe migration and on peer education with GFW.

### HEALTH AND DEVELOPMENT ALLIANCE (HEAD)

HEAD is dedicated to working with the most vulnerable communities to reduce the causes of poverty by improving individual's health and access to quality healthcare. HEAD is currently working with CARE to strengthen the health system in the remote province of Koh Kong.

### INDIGENOUS PEOPLE HEALTH IMPROVEMENT ASSOCIATION (IPHIA)

IPHIA is a key player within the health sector in Mondul Kiri province, working with community members, health centre staff and local government representatives to ensure that ethnic groups (80% of Mondul Kiri residents are Phnong) are able to equitably engage with and utilise healthcare services.

### PEOPLE HEALTH DEVELOPMENT ASSOCIATION (PHD)

PHD promotes youth participation in Cambodian social issues, and focuses strongly on providing young people and families with information on sexual and reproductive health. PHD also promotes gender equality and enables young people, particularly men, to participate in advocacy surrounding gender equality, GBV, sexual and reproductive health and other issues.

### SOLIDARITY ASSOCIATION OF BEER PROMOTERS IN CAMBODIA (SABC)

SABC is an independent membership organisation run entirely by women working in the beer promotion industry, working to support women in the industry to come together and protect each other. The SABC management team are also recognised as spokespeople for women working in the entertainment industry. CARE continues to provide ongoing support for their voice to be heard.

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