Annual Impact Report 2022
Contents.

03 Who We Are
10 Introduction By Tara Winkler
22 Village Hive Project: A Public Social Protection System
31 Village Hive Deep Dive
62 Conscientisation With CCT's Co-founder Pon Jedtha
66 Village Hive Project: 2022 Report
74 Village Hive Project: Qualitative Impact
84 Direct Services To Families In Battambang
96 Advocacy and Awareness Raising
100 Jaan Bai Social Enterprise Restaurant
102 ICT Education in Public Schools
108 The CCT Team
110 Financial Statements 2021/2022
112 We All Have a Role To Play
Who We Are
Our Shared Vision

Igniting local wisdom to dismantle the structural root causes of poverty.

Our Shared Mission

To build a sustainable, community-owned public social protection system for Cambodia.

Cambodia is dependent on a privatised system of social support controlled by foreign charities. We’re on a mission to change that.

Cambodian Children’s Trust (CCT) is working to build a public social protection system in Cambodia, run by local communities, to dismantle the structural root causes of poverty with an upstream initiative called The Village Hive Project.

Based in Battambang, Cambodia, the Village Hive is built on a foundation of collaborative community engagements with the goal of eliminating dependence on charity and restoring local sovereignty.

The Village Hive strengthens universal public services and builds early intervention public programs. By prioritising these safeguards, the Village Hive raises the standard of living for entire communities and empowers Cambodian people to rise to the challenge of transforming their own world.
Our Journey

Our journey began in 2007 when Pon Jedtha and Tara Winkler established CCT to help 14 children escape from a corrupt and abusive orphanage in Battambang. Initially, CCT was set up as an orphanage to provide children with a safe new home. Upon discovering they weren’t orphans at all and learning of Cambodia’s orphanage crisis, Tara and Jedtha began the challenging journey of reuniting the children with their families.

By 2012, CCT had become the first organisation in Cambodia to transform an orphanage into a family-based care program and has been leading the care reform movement ever since.

In 2019, CCT underwent an even bigger transformation. With a new singular vision to dismantle the structural root causes of the orphanage crisis, the Village Hive Project was launched.

Today, our role is no longer just paternalistically delivering direct social services on behalf of Cambodian communities. We are building a public social protection system, run by the community for the community, that will eradicate poverty and eliminate dependence on charity.
15 Years of Evolution

2007
Assisted 14 children to escape an abusive orphanage in Battambang & established CCT orphanage

2008
Established medical outreach service and housing service

2009
Established Jaan Bai social enterprise restaurant

2011
Completed the transformation of the CCT orphanage by reintegrating children to families

2012
Established social work service and youth centre service

2013
Began using Signs of Safety social work framework and pilot, learn and grow methodology

2014
Launched ICT Education initiative in Battambang’s public high schools

2015
Launched community-led approach focusing on prevention and family preservation

2016
Transitioned to 100% Khmer team in Cambodia

2017
Village Hive Project began integrating CCT services, starting with a CCT youth centre integrated into a public school in Ou Char Commune

2018
ICT Education initiative became sustainable, wholly owned and operated by the public school system

2019
Established family finance service

2020
Established medical outreach service and housing service

2021
Village Hive Project integrated CCT Youth Centre, Heath, Education and Social Services into Ou Char commune, completing the first of 10 public social protection systems

2022
Village Hive Project integrated a second CCT youth centre into a public school in Rotanak Commune

Future
Establish Village Hive Public Social Protection systems in all ten communes, 62 villages, in Battambang District

Creating a robust first public social protection system run by Cambodian communities
Global Impact

Watch TED Talk, *Why we need to end the era of orphanages*, 2016

Watch ABC Australian Story, *The House of Tara*, 2014
Who We Are

Listen to testimony at the Australian Parliamentary Inquiry into Modern Slavery, 2017

Read the book, How (Not) to Start an Orphanage
2022 Highlights

The Village Hive became the official public social protection system for 17,840 people in the 6 villages in Ou Char Commune.

36,094 people now receive better quality public healthcare from 1 Village Health Clinic in Ou Char commune as a result of renovations, additional equipment and resources, training, and supplementary services.

1,382 students in 3 public primary schools in Ou Char commune now receive higher quality education from enhanced infrastructure, equipment, human resources and curriculums.

184 students who were previously accessing CCT’s Youth Centres, are now receiving essential services from an after-school care program operating in their public school.

The early intervention journey empowered 427 families comprising 2,183 people to escape multidimensional poverty.

0 reports of domestic violence in the homes of families empowered by the early intervention journey.

49,216 nutritious meals served to vulnerable children.

Social workers provided counselling services to 374 families comprising 1,937 people improving family dynamics and alleviating stress in the household.

54 families were supported to improve their housing, including repairs, renovations and builds, connecting to utilities and sanitation facilities and finding affordable rentals.

278 home visits to 593 people in 114 vulnerable families were conducted to provide life-saving health care and family planning.

154 families reached a new level of financial resilience and safely exited CCT’s support into independence.

219 families provided with support payments totalling $137,789 USD to prevent them from falling into extreme poverty, while they work towards achieving their financial goal.

141 families, comprising 747 people were provided $61,879 USD of capital to set up businesses.

1,181 children were prevented from being separated from their families.

216 families were coached in financial literacy to strengthen the households’ capacities to prioritise their expenditure and budget effectively.

3 CCT youth centres are now closed and successfully integrated into public schools to achieve long-term sustainability as public after-school care programs.
Introduction
By Tara Winkler
CCT is working towards something important that we hope will help change the course of history.

When we think about how change happens, we often think of moments when critical mass arises, when consciousness is raised throughout mainstream society, and large marches are taking place in the streets. However, what always precedes the arising of critical mass is the coming together of small groups of people, in unlikely combinations, in a new quality of relationship. It’s these small groups who do the leg work to usher in long-term, transformational change.

This encapsulates the role CCT is playing today. Together with local community stakeholders, we are fermenting the ‘quiet before’ required to transform the role of international charities from one that perpetuates outdated, paternalistic, and, quite frankly, oppressive downstream systems to one that promotes sovereignty and liberation through upstream systemic change.

Explaining how we’re doing this is not a simple task. We’ve evolved so far beyond the traditional charity model of ‘sponsoring a child’ or ‘building a well’ that an essay is required to properly explain what we’re doing and why it’s so vitally important.

But please keep reading because, in this report, we have gone the extra mile to explain what we do, how we do it, and the impact it’s having. We have developed graphics which I have used throughout this introduction to clearly describe how the Village Hive empowers communities to break the cycle of poverty, taking families from a place of vulnerability to sustainable self-reliance. The graphics will demystify the process and illuminate the enormous breadth of CCT’s work, made possible by the wonderful community of people across the world who share our passion and commitment to our mission.

We hope painting a clear and vibrant picture of our work and its impact will highlight the distinction between CCT’s work and that of most other charities. We draw this comparison only to raise awareness, to bring forth the profound shifts desperately required in the field of international development.

With increased awareness and by making our process clear and available to everyone, we hope it will encourage other charities to follow suit and shift their focus towards radical systemic change. Because if we are ever to succeed in solving global inequality, we can’t do it alone.

Changing the system that begets poverty and global inequality requires all of us to work together, striving towards the same North Star.

We hope our work will blaze a trail for this generational calling.
Unlike traditional charity work, feeding the hungry, digging wells and sponsoring children, systems change is a more abstract concept. To explain what it is, we first need to paint a clear picture of the current system and why it’s problematic.

**The easiest way to explain this is through a little thought experiment.**

Imagine if Australia’s social services were controlled by private, foreign organisations. Imagine if these foreign organisations controlled what health, education, housing and welfare services were provided to Australian people, how those services were delivered and who could access them.

This alarming thought describes the role that international charities play in countries like Cambodia. Regardless of how benevolent the intentions are, foreign-controlled charities have privatised social services that should be public and universally available to everyone. This disempowering, colonising system dispossesses an entire nation’s right to a self-governed social protection system.
The Royal Cambodian Government has drafted plans to build its own public social protection system, but international charities have dominated this space for so long that it’s hard for local leaders to wrangle back control.

The Cambodian Government also has very limited visibility into international charities, which makes it difficult for them to gain a clear understanding of what the needs are and how to budget for them.

It’s not just the big international charities that have created this parallel, privatised system of social support. Local grassroots organisations play a role too. They may be staffed by locals, but they are still controlled by foreign agendas as they are forced to shape their programs and services to align with foreign-funding requirements.

In other words, the social services available in Cambodia are a direct reflection of foreign interests and not local needs.

When social protection systems are built from the outside-in, they overlook local knowledge and expertise because foreigners don’t have the language, relationships or cultural knowledge to identify strengths in local systems. As a result, they end up stripping the local community of the capacity to respond to their own needs.

It is not uncommon for a charity to run its own private school for children on the same road where there is an underfunded and under-resourced public school.

There’s no stability or security in this privatised, foreign-controlled system. Charity projects operate on time frames in line with funding cycles, which means essential services are constantly starting and stopping, leaving local communities without a dependable system of social protection.
A foreign-controlled social protection system that is aligned to the goals of foreign donors. This system creates the privatisation of services that should be public.
A local-controlled social protection system that is aligned to the goals of Cambodian communities. This system creates high quality public services that are available to the whole community.
What happens when a social protection system is privatised and foreign-controlled? It invests downstream.

Today, Cambodian communities are entirely dependent on foreign charities to provide essential services. With this absolute control, international charities focus the majority of their efforts on saving the abused, victimised, starved, exploited, and impoverished.

They have attempted to pull individuals out of crisis and respond to the overwhelming need but have done almost nothing to prevent the need and crisis from arising in the first place.

This is a downstream approach. In a nutshell, downstream development involves investing charity donations into ‘ambulances at the bottom of the cliff’. The counter-intuitive truth of this approach is that it actually perpetuates problems and pushes vulnerable people further into crisis.

It does this by first creating an environment that makes communities extremely vulnerable. The privatised charity-controlled system fails to provide universal prevention services, which causes communities to end up in crisis.
Stories of people in crisis pull on the heartstrings and raise a lot of funds. Donations flow in, and what is created is a well-funded, crisis-driven system that swoops in to save people from a situation that it has helped to create.

After decades of this crisis-driven, privatised response, what has been achieved? Some individual lives have been saved, but a widespread culture of dependency and an endless conveyor belt of crisis and need has been created. The work of economic anthropologist, Jason Hickel, illustrates how ineffective the current system is in eradicating global poverty.

In his book, ‘The Divide’, he explains how the current system of western development has made global inequality worse, not better.

Since 1960, the income gap between the Global North and Global South has roughly tripled in size. **Today, 4.3 billion people, 60 percent of the world’s population, live on less than $5 per day.** The eight richest people now control the same amount of wealth as the poorest half of the world combined.

The endless conveyor belt of crisis and need draws in white saviours like moths to a flame. An abundance of people in crisis creates the perfect environment for white saviours to swoop in to save the day with band-aid solutions. This is how charities can end up investing in their own sustainability rather than the sustainability of growth and development in the community. The failure to address root causes sustains charities and those who staff and run them with ongoing work for generations to come.

An indication of whether a charity has a downstream focus is whether or not it has an exit strategy. An exit strategy is a clear proclamation that the charity intends to solve problems rather than window-dress them. The orphanage crisis, for example, was a problem entirely created by international charities that caused the needless separation of children from their families.

Many charities are now attempting to undo the orphanage crisis by going further downstream by reintegrating the institutionalised children with their families, but doing nothing to address the root causes of why they were separated in the first place.

I’ll take a moment to clearly state that I am also pointing the finger squarely at myself and CCT here. We are just as culpable for making these mistakes over the years as all the other international charities I know. But if there’s one thing that we do well at CCT, it’s identifying our mistakes and then doing everything in our power to rectify them.

What I know to be true after 15 years of working in Cambodia is that there is an abundance of local knowledge and wisdom. The best outcomes are achieved when local expertise is used to design solutions to complex social problems.
Introduction By Tara Winkler

**Downstream Development**
- **Crisis Services = $$$**
  - Interventions for children experiencing harm
- **Early Intervention Services = $$**
  - Intervening early with targeted family support before problems escalate
- **Prevention Services = $**
  - Universal services for all families to prevent vulnerability

**Upstream Development**
- **Crisis Services = $$$**
  - Interventions for children experiencing harm
- **Early Intervention Services = $$**
  - Intervening early with targeted family support before problems escalate
- **Prevention Services = $**
  - Universal services for all families to prevent vulnerability
Shifting the power and investing in upstream development

The only way to reduce global inequality is by changing the systems that beget poverty. Systemic change requires a shift of focus from thinking about how we can help or “save” individuals towards thinking structurally and systemically. It requires us to look upstream to radically change the systems that are causing individual children, families and communities to fall into crisis in the first place.

Upstream development doesn’t pull on the heartstrings in the same way downstream development does. Instead of saving people in crisis, it mostly involves preventing them from needing to be saved by finding more equitable ways to distribute power to transform policies, processes, frameworks and organisational structures.

Upstream development is not just about ‘building a fence at the top of the cliff’. It’s about levelling the whole landscape to create an equal playing field and a safer and healthier environment for everyone.

The most evidenced-based way to achieve a happy, healthy, flourishing society is to build high-quality universal public services that form a social protection system that raises living standards and safeguards entire communities against poverty, crises, and economic shock.

Well-designed social protection systems are cost-effective as they reduce the demand for expensive crisis services. They are holistic and coordinated among the different social sectors to provide a robust safety net that allows communities to thrive.

The Royal Government of Cambodia has defined its long-term vision for the development of a social protection system

"...based on inclusiveness, effectiveness and financial sustainability as a tool to reduce and prevent poverty, vulnerability and inequality and which will contribute to the development and protection of human resources and stimulate economic growth".

It is ultimately the responsibility of the state, local council and local community to guarantee the proper administration of a social protection system for its people. That is why we launched operation ‘Village Hive’.

The Village Hive Project provides an implementation roadmap to realise the Royal Government’s vision. We are now working with local leaders to create a robust public social protection system that the community can rely on.

Introduction By Tara Winkler
Our Strategic Direction

Since its inception in 2007, CCT’s primary role has been providing direct social services to children and families in Battambang, Cambodia’s second-largest city.

Performing this role indefinitely is unsustainable, disempowering and robs the local community of the opportunity to build a robust public social protection system for its people.

This is why CCT is undertaking a radical transformation to integrate its services into public facilities, resulting in a high-quality social protection system owned and operated by the local Battambang community.

The district of Battambang consists of ten communes and 62 villages. Our vision is to hand over the Village Hive services to all ten communes in Battambang District. At this point, there will no longer be any need for CCT to provide direct services to the children and families in Battambang because this role will be entirely absorbed by the local public sector and will result in the first public social protection system run by Cambodians for Cambodians.

This shift in roles from providing direct services to empowering the local community to provide its own direct services requires a coming together of CCT, international donors and local stakeholders in a new quality of relationship. It is a partnership grounded in trust, shared values and humility.

With adequate funding, we anticipate that it will take us another nine years to realise this vision. So what will become of CCT following that? The answer is; we don’t know. If we have the necessary support from the Royal Government of Cambodia and international donors, we can scale the Village Hive Project into all 162 districts across Cambodia.

We can also raise global awareness about the need to build upstream systems of public social support. There is also a possibility that there will be no need for CCT beyond this point, in which case we will wind up and move on with our heads held high as we finally managed to achieve what so few organisations have – lasting systemic change and our own redundancy.

At this point in time, we are still straddling the two roles. We are still providing direct services while we work on the Village Hive Project. As such, we have broken this report up into two sections: The Village Hive Project and Delivery of Direct Services.

We invite you to come on this journey with us, as we paddle upstream.

With thanks and gratitude,

Tara Winkler
Co-Founder, CCT
Children without access to their basic needs

**PHASE 01**
**DO TO**
Set up orphanage

Realised the mistake

**PHASE 02**
**DO FOR**
Set up reintegation & foster care

Realised the mistake

**PHASE 03**
**DO WITH**
Set up Village Hive prevention & early intervention

Tried to solve the mistake by going upstream

**PHASE 04**
**DO WITHIN**
Integrating the Village Hive services into public systems

Now successfully delivering an upstream approach

**PHASE 05**
**DO WITHOUT**
CCT exits the community

Future

All families have access to their fundamental needs

**CCT’s ongoing evolution.**

Introduction By Tara Winkler
Village Hive Project: A Public Social Protection System

Crisis & Recovery
- Crisis Services: Child protection, emergency aid, disaster relief for families in crisis

Early Intervention
- Social Services: Strengthening vulnerable families

Universal Prevention
- Health Services: Strengthening public health clinics
- Education Services: Strengthening public schools and teacher training colleges

The Village Hive Upstream Map
This graphic illustrates how the Village Hive maps over the Upstream Development Pyramid on Page 18
Village Hive Public Social Protection System

Summary of Village Hive Services

Most charities tend to focus on only one service, i.e. education, health, housing, nutrition, or income generation.

Our experience has taught us that the only way to untangle the complex, interwoven dimensions of poverty is with a holistic approach.

That is why there are three layers of service delivery in the Village Hive: universal prevention services, early intervention services, and crisis services. The Village Hive prioritises funding and resources for both universal prevention and early intervention services, which ultimately reduces the demand on costly crisis services.

Universal prevention services are available to the whole community. They optimise well-being and create safe and healthy environments for all people. Village Hive universal services are focused on public education and public health care, which includes strengthening village health clinics, public schools, teacher training colleges and establishing quality child care.

Early intervention services are targeted to support children, youth and families where vulnerability or special needs have been identified. Early identification of the need for additional support de-escalates risks and prevents crises.

The Village Hive’s early intervention services reduce risk by ensuring basic needs are met, including providing access to education, quality nutrition, child care, ID documentation, health care support, and safe housing. Once immediate basic needs are met through the provision of support payments, families are empowered to achieve financial self-reliance and resilience to safeguard against future risks; these programs and services include financial literacy, vocational training, and income generation.

Crisis and recovery services are specialised, intensive services targeted at children, youth and families in crisis who are experiencing or have experienced harm. Crisis services aim to minimise the long-term impacts of crises and subsequent trauma.

The Village Hive crisis services include child protection with a focus on safety planning and cultivation of strong family support networks, an emergency hotline, counselling, crisis accommodation, kinship care, care leaver support groups, family reintegration, addiction support groups, and disaster relief.
Village Hive Public Social Protection System
How we’re building the Village Hive Project: Co-creation and raising critical consciousness

Upstream development recognises the ancestral and cultural wisdom that local leaders hold, which allows them to draw on intuitive ‘knowing’ to find innovative solutions to problems in their community. These leaders share the same lived experience as their communities, providing contextual knowledge that can only be acquired by living through it. They also have deep, trusting connections within their communities and are a powerful source for change if empowered with the appropriate resources.

Throughout the year, we have supported local stakeholders to step into their rightful roles as leaders of the Village Hive Project. We have drawn on the practice of conscientisation, which comes from the work of Brazilian educator and philosopher Paulo Freire. It involves raising critical consciousness about issues of power, privilege and oppression to change social norms and societal mindsets around the role of charities in community development.

Local leaders have utilised a process of co-creation to work in solidarity with the wider community to inform every stage of the Village Hive Project design, execution and evolution.

Co-creating the Village Hive has led to equitable, inclusive programs and a sense of community-wide investment and ownership that ensures the sustainability of high-quality service delivery.
The Village Hive Golden Circle

**WHAT**

*Prevention & Local Integration*

Prevention and early intervention projects that address root causes of poverty are integrated into public systems and local facilities where they are delivered sustainably by local communities.

**HOW**

*Conscientisation & Co-creation*

Through conscientisation sessions local stakeholders are empowered to step into their roles as leaders of co-created projects.

**WHY**

*Trust & Empowerment*

Trust in the community’s abilities to rise to the challenge of transforming their world, promoting local ownership and control.
Communes and Villages in Battambang District

Battambang District is a municipality of Battambang Province in northwest Cambodia. It is the provincial capital with a population of 116,793. The district is subdivided into ten communes and 62 villages.

<table>
<thead>
<tr>
<th>Khum (Commune)</th>
<th>Phum (Villages)</th>
</tr>
</thead>
<tbody>
<tr>
<td>Ou Char</td>
<td>Ou Char, Prey Koun Sek, Kab Kou Thmei, Andoung Chenh, Anhchanh, Ang</td>
</tr>
<tr>
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<td>Ou Ta Kam Muoy, Ou Ta Kam Pir, Ou Ta Kam Bei, Tuol Ta Aek, Dangkao Teab</td>
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<td>Svay Pao</td>
<td>Preaek Moha Tep, Kampong Krabei, Mphey Osakphea, Kammeakkar</td>
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</tbody>
</table>
Rollout of Village Hive Public Social Protection System in Battambang District

Services:
- Education = integrated
- Health = not yet integrated
- Social Work = not yet integrated

Village Hive Public Social Protection System

Ou Mai

Roatnak

Sla Kaet

Chamkar Samraong

Tuol Ta Aek

Kdol Doun Teav

Svay Pao

Preaek Preah Sdach

Voat Kor

Ou Char
Village Hive Public Social Protection System

**Village Hive Project Objectives**

In all ten communes in Battambang District, the objectives are:

- To co-create the operating frameworks, including signing a Memorandum Of Understanding (MOU) with relevant ministries, drafting fiscal policies, conducting child protection, anti-corruption and fraud training, mapping existing public services and identifying service gaps.

- To strengthen universal public services, including the facilities and human resources in the public schools, the teacher training college and public village health clinics.

- To integrate the Village Hive early intervention services, previously delivered by CCT, into the commune’s public facilities. Improvements are made to infrastructure to accommodate additional staff. Where possible, CCT staff will be divested into the public workforce. Otherwise, the communes will be assisted with recruiting any additional staff.

- To integrate community-based crisis services, previously delivered by CCT, into the district’s public facilities.
Evidence base for the Village Hive Project

CCT has engaged with academics at universities in Australia to help provide the evidence base for the Village Hive.

Dr Freya Higgins-Desbiolles from the University of South Australia published an academic paper on "Decolonising tourism and development: From orphanage tourism to community empowerment in Cambodia".

Dr Bhanu Bhatia from Charles Darwin University has submitted the research to collect the evidence base for the Village Hive Model, for ethics approval, incorporating the following elements:

a) effectiveness,

b) efficiency and

c) administrative burden.

This paper used CCT as a case study in sustainable development.

Dr Freda Hui-Truscott from the University of Wollongong has obtained funding and ethics approval on the localisation of the Village Hive Model. The research will look at the outcomes achieved with localisation and the effectiveness of the transition to local governance.
Public education is a valuable investment with immense social benefits. Research shows that children who have access to quality education throughout primary and secondary school are more likely to have a secure income and adequate standard of living, stable families, and be active and productive members of society.

They are also less likely to commit crimes, place high demands on the public health care system or be enrolled in social support programs.

Investing in public education is far more cost-effective than paying for the social and economic consequences of underfunded, low-quality public schools.

The Village Hive strengthens public primary schools, public high schools and the public teacher training college through four key activities.
Village Hive Strengthening Public Education

1. Partnering with schools and improving infrastructure
   - Building repairs and renovations
   - Building classrooms
   - Building toilet blocks
   - Building playgrounds
   - Improving disability accessibility

2. Improving classroom environment
   - Painting classrooms
   - Improving lighting
   - Equipment repairs and purchases

3. Improving the curriculum and syllabus
   - Establishing ICT computer curriculum & syllabus
   - Establish extra-curricular and life skills classes
   - Establishing remedial tutoring
   - Establish pre-school program
   - Establish before/after school care program

4. Resourcing and supporting teachers and school faculty
   - Resourcing additional teaching staff
   - Providing teaching resources and supplies
   - Providing training in pedagogy, ICT literacy, child protection, child rights, positive behaviour management
1. Partnering with schools and improving infrastructure

The first activity is to support all the schools in a Village Hive community to conduct their own assessment of their school facilities. This includes looking at whether there is adequate infrastructure for classrooms, toilets and playgrounds and the overall accessibility of the school for children who are disabled and have special needs. After the assessment, schools are supported to conduct repairs and renovations and build new infrastructure.

2. Improving classroom environments

The second activity is to support all the schools in a Village Hive community to conduct their own assessment of the classrooms to ensure a safe and positive environment that is conducive to learning. This involves assessing whether the classrooms are bright and inviting, that the lighting and equipment are adequate and that it is accommodating to children with special needs. After the assessment, schools are supported to purchase new equipment and conduct repairs and renovations.
3. Improving the curriculum and syllabus

The third activity is to support all teachers and faculty staff in a Village Hive community to strengthen the curriculum and syllabus of the primary school, high school and the teacher training college.

This involves establishing and providing an ICT computer literacy curriculum and syllabus, an extra-curricular program, a remedial tutoring program, a preschool program and an after-school care program.

4. Resourcing and supporting teachers and school faculty

The fourth activity is ensuring all teachers and faculty staff in a Village Hive community are adequately supported to perform their roles.

This involves providing additional teachers, necessary teaching resources, and training in pedagogy, child protection, child rights, positive behaviour management, and ICT literacy.
The transition from private to public services has resulted in an increase in the number of children who benefit and lower cost per head.
1,382 students in 3 public primary schools in Ou Char commune now receive higher quality education from enhanced infrastructure, equipment, human resources and curriculums.

36 public school teachers were provided training in computer literacy to strengthen the schools administration.

5 local primary schools were provided teaching supplies for 131 teachers.
Village Hive Universal Prevention
Public Health Services

Investing in public health generates cost-effective physical and mental health outcomes that are fundamental for prolonging and improving quality of life and contributing to a healthy and prosperous society.

The Village Hive strengthens public Village Health Clinics to prevent disease and promote the health and well-being of everyone in the community.

The Village Hive strengthens public Village Health Clinics through four key activities.
Partnering with public Village Health Clinics and improving infrastructure

• Building repairs and renovations
• Improving disability accessibility
• Improving safety and hygiene facilities

Improving clinic equipment and supplies

• Providing first-aid inventory and equipment
• Providing nursing kits
• Provision of PPE, hygiene supplies, RCCE, nutritional support for chronic illness, and baby formula

Improving clinic services

• Preventative health workshops
• Establishing a home nursing program
• Healthcare plans to manage acute and chronic illness
• Family planning
• Facilitating connection to hospitals and specialty health services

Resourcing and supporting nurses and clinic staff

• Resourcing additional nursing staff
• Supporting training and coaching
• Resourcing for Village Health Volunteers
1. Partnering with public Village Health Clinics and improving infrastructure

The first activity is to support the clinic in a Village Hive community to conduct their own assessment of their facilities.

This involves looking at whether they have safe, hygienic and fit-for-purpose infrastructure and facilities for all clinic activities and ensuring adequate infrastructure to accommodate people with disabilities. Next, a budget and plan are drafted to conduct repairs and renovations.

2. Improving public Village Health Clinic equipment and supplies

Supporting the clinic to conduct their own assessment of their equipment to ensure it is adequately resourced to manage the community’s health care needs.

This involves ensuring an adequate first aid inventory and equipment, nursing kits, PPE, hygiene supplies, Risk Communication and Community Engagement (RCCE) information, nutritional support for chronic patients, baby formula and nappies.

3. Resourcing and supporting nurses and public Village Health Clinic staff

Ensuring the nurses and clinic staff are adequately supported to perform their roles. This involves providing additional nursing staff, supporting training and coaching and resourcing for Village Health Volunteers.

4. Improving public Village Health Clinic services

Supporting the clinic to ensure the clinic services can respond adequately to the community’s needs while promoting a preventative approach to public health.

This involves preventive health education workshops, a home nursing service, management of acute and chronic conditions, family planning, and facilitating connection to hospitals and specialty health services.
CCT was providing private medical outreach services.

The pandemic led to an increase in cases.

The increase was sustained as CCT’s private medical outreach services were transitioned to the public village health clinic.

We expect the trend of increased cases and reduced costs to continue.
36,094 people now receive better quality public healthcare from 1 Village Health Clinic in Ou Char commune as a result of renovations, additional equipment and resources, training, and supplementary services.

104 times families were supported to access government and specialised health care facilities for treatment.
The Village Hive early intervention services are targeted at vulnerable families to reduce risks. The process is a journey of empowerment that sees families strengthen their social and economic resilience to escape poverty and provide adequately for their children.
Conduct a financial assessment and set a financial goal with the family.

Support payment (dollar value of 1b)

Income

Assets

Debt

Family finance training

Financial coaching

Review business plan

Create vision (connect to vocational training if required)

Write business plan

Explain this journey to the family and agree upon a support payment that will meet all of their basic needs and will be realistic for the family to cover themselves in the future. Family then signs an agreement to go on this journey.

All the support payments to the family are a gift, not a loan. The family will not need to pay back any historical or one-off payments that were provided to them.

How much do they need to ensure all their basic needs are met?

Establish business

Review business plan

Launch business

Capital transferred

How much do they need to cover all their costs and add to savings?

Access employment

EMPOWERMENT ACHIEVED!

Establish savings and conduct exit assessment

Establish a savings program and redo the assessment in step 1a, ensuring the family is sufficiently covering all of their basic needs.

Repeat step 5 until the financial goal is met

Write business development plan

Additional capital transferred

Monitor and evaluate

Review business plan

If accessing employment, the salary must equal the financial goal.
Conduct a financial assessment and set a financial goal with the family

How much do they need to ensure all their basic need are met?

Explain this journey to the family and agree upon a support payment that will meet all of their basic needs and will be realistic for the family to cover themselves in the future. Family then signs an agreement to go on this journey.

All the support payments to the family are a gift, not a loan. The family will not need to pay back any historical or one-off payments that were provided to them.

Financial goal

How much do they need to cover all their costs and add to savings?

Establish business

Financial coaching

Launch business

How much do they need to ensure all their basic need are met?

Review business plan

2a Conduct a financial assessment and set a financial goal with the family

Support payment (dollar value of $1b)

Income

Debt

Assets

Family finance training

Review business plan

Write business plan

Create vision (connect to vocational training if required)

Access employment

Establish savings and conduct exit assessment

Repeat step 5 until the financial goal is met

56

How much do they need to cover all their costs and add to savings?

4 3 Capital transferred

Write business plan

4 Establish business

How much do they need to ensure all their basic need are met?

Explain this journey to the family and agree upon a support payment that will meet all of their basic needs and will be realistic for the family to cover themselves in the future. Family then signs an agreement to go on this journey.

All the support payments to the family are a gift, not a loan. The family will not need to pay back any historical or one-off payments that were provided to them.

2b Financial goal

How much do they need to cover all their costs and add to savings?

2a Conduct a financial assessment and set a financial goal with the family

Support payment (dollar value of $1b)

Income

Debt

Assets

Family finance training

Review business plan

Write business plan

Create vision (connect to vocational training if required)

Access employment

Establish savings and conduct exit assessment

Repeat step 5 until the financial goal is met

56

How much do they need to cover all their costs and add to savings?

4 3 Capital transferred

Write business plan

4 Establish business

How much do they need to ensure all their basic need are met?

Explain this journey to the family and agree upon a support payment that will meet all of their basic needs and will be realistic for the family to cover themselves in the future. Family then signs an agreement to go on this journey.

All the support payments to the family are a gift, not a loan. The family will not need to pay back any historical or one-off payments that were provided to them.
Village Hive Early Intervention Steps

The social protection journey empowers families through six key steps:

**Step 1a: Home visit and basic needs assessment**

Following a referral of a vulnerable family, the first step involves a social worker conducting a home visit to partner with the family and support them in leading a self-assessment of their basic needs. The assessment involves looking at the following:

- **Nutrition** – is there adequate nutrition for the family?
- **Education** – are the children enrolled in school?
- **Child care** – is there adequate supervision of minors? Is child care required?
- **ID Documentation** – do they have ID Documentation that allows them to access public services free of charge?
- **Health** – are there any acute or chronic health concerns?
- **Housing** – do they have safe and secure housing?
- **Safety** – are there any safety concerns?

If there are safety concerns, the social worker will refer the family to crisis services, where a senior social worker will work with the family, and their extended network, to develop a robust safety plan. For more information about this process, see the Crisis Services section.

Families with child protection concerns will still proceed, where possible, through this empowerment journey because we often find that it is the stresses and pressures of poverty that cause the behaviours that put children at risk.

When families are able to meet their basic needs and provide adequately for their family and have a sense of purpose and accomplishment, the behaviours that cause safety risks often resolve naturally.
After the basic needs assessment is complete, the next step is to connect the family to public services and provide a support payment to enable the family to meet their basic needs.

The social worker will work with the family to calculate the support payment required to meet all the family’s basic needs. The social worker explains the whole empowerment journey to the family to ensure the family understands the process. They explain to the family that all support payments to the family are a gift, not a loan. The family will not need to repay any payments that are provided to them.

They also explain that at the end of the journey, the family will be able to cover all their basic needs themselves into the future. A partnership agreement is signed if the family agrees to participate in this empowerment journey.

At the end of step 1, the children are safe, and the family has all their basic needs met. The following steps empower the family so they are not dependent on the support payments.

The next step is for the social worker to conduct a financial assessment and set a financial goal with the family. The financial assessment looks at the family’s existing income, assets, debt, and support payment. The information from the financial assessment then produces the family’s financial goal, i.e. how much income the family needs to cover all their expenses and add to savings.

Once the financial goal is set, the family’s next step is to gain financial literacy skills and develop a plan to meet their financial goal.

Financial literacy training begins with mindset change to help families avoid being stuck in a scarcity mindset that traps them in cycles of poverty through an extreme focus on the short-term, preventing them from investing in the future and planning ahead. An example is having to repeatedly buy small bags of rice versus buying one large bag that will cost less in the long run.

Families are not poor because they make bad decisions; they remain poor because poverty inhibits their ability to invest in their future. The financial literacy training also coaches families on how to avoid debt, prioritise expenses, make cost-effective purchases, budget and manage household finances.

Once the family has completed the financial literacy training, the social worker will support them in creating a plan to meet their financial goal. If their plan requires skills development, the social worker will help them to begin the relevant vocational training or an apprenticeship. If they already have the required skills, the next step depends on whether they meet their financial goal by accessing employment or establishing a micro-business.

If they choose to access employment, they will be supported to find safe and secure employment that meets their financial goal and will skip steps 4 and 5 and proceed to step 6.

If they opt to establish a micro-business, the social worker will then coach them through the process of writing a business plan. Once the business plan is approved, capital is transferred to the family to launch their business.
Once the family successfully brings in enough income to meet their basic needs, their social worker will help them establish a savings plan. Once a family can reliably add to their savings each month, they are then in a position to overcome any obstacles or setbacks they encounter in the future. If they want to continue developing their business, they can now borrow from themselves.

Once the family has achieved their financial goal, the social worker and family will redo the basic needs assessment in step 1 so that everyone is satisfied that they are now confidently covering all their basic needs themselves.

At this point, the family has reached a level of resiliency and self-reliance that means they have escaped poverty and can exit from social services support.
427 families, comprising 2,183 people, empowered to escape poverty via the early intervention journey

1,181 children were prevented from being separated from their families

154 families reached a new level of financial resilience and safely exited CCT's support into independence
Community Savings Groups

Once families can earn sufficient income to provide for their family’s basic needs, they are encouraged to join a community savings group. This program is key in ensuring families are truly resilient and able to save money and pay off debt.

Families co-designed the community-based savings and loan scheme with CCT’s family finance team. Families in the community come together to form a group with aspirations of helping each other save money and grow their income.

The families contribute what they can afford that month, with the average contribution being between $2.50 USD and $5 USD. With about 17 families in a group, the pooled funds total between $40 USD to $80 USD each month.

Each month, the group nominates one family who can access the pooled savings. This means the nominated family can access what would otherwise take them a year and a half to save. More importantly, families are not relying on microfinance institutions, which often see them falling further into debt.

The community-based savings groups are also a valuable support mechanism for families. At these monthly meetings, information is shared between members on technical business development skills and co-operatives are established to help pool resources.

Community Savings Program teaches mum to manage money

“Before CCT’s support my life was very difficult. I could only afford one meal a day. I worked as a cleaner and I got just $100 a month. I couldn’t afford to send my kids to school regularly. I felt terrible for my children because I didn’t have enough money to send them to school.

After getting involved with CCT, my situation is much better. Life is so different now. I received guidance from CCT social workers about how to get out of poverty and CCT also taught me how to start my own business working from home, which means I also have time to look after my children. If I didn’t meet CCT, I think my children would have had to quit school to work.

The savings program has been very valuable for me. It taught me how to save and manage money. When we are in need, we can take money from the savings group. Each month, someone new can take the money,” says Trop.

35 families participated in community savings groups
"The savings group helped me to change my mindset... I have enough income and I can support my children's education"
- Savern.
219 families provided with support payments totalling USD $137,798 to prevent them from falling into extreme poverty, while they work towards achieving their financial goal.

141 families were provided USD $61,879 of capital to set up businesses.

On average households reported a 75% increase in their income, strengthening their capacity to cover their basic needs while reducing negative coping strategies detrimental to their children.
## Effects of the early intervention journey on families

<table>
<thead>
<tr>
<th>Outcome</th>
<th>Percentage</th>
</tr>
</thead>
<tbody>
<tr>
<td>Children now accessing education</td>
<td>100%</td>
</tr>
<tr>
<td>Families who stayed together</td>
<td>99%</td>
</tr>
<tr>
<td>Families reporting positive improvements in their relationships</td>
<td>92%</td>
</tr>
<tr>
<td>Families enjoying more time together</td>
<td>73%</td>
</tr>
<tr>
<td>Household members feel worried or anxious</td>
<td>1%</td>
</tr>
<tr>
<td>There is stress and tension at home</td>
<td>0%</td>
</tr>
<tr>
<td>There has been some violence in the home</td>
<td>0%</td>
</tr>
</tbody>
</table>

- 100% of families who completed the early intervention journey reported zero violence in the home.
- 216 people were coached in financial literacy.
- 260 financial assessments were conducted to understand what emergency supports and services are required.
While crisis response services shouldn’t be the primary focus of an upstream social protection system, they still play an important role to ameliorate harm and minimise the long-term impacts of trauma.

Village Hive Prevention and Early Intervention significantly reduces incidence of families in crisis

- Crisis Services: 3%
- Early Intervention Services: 13%
- Prevention Services: 84%
We are strengthening the Battambang District’s ability to respond to child protection cases and ensure that children are safe from all forms of harm, including emotional abuse, physical abuse, sexual abuse, neglect, family separation/institutionalisation, child labour and trafficking.

Senior social workers work alongside the Battambang District (OSVY) social workers to manage complex cases in two districts and increase their capacity to identify and respond to child protection cases.

This is part of systems building for the empowerment and long-term sustainability of child protection work in Battambang.

Senior social workers use a strengths-based, family-driven approach to casework called Signs of Safety. They promote self-determination by partnering with families to cultivate a lasting network of support from trusted relatives, neighbours, and friends.

Families are assisted in developing safety plans to overcome the challenges in their lives and ensure the ongoing safety and well-being of their children. By building strong relationships, social workers, families, their extended network of kin and local leaders work together to ensure children’s safety, stability, and healthy development.

- 47 meetings conducted with national, provincial and district level governments
- 66 families completed Signs of Safety assessments with social workers and their family network
- 914 people referred from 267 calls to the hotline
- 2,000 brochures distributed to local communities promoting the hotline number
Emergency Hotline Services

We operate the only child protection hotline in Battambang. The hotline operates 24/7 to provide an immediate response to calls about children at risk. It is a confidential service, allowing community members to raise any child protection concerns they have. Immediate emergency support ensures children are safe. Children requiring more extensive support are referred to senior social workers for longer-term case management.

Kinship Care and Foster Care

If the safety needs of the child can’t be met in the care of their parents, senior social workers will work with the family network to find alternative care options that prioritise placements with relatives and friends with whom the child has an existing relationship.

Social workers support carers with necessary child protection training and financial support. Kinship care families can also participate in the Early Intervention Empowerment Journey to ensure the family can continue to meet their basic needs. Therapeutic counselling services are also provided to the child and family to ameliorate trauma.

CCT’s social workers ensure the voices of children are paramount in their case planning process. Children and youth in kinship care are invited to join CCT’s Care Leaver Network, ensuring they are supported during the transition from alternative care to family-based care or independence.

0 new children required short-term placements in foster care
16 children and youth in 5 foster care homes are being supported with case planning to move towards permanency
3 children transitioned from foster care into kinship care or their family of origin
Family Reintegration

The reintegration process has the greatest chance of success when it addresses the root causes of child-family separation and facilitates access to prevention and early intervention services. Intensive follow-up support is required to ensure the long-term success of the child’s transition to family-based care.

Supports and services include:

- Supporting caregivers with parenting skills, legal support, counselling, income generation, financial literacy, housing assistance and material support.
- Supporting children to access education, healthcare, trauma rehabilitation, counselling, life skills, and care leaver support networks.
- Awareness raising about the harms of residential care and the benefits of family-based care, including the support and services available to families in their communities.

57 children and youths provided with ongoing support after leaving an orphanage and being reunited with their family

13 children and youths provided ongoing support in kinship care or independent living after leaving an orphanage

26 reintegration cases are now independent of support
Reunited with her loving family after years living in SKO orphanage

In 2016, Chantha’s family placed her in an orphanage in Battambang called SKO, the same orphanage that Tara Winkler and Jedtha Pon helped 14 children to escape from in 2007.

Chantha, 14, grew up in the jungle living with her mother, father, younger sister and younger brother. Her dad, Sinat, worked as a labourer across Cambodia, earning approximately $5 a day. “I didn’t earn enough to cover my children’s education. So, I decided to place my daughter in an orphanage so she could go to school,” shared Sinat.

After Chantha had been living at the orphanage for five years, Sinat found out that she had not been attending school. “The orphanage wasn’t what I expected. I was told my daughter wasn’t happy and wasn’t doing well in school. I worried a lot and wanted her to come home.”

After meeting CCT in 2020, Sinat started the reintegration process to bring Chantha home. Social workers made the seven-hour journey to Chantha’s family several times in the lead-up to the reintegration to ensure they had the support and services they required so that child-family separation would not occur again.

Before Chantha returned home, Sinat expressed his desire to start his own micro-business so that he could remain at home with his family and not have to travel constantly for work.

The family finance team partnered with Sinat, training him in financial literacy skills like saving, budgeting, paying off debt and identifying needs versus wants. CCT then supported Sinat with the physical materials needed to build a chicken coop and a vegetable farm so he could start his own agriculture business.

In 2021, CCT social workers picked up Chantha from the orphanage in Battambang and made the journey home with her. On the day that she returned home, emotions were high. “I’m just feeling so excited, I’ve waited for this day, the day they bring my child home. I’ve felt like I lost her for these five years. I have no words to say how excited I am that she’s home,” said Sinat

When Chantha returned home, her family realised how much school and social development she had missed while at the orphanage. Chantha’s younger sister began tutoring her, helping her to catch up to her peers. CCT provided Chantha and her two younger siblings with everything they needed for public school, including school books, school uniforms, shoes, backpacks and bicycles to travel to and from school.

The family’s house was small. It was one small room with one bed and no door. There was not enough room for the family to sleep, and the walls and roof were full of holes.

During the rainy season, the house flooded. To ensure Chantha was returning to a safe home environment, CCT built the family a safe new house in 2022. “Before, when I lived in my old house, it was leaking when it rained. The new house is not leaking anymore, so I can have a nice sleep, and I have my own bedroom, furniture and I can share a room with my sister,” Chantha shared.

Since Chantha’s reintegration, the family has gone from strength to strength. Sinat’s business has become very successful, and he no longer requires support from CCT to send his children to school. Chantha has been attending school every day, and the family have noted how much more confident she is and how her studies have improved since being home.

“I’m really happy that I am back living with my family. I can go to school with my siblings and hang out with them, and my family is full of happiness,” said Chantha.

Now that Sinat has built a successful business, the family no longer requires any financial support from CCT. They have a new house, a thriving business, all of the children are doing well in school and Chantha is back home with her family, where she belongs.
Emergency Response Services

When a natural disaster impacts Village Hive communities, such as fires, storms, floods and pandemics, social workers and nurses provide practical help and resources before, during and after emergencies.

20 flood-affected villages in Battambang were assisted with emergency support to access basic needs and keep children and families safe.
families provided with PPE and education about COVID-19 prevention

295 litres of hand sanitiser provided to vulnerable families

48,150 face masks provided to vulnerable families

140 bars of soap provided to vulnerable families
Conscientisation
With CCT’s Co-Founder
Pon Jedtha
Over the years I have been Director of CCT, I have spent a lot of time critically examining the workings of the International Development sector since the Khmer Rouge regime ended forty years ago. International funds amounting to billions of dollars have been donated to Non-Government Organisations (NGOs), both international NGOs and local NGOs alike. The NGOs have controlled all of that funding. The NGOs have all the power because they have all the money to invest in whatever projects they want. So, it is NGOs that control social protection in Cambodia.

We need to start asking questions about what would happen if there was a global emergency and philanthropy to all the NGOs dried up. What would be left in our communities? The answer is a lot of empty buildings.

Most NGOs work to fulfil their own individual mission. They often represent the interests of their foreign donors and invest their funding into privately run programs. This is what causes so much dependency in our communities. Cambodian people are dependent on NGOs to deliver vital support services. There is no sustainability in this system.

To build sustainable systems of social protection, we must invest philanthropic funds into strengthening the public services in our communities, not privately run programs. Currently, Cambodia’s public sector doesn’t have enough resources.

If the public schools, public health clinics, public hospitals and local councils had enough resources, they could deliver universal services and create a healthy social protection system that wasn’t dependent on foreign NGOs.

Imagine if all of the philanthropy Cambodia had received over the last 40 years was invested in the public schools and invested in our local leaders. Imagine what capacity they would have now. Imagine how resilient our communities would be now.

This year I have apologised on behalf of CCT to our local community and local leaders. We made a mistake. We have been delivering private social protection programs over the last 15 years that have operated parallel to the public system. I announced that we commit to rectifying this mistake.

CCT is the first organisation to begin integrating our services into the public sector, where they can be controlled by the local community. We are embedding our services into the public system to give the rights, power, responsibility, control, and resources to the community and allow our local leaders to lead.

We want to start a movement to shift power from NGOs back to the local community. Instead of all the NGOs working in the private sector, which they have full control over, we want to see all NGOs work within the public sector, using their donations and philanthropy from around the world to invest in building universal public services and trusting the local communities to do this work.
The evolution of CCT’s Youth Centre program is a great reminder of what is possible. We started the Youth Centre because we saw a huge increase in the number of street kids and vulnerable children in Battambang’s town centre. When we first opened it, more and more street children joined, so we grew the program to give them the opportunity to access nutrition, daycare, healthcare and hygiene facilities. Because of the success of the program, it continued to grow.

This program changed the lives of vulnerable children and vulnerable families, but it was being run from private facilities and, therefore, only accessible to families who have come through CCT’s case management. So, we partnered with the public schools to move the Youth Centres into the public sector where they will be available to more children and families.

The Youth Centres have been embedded into three public schools and are now serving as an after-school care program that will become available to all children who attend those schools. CCT has transferred our staff into the public schools to build up their teaching resources. CCT’s role is now to transfer the knowledge and skills we have developed to the community and provide support and the funding to operate the program.

When CCT was running this program as a private service, only a few children and families could access it. But now that we’ve integrated into the public schools, many more children can benefit.

When our community has adequate public services, and those services are high quality, our families will no longer be vulnerable. They won’t have to emigrate. They won’t have to send their children to an orphanage. They will have the ability to send their children to school, have the capacity to raise their children, and they will be able to make a living to look after their family. When people have access to universal services, life becomes safer.

We need to work together to achieve this mission. We especially need the community to take part in making sure our children are empowered so that they can develop our community from generation to generation.

Orkun Chren,

Pon Jedtha Co-Founder and Director
Conscientisation With CCT's Co-Founder Pon Jedtha
Village Hive Project: 2022 Report
The most significant achievement of 2022 was successfully establishing the Village Hive as the official public social protection system in the first of ten communes in Battambang District.

On December 16th, Ou Char Commune held an official ceremony to celebrate the launch of the Village Hive in Ou Char Commune. One hundred and seventy-six people attended the ceremony, including the governor, ministers from the departments of health, education and social affairs, all local stakeholders from the Village Public Health Clinic and the three public schools in Ou Char.

Ou Char Commune also invited four other NGOs working in the commune to highlight the positive example CCT is setting in successfully shifting power to local leaders and creating lasting systemic change.

The highlight of the ceremony was speeches from Vanna, a 14-year-old care leaver, and Sopheap, a landmine survivor, who have directly experienced the benefits of the Village Hive in their community. In her speech, Vanna urged the Cambodian Government to ensure there is a Village Hive in every community in Cambodia to prevent children from being harmed and abused as she was when separated from her family and placed in an orphanage.

Establishing the Village Hive in Ou Char Commune has created the first-ever public social protection system for 17,840 people in six villages. This is a major milestone for CCT’s Village Hive Project. We can now be confident of the long-term sustainability of the Village Hive in Ou Char Commune and we now have a blueprint to scale into the other nine communes in Battambang District. This means we expect subsequent communes to be completed in a shorter timeframe than it’s taken us to achieve this result in Ou Char.

Strengths, Challenges, Opportunities, Risks

We drafted the plans for the Ou Char Village Hive public social protection system in late 2019. There were many reasons why it took a further three years to achieve this milestone. The first and most prominent was the COVID-19 pandemic, which paused work on the project. Lockdowns and isolation orders meant we couldn’t engage in co-creation activities, which have been a vital part of the methodology.

The second is that this project is forging into uncharted territory, so we’ve had no roadmap to follow and were ‘building the car while driving it’. This resulted in slow but steady progress with lots of valuable lessons learned.

The third and final hold-up with the project was the local elections conducted in Cambodia in June 2022. This was a significant test for the viability of the project. The elections resulted in changes to key local leaders responsible for the governance of the Village Hive Project.

There was a risk that the new key personnel would not support the project. However, the widespread support of the project throughout all levels of the local community, from the personnel in the ministries to the workforce in the commune council, public schools and village health clinic, meant that when new local leaders were installed, the Village Hive Project received ongoing unanimous support.
Strengthening Local Leadership

The Village Hive Project was introduced to the new local leaders on June 23, 2022. During this meeting, a Khmer name was decided for the project: ភូមិសំបុកឃ្ម៉ំ  សុខុមាលភាពគ្រួសារ - Village Beehive - Family Social Protection Initiative. Local leaders chose to stick with the name 'Village Hive' as they felt it accurately represented the solidarity driving the project. The adoption of a Khmer name and logo for the project was an important step. It signified that local leaders no longer saw the Village Hive as a project of CCT but rather the responsibility of the public sector.

This public sector workforce now also comprises ex-CCT staff who volunteered to be transferred into the commune to bolster the workforce. In 2022, seven CCT staff, including two social workers, four teachers and a teaching assistant, joined the public sector workforce in Ou Char. As this project evolves, the public sector will absorb the responsibility of delivering direct social services, and CCT will no longer require such a large team.

This divestment of CCT staff is a strategy we have employed to ensure the wealth of knowledge and expertise these staff have developed during their time with CCT is not lost but transferred into the public sector.

Before the handover was finalised, CCT’s Finance Team conducted a final audit of the commune’s financial management system to ensure the project was set up to succeed. Recommendations were made and implemented to include additional financial controls to improve the financial management of the commune’s social services budget.

This included a final update to the financial policy, procedures and forms, refresher training on anti-corruption and fraud, and workshops on budgeting and financial reporting. On December 16, CCT conducted the first financial transfer to Ou Char’s Commune Investment Fund to operate the Village Hive Project.

Another strategy to enable the successful transition of the Village Hive and to mitigate any risk of corruption was to establish a clear and transparent compensation payment system for the local leaders involved with the delivery of the project. Good governance of the Village Hive Project requires extra time and responsibilities from the local leaders in addition to their existing duties.

For the Village Hive Project to be sustainable, local leaders need to be fairly compensated for the additional workload. Not only does this minimise the risk of corruption, but it assists the Cambodian Government with future budgeting for their National Social Protection System Action Plan. Additionally, it provides evidence that “topping up” local leaders’ salaries to deliver public social services is more cost-effective than charities hiring staff to provide private services run in parallel to the public system.

In addition to better resourcing for local leaders, CCT provided them and their personnel with training in topics such as child protection, basic Information Communication Technologies, administration, management, policy development, HR and finance systems, anti-corruption, child safeguarding, reporting and accountability. The training was also conducted during coaching and mentoring visits to build their confidence and ability to deliver the Village Hive in Ou Char.
Strengthening Public Education in 2022

The partnership with the three public primary schools in Ou Char commune – Ang, Andong Chenh, and Hun Sen – has improved the schools’ infrastructure and facilities, ensured clean and safe learning environments, supported and resourced the teaching staff and improved the syllabus and curriculum.

In 2022, activities included divesting five teachers and support staff to Ou Char’s Ang Public School, co-conducting assessments to understand and prioritise their needs, fixing the equipment in the school playground, providing landfill to level the school grounds and prevent flooding, installing additional handwashing facilities, improving the water supply, provision of teaching supplies and stationery and providing educational scholarships.

CCT’s Youth Centre program was integrated into Ang Public School in October 2020 and has become an after-school care and preschool program. It was initially targeted at vulnerable families in poverty at risk of crisis and separation. In November 2022, an expansion was trialled to open up the after-school care and preschool program to the entire student cohort at Ang Public School. The trial allowed ten students from financially secure families to join the after-school care program for a minimal fee.

At the successful completion of this trial, the after-school care program will open up to all students at the school for a small fee. This will help to offset the cost of running the after-school care and preschool program and also provide a valuable universal service to working families in Ou Char who need affordable child care.

Strengthening Public Health in 2022

Ou Char commune shares a public health clinic with an adjoining commune called Chamkar Samraong. Thirty-six thousand community members access the clinic for primary health care services.

The public health clinic provides services to all children and families in the community, including; maternal, newborn, child and reproductive services; communicable disease services (STD, HIV/AIDs, TB, Flu, Dengue Fever, etc); non-communicable disease services (Diabetes, Hypertension, mental health, minor surgery and wound care); health education and health promotion; pharmacy and outreach services.

Two village health volunteers are located in each village to increase the community’s knowledge of the public health clinic services, help identify community members for referral and support health clinic staff with outreach activities.

In 2022, CCT’s medical outreach programs were transferred to the Ou Char/Chamkar Samraong Public Health Clinic. Activities to strengthen the clinic included:

- Improving the infrastructure.
- Repairing the roof and providing landfill to fix the drainage in the flood-prone surrounding grounds.
- Providing medical supplies and PPE.

CCT’s Medical Outreach team provided training to eleven village health volunteers to establish a home nursing program. Training topics included conducting health assessments, identifying children with a disability, and mapping public health care services.

A stipend system for the village health volunteers was established to enable them to perform the home visits. CCT’s medical outreach team have continued to accompany the village health volunteers on home visits to provide ongoing training and technical support.
Scaling the Village Hive Project

Outside of Ou Char Commune, CCT has begun implementing the Village Hive Project in two additional communes in Battambang District, Rotanak and Svay Pao. The implementation of the Village Hive in Svay Pao Commune is expected to be completed by December 2023.

The work conducted so far in Svay Pao and Rotanak Communes includes strengthening the public schools and establishing after-school care and preschool programs within the public schools, which has fully absorbed the responsibility previously held by CCT’s Youth Centre Programs.
100% of the children who were previously accessing essential services from CCT’s Youth Centres are now receiving these services directly from the after-school care and preschool programs within their local public school. This means that all three of CCT’s privately run Youth Centres have now been closed.

The closure of our privately-run Youth Centres has reduced costs, including transportation, as children can walk or ride their bicycles to receive the same essential services from their local public schools.

In addition, there is no longer a need to rent private premises or incur costs for utilities and support staff such as cleaners and security guards.

In July 2022, the after-school care program and preschool opened in Wat Kampheng primary school in Svay Pao commune.

The activities that led to this achievement included building six new classrooms, a kitchen, storage facilities, toilets, and showers and establishing a computer library, including the provision of computers and networking equipment.

Water, sanitation and hygiene facilities were installed/repairs, and the sewerage system was upgraded. The school was connected to utilities and the internet. Support was provided to build a compost garden on the school grounds.

After establishing the after-school care and preschool programs, the public schools in Ou Char established monthly meetings with the school teachers and parents to help families engage with their children’s education. It’s the first time meetings like this have taken place in the school.

The Principal shared that these co-creation meetings were improving the children’s learning and the parents’ involvement in their children’s education because families and teachers had an opportunity to discuss challenges and solve them together. For example, they worked together to set up a space for the children to exercise, play volleyball and do other sporting activities in the school.

The CCT team, the local leaders and the wider community are immensely proud of what we’ve achieved so far, proving it’s possible to pave a way out of dependency and achieve truly sustainable development. We look forward to seeing how the Ou Char community continues to prosper with its own self-governed social protection system – the Village Hive. The success in Ou Char fills us with confidence and excitement as we forge ahead with the mission to establish a Village Hive in the remaining nine communes in Battambang District.
The before and after-school care and preschool program established in three primary schools brings a wide range of benefits to children, youth, families, and communities.

**These benefits include:**

- **SOCIAL:** Leads to improved social skills, including better behaviour, better concentration efforts, and a higher sense of self-worth.

- **ACADEMIC:** Improves students’ academic performance through remedial tutoring, homework help, extra-curricular activities and life skills. Free play, socialisation, exercise, and educational games create opportunities to build strong cognitive, social and motor skills.

- **ATTENDANCE:** Leads to improvement in class participation, increased attendance, and reduced school dropout rates.

- **SAFETY:** Makes children safer and reduces instances of children being left unsupervised, particularly for high-risk children who cannot be cared for at home during the day or in cases where carers are elderly, have a disability or have chronic physical or mental health conditions.

- **SUPPORTS WORKING FAMILIES:** Working families also benefit by ensuring that youth have a safe place to go while parents or guardians are at work.

- **HEALTH:** Improves children’s health by providing nutritious meals, clean water and access to clothes washing and sanitation facilities.

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Grade six student’s reflections on transferring CCT’s Youth Centres to the Phum Ang Public School Youth Centre in her community

"The old CCT Youth Centre was difficult for me to access because it was far from my house. I needed to ride a bike a long way to the centre in the morning to have breakfast and then I had to ride my bike again to school, which was far from the centre. Sometimes, I was late to school which is why I wasn’t getting good results."

"After we moved to the new location, which is located in my community, it is so much better than before. It is close to my house and the centre is in my school. So, after I eat breakfast I just walk to my class. I am now getting the highest mark in my class every single month."

"I enjoy the food at the centre, and the extra classes like English, computer, and dancing class. While I am at the centre after school, my dad has more time to work."

"In the future, I want to be a teacher because I love school."
In the future, I want to be a teacher because I love school.

Village Hive Project: 2022 Report

- **49,216** nutritious meals served to vulnerable children in the after-school care programs
- **29** children supported to receive early education services
- **184** at-risk children accessed their basic needs including: supervision, nutrition, hygiene and sanitation services, remedial tutoring and life skills from the after-school programs
- **263** students accessed extracurricular activities at the after-school care programs, including English language, music, arts and crafts, life skills, apsara dancing, hip hop dancing, computer skills, lakhon theatre, circus skills and sports
- **34** students from the after-school care program proudly showcased their skills performing in the launch of the Ou Char Village Hive ceremony to much applause

CCT Annual Report 2022
Village Hive Project: Qualitative Impact
The Village Hive became the official public social protection system for the population of 17,840 in six villages in Ou Char Commune.
Focus group 2022 results

Three annual focus groups were conducted with local stakeholders, including participants from the wider Ou Char community. Forty-four participants were asked to reflect on the observations in their community as a result of the Village Hive implementation.

When asked to rate the Village Hive after-school care program out of 10, all participants rated it 10. When the interviewer asked participants to elaborate on their reasons for giving such a high rating, the following observations were made:

“Educational outcomes have improved. All of the kids attending the after school care program have passed their end-of-year exams and the number of kids who are getting high grades has increased.”

“I rate the after-school care program 10/10 because my grandchildren are all doing well at school. They can read, write and do maths. Their behaviour has improved and they are even learning English.”

“One of the biggest changes is that parents in our community have more time to work after their children begin accessing after-school care services. This is improving families’ financial situation and they now have enough food to eat.”

“Our community now has an after-school care program that provides a safe and relaxing place for the kids to go, which encourages more children to go to school and gives their families more opportunities to work.”

Feedback from the focus groups on other Village Hive services included:

“People have more hope because the Village Hive has given more support to the Ou Char Commune Council who are now working together to support our people.”

“The Village Hive has created an environment where families have more income, are more confident to ask for help, and are practising more positive parenting skills.”

“The people in our community have more financial literacy skills. They know more about saving money and how to spend in a smarter way.”

“The Village Health Clinic is providing a higher level of support than before. The staff has received more training and they are able to treat more illnesses.”
Village Hive Project: Qualitative Impact

Village Hive Local Leader Interviews

Nov Leakhana
Leader of Commune Council for Women and Children in Ou Char Commune

I was delighted when I found out about CCT’s mission to embed its services to the local community. I know clearly that I am the one who is responsible for the children in our community and I now have more knowledge and received more opportunities than I’ve ever had before.

The Village Hive Project is helping families in our community a lot. First, it is providing education on topics such as hygiene and health and now the families know how and where to access local services. If they get sick, they know where to go and if they don’t have food, they know who they can contact. When they experience any kind of problem, they know who will help them.

Before we had the Village Hive Project we had some challenges in our community because it was difficult to access support services. The other problem was the lack of food supplies, shelter and healthcare for the community. Also, the number of children migrating to work was increasing and we didn’t know how to stop it.

Before the Village Hive Project, my workload was less than it is now, which means that I wasn’t meeting and addressing the needs of the people in our community well enough. After we have the Village Hive Project, my work has doubled because I am meeting and supporting more vulnerable families than before.

We started reaching more families because the Village Hive Project has given us more staff to help. We realised families in our community had many problems and needed a lot more support.

When I got these additional responsibilities, it was challenging at first but now I am confident to do the work and happy we are able to help people in our community. If we can provide families with their needs, I will be happy.

I feel proud of myself for my hard work to get a good result for families. After I was promoted to this new position, I felt really happy because I appreciate being a leader and managing other team members. When I share the details of this collaborative Village Hive Project with other people, I feel really proud. When I discuss this work, our other colleagues say they want to do the same in their communities.

Before, I was not confident to talk with families in our community because I didn’t have the resources to help. Now I am so much more confident to connect with them and help them.

The people in our community have more knowledge than before too. When they have a problem, they call us or come to meet us at the commune office. They are more confident to ask for help. Also, if they see a problem within their community or a neighbour is in need, they refer to us. Our community looks so different now.
As Ou Char’s Commune Chief, I am responsible for around 20,000 people, so I really appreciate the Village Hive Project to transfer CCT’s services into Ou Char Commune for us to manage and operate. I think the Village Hive Project is great because I now have more opportunities to support people in my community.

One of our challenges we have had in Ou Char commune is that some poor families don’t send their children to school because they have needed their children to work to meet their basic needs. But now that we have the Village Hive Project, parents are able to get the support they need to grow their income and send their children to school.

Before the Village Hive Project, people in our community were uncomfortable or reluctant to ask for our help. Now, my commune council is more involved in the work with families and we have more opportunities to encourage families to ask us for help if they need it.

Now we have more resources through the Village Hive Project, we are able to help our community more. I’ve never seen any other NGO that has created an initiative like this. CCT is giving their project to the local community so we can work together to support our own people. Before, the families in our community mostly worked with CCT and weren’t involved with their local council.

Now, the Village Hive Project engages the families to work closely with us. The people in our community have more knowledge than before, they can see that their community is more active than before.

In the future, I want to see people in my community confident in their local council. We especially want all of the families to have more income, be educated and healthy. We need to make sure the younger generation have the opportunity to be educated. The Village Hive Project will help us reach this goal.
**Village Hive Project: Qualitative Impact**

**Leng Sophal**  
Principal of Phum Ang Public School

Since the Village Hive Project began, my school has improved a lot. Before, the poor students or vulnerable children didn't have the chance to go to school. Now, these students are all enrolled in school.

At first I felt unsure because this project was new and I was worried it wouldn’t run as smoothly as when CCT operated the services. But after the training from CCT on how to do the work and the ongoing technical support, I now feel very confident about the project.

My biggest goals are to see more children accessing our school and for us to continue developing our school and our community. Other NGOs in the Ou Char community have helped the families by giving them money or rice, but they have never helped develop the public school like the Village Hive Project has.

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**Teav Visal**  
Chief of Office of Primary School Education

As I have observed, NGO projects eventually come to an end. When the NGO projects finish, the benefit to the community usually finishes too. On the other hand, I appreciate the Village Hive Project because it is creating sustainability by empowering the community to continue the work into the future.

Now that CCT is decentralising their projects into the public sector and providing the funding to empower the local community to do this work, it is creating an opportunity to give responsibility back to the local community. I couldn’t be more excited about this initiative.

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**Choun Sotey**  
Leader of the Commune Council for Women and Children (CCWC) in Svay Pao Commune

I am excited by the Village Hive Project. It makes me very proud and delighted because CCT is providing the resources to empower us to protect children in our community and reduce the incidence of children being separated from their families.

We don’t want children to end up in orphanages. We’ve opened an after-school care program for youth and children, which I’m very happy about. In the past, we had so many NGOs working here, but when their projects run out of funding, they leave and nothing remains in our community.

But the Village Hive Project is so great because in the future if CCT leaves this community, the families of the children will continue to stay strong and the local leadership will have the capacity to continue supporting the community.
Village Hive Project: Qualitative Impact

Meas Meariady
Leader at the Village Health Clinic in Ou Char Commune

The Village Hive Project makes it easier for our team to manage the family cases. We know our community so it is easier to reach the families who need support because we have the network.

The Village Hive Project gives more resources to our nursing team who then report back to the health clinic. We can now reach more vulnerable children, families or separated and broken families.

Before the Village Hive Project, the information we received about the families from NGOs in Ou Char was unclear and our work wasn’t so effective. Before, when I needed to go to the village I would have to close the clinic. Now, the Village Hive Project has resourced us with more nurses so I can work from the office and the nurses can go to meet the families in the village. So, we can help more people now. It is much better.

Since we have the Village Hive Project, I work more closely with the local council and social workers, which is a lot more efficient. The local council social workers are gaining more knowledge about this work and I think the work in the future will be really positive.

Meun Vibol
Ou Char Commune Council Member

The Village Hive Project is working to embed CCT’s work into Ou Char Commune and we are working together to do this. I think there is only one NGO that works like this. The work is very good and I feel it is improving our community.

The challenge before the Village Hive Project is that our community didn’t have any resources to support our people, so we have relied on NGOs. Second, we didn’t work closely with the families in our community because they were working with NGOs. We just did awareness work, because we didn’t have the resources to solve the problems.

Now we have more capacity to deal with the problems in our community. We work closely with the families in the commune. All of the people in the community know they can ask for help if they have any concerns or are in need. I feel proud that the people in my community know that they can trust me and ask for my help.

The Village Hive Project has given us two more staff who were transferred from CCT to work in our department. We have a bigger team now to handle more family cases.

I have shared this work with my colleagues in other communes and they are so impressed. The families in my commune will continue to improve with the Village Hive Project.
Village Hive Project: Qualitative Impact

59

Village Hive social workers upskilled to deliver the Village Hive services through coaching and mentoring

5

teachers and 2 social workers transferred from CCT into the Village Hive Project team, to strengthen the commune's capacity to respond to concerns in their community

103

meetings with public schools to support the transition of ownership of the Village Hive after-school care and preschool program

51

partnership meetings were held with Ou Char local leadership to transition the governance of the Village Hive model to the commune council
Siblings who were begging on the streets saw the after-school care program and walked in to ask for help

When 12-year-old Pisey and his two younger brothers walked into the after-school care program in Ang Public School asking for help, the Village Hive Project team sprung into action. The siblings said they lived with their mum and dad, but they had no food at home. They also said they had never been to school and spent their days begging on the streets.

The Village Hive team worked together with Pisey’s family to co-create a safety plan that ensured they were safe and receiving the support they needed. While working with Pisey’s parents to help them reach their financial goals, CCT provided emergency food and enrolled Pisey and his three younger siblings into the after-school care program in Ang Public School. Attending the program every day meant Pisey and his siblings had access to all of their basic needs, including nutrition, water, hygiene and sanitation facilities and health care.

We then helped the family acquire ID documentation, which meant the children could officially enrol in public school. Also, they could now access discounted social services, such as medical care from the Village Health Clinic. After ensuring the family had enough food and the immediate child protection risks were addressed, social workers began providing coaching and counselling to the parents regarding child safety, health, and positive parenting skills.

At 12 years old, Pisey is going to school for the very first time.

Although he and his siblings had to start in grade one, they are all keen to do well in school and get their education. Pisey’s teachers at the after-school care program are doing extra tutoring to help the siblings catch up to their peers after years of missed schooling.
After-school program enables mother of four to go back to work

When Roth heard about the after-school program operating in her village, she went straight in to ask for assistance. Despite her husband working full-time as a labourer, he was only bringing in $5 a day and they were struggling to provide for their four children.

“I was so poor I didn’t even have food for my family. One of the worst times in my life was when my children came home from school and they were hungry. They asked me if we had any food for dinner. I just cried and went to my neighbour to borrow money so I could buy food for them. I didn’t even eat dinner that night,” shared Roth.

The Village Hive team enrolled Roth’s three eldest children into the after-school care program at Ang Public School so they could access all of their basic needs. This was a huge relief for Roth who said that since her children enrolled in the program, “they are going to school regularly and getting their education like other kids.”

“The program operates out of the public school in my village which is close to my house. So it’s easy for me to take the children to the school. While my children are at the school I have more time to work,” she said.

Now that her children are accessing nutritional meals, clean water, hygiene and sanitation facilities and medical care from the after-school care program in their local public school, Roth can work more. Roth and her husband have started the social protection journey and are currently undergoing financial literacy training with the goal to open their own micro-business in 2023.
Direct Services To Families In Battambang
Since its inception in 2007, CCT has been the primary social service provider for children and families in Battambang, Cambodia’s second-largest city.

Performing this role indefinitely is unsustainable, which is why we are working on our Village Hive Project to integrate our social services into the public sector, where they will be delivered sustainably by the local community.

While working towards this goal, we have continued to provide direct services to 100 villages, 53 communes and 25 districts throughout 2022.
Direct Services To Families

- **441** children were provided with school uniforms and school supplies to support them to return to school when they reopened on Jan 22 after nearly two years of closures due to COVID-19.

- **177** new cases referred for supports and services.

- **169** students who are at risk of falling behind their peers at school were provided with remedial tutoring in Khmer literacy, mathematics, and homework support.

- **374** families, comprising 1,937 people, were provided with counselling services to improve family dynamics and alleviate stress in the household.
Just months after her husband died, Yeab found out she had cancer. Doctors said she potentially had five years to live, which was terrifying for Yeab and her two teenage daughters, Samnang and Sreynich. She was already in serious debt, and didn’t have the money to pay for her surgery.

Yeab contacted CCT who brought her to the emergency hospital in Battambang. Doctors checked her medical records and said they were confident the lump could be removed. Although Yeab was relieved, she was terrified of having surgery. “I felt worried about what would happen if the operation failed. I asked a foreign orphanage if they could take my children in. I thought that if I passed away, my children would have access to education in the orphanage,” shared Yeab.

Yeab’s youngest daughter, Sreynich, was devastated by her mum’s diagnosis. “I felt heartbroken. I didn’t want to lose my mum,” she said.

Thankfully, the operation was a huge success and Yeab is now three years in remission. “Now that I have my health back, I feel so happy. I am still alive and will be around to see my children’s future.”

Just a few years ago, Yeab was facing mounting debts, unable to afford cancer treatment and considering placing her daughters in an orphanage. Today, she is successfully running three small businesses, has paid off all of her debt and her daughters are thriving at school and university.

Since Yeab has reached her financial goal and is even saving approximately $100 a month, she has been able to safely exit CCT’s support. Her family has achieved financial independence.

“It’s an enormous relief that we’re doing so much better than we were. And we no longer have any debt! I don’t know if meeting CCT was my destiny or if I just got incredibly lucky,” said Yeab.
Landmine explosion survivor builds thriving business

Sopheab lost his leg fighting in the war against the Khmer Rouge army in 1995. “I was a soldier. I was in the war and sent to the front line. While fighting, I tried to escape from the firing and I stepped on a landmine,” he said.

Because of his disability, it has been difficult for Sopheab to find work. All responsibility to make an income was left to his wife, Chantha, who did her best but wasn’t able to earn enough to support the entire family. When we met Sopheab’s family in 2020, his three children had stopped going to school as they couldn’t afford school uniforms and other school-related fees.

“I have had many difficulties in my life. Before, I collected bottles to pay for my children’s studies. It was really tough. I only had a few handfuls of rice to make breakfast and dinner. It was extremely hard. I would cry alone, but I never let my family see. It was the worst time in my life,” said Sopheab.

After starting the social protection journey, Sopheab and Chantha said they wanted to start a business where they could both work from home. “CCT helped me set up a small business so I could sell groceries. Because I’m disabled, it’s easy work for me to look after my family,” Sopheab shared.

Sopheab shared that CCT social workers and family finance team worked with Sopheab and Chantha to develop their business so that they could achieve their financial goal.

The family identified that a sugarcane juice machine would complement their existing business and provide additional income to the family to reach their savings goal of $300 per month. Sopheab submitted the business development plan and the capital was transferred to purchase the machine.

Since Sopheab’s business has become so successful and he is now covering his children’s basic needs and education, we are now preparing to close the family’s case. Sopheab says his past is completely different from his present.

“My life is about 80% to 90% different. In the future, when I don’t have support from CCT anymore, I can keep going because I’ll be self-reliant from now on. Thank you CCT for supporting me on this journey that has led me here.”
When we met Channy, she was working in a food packing factory in Battambang, earning just $2 a day. It wasn’t enough to feed her nine-year-old daughter, Chenda, or send her to school. "I felt depressed that my daughter didn’t have enough food and couldn’t go to school like other kids," Channy shared.

Channy said she wanted a stable income that would allow her to raise Chenda well. To help Channy achieve her financial goals, we helped her access vocational training to become a tailor. While Channy was securing further education and unable to work, CCT ensured she and Chenda were supported with food, water and healthcare. We also helped Chenda return to public school by providing her with all the school materials she required to enrol.

After Channy completed vocational training, her aunty, Somali, got in contact with an exciting business opportunity. Somali owned a shop in town where she ran her handbag and accessory business from. Somali offered Channy to share the space, which would provide Channy with a brick-and-mortar shop to launch her business.

"The reason I helped Channy is that I felt bad for her and her daughter... She was working in a factory, making a low income. I wanted to help them to make them safe," said Somali.

Channy’s family network is a large part of her success so far. CCT’s family finance team and social workers will continue to work closely with Channy as she strives to make her business a success.
Moch lives with her husband and seven children in a small, one-room house. She makes a small income by hand-washing clothes. Her husband works as a labourer but his capacity to work has been limited since suffering a severe back injury years ago.

After meeting Moch, she shared that she only had half a cup of rice to feed her family of nine. Her children had also stopped going to school as they couldn’t afford school materials. Moch was worried as they had no other food or money coming in, so we responded immediately by addressing the family’s basic needs with food, healthcare, water and educational materials such as backpacks, shoes, books and school uniforms.

Moch said the state of her house was causing her family distress. The roof and walls were full of holes and the house was prone to flooding in the monsoon season, which was approaching. She also shared that small animals and centipedes would get into the house each night and would bite the children, which made them scared of going to sleep.

After CCT’s construction team met with Moch, they worked together to renovate her house, fixing the roof, walls and floor. This has changed everything for Moch’s family.

“My children are sleeping well at night. They were always scared that they’d get bitten when they went to sleep, but they’re not scared anymore. No insects come to bite us now and our house is safe!” shared Moch.

Once the family was safe, had enough food and the children were re-enrolled in school, their next step was to undergo financial literacy training and establish a micro-business. Moch said she wanted to continue washing clothes as it meant she could work from home while also supervising her young children. She asked for a washing machine to start her own business.

Now that Moch and her husband are working regularly again, their situation has improved and they are on track to meet their financial goal.

“Having the washing machine saves me so much time. I can wash more clothes. I have a lot more customers. I can work faster and I have increased my income. And now my whole family has enough food,” Moch said.
Family increases their income from $2 to $15 a day

Lein and her husband could not afford food or clothes for their children. They also couldn’t afford their children’s education, leading the two eldest children to quit school so they could go to work with their dad.

“Before I met CCT social workers, I couldn’t afford to buy food or clothes or pay for my children’s education fees. If I’m being honest, everything was difficult,” said Lein.

Lein’s husband collected recycling bottles and fruit for work, earning between $1 and $2 a day while Lein stayed at home to look after their younger children. Although the dad worked hard to provide for his family, he had to walk all over town, carrying the recycling bottles and fruit on his shoulders. The family never had enough food and would sometimes go without meals two or three days a week.

After commencing the social protection journey, CCT made sure the family’s basic needs were met, which included helping the eldest children quit work and re-enrol in school. Lein and her husband then underwent financial literacy training and made plans for how they could cover their family’s basic needs in the future. They were confident they could build their current business selling fruit, they just required some extra equipment.

CCT purchased the family a motorbike, trailer, an ice cooler and an umbrella so they could sell their product on the street.

“With our own business, life is easier. Now, my husband makes about $12.50 to $15 a day. It’s enough to cover our rent and all our bills without needing to borrow money like before. We have enough to pay for our children to go to school,” said Lein.
CCT received a call to the hotline about a family who were living in a derelict house which didn’t have doors, walls or a roof. Despite its unsafe conditions, single mum, Chanra, was living there with her seven children and mother-in-law as they had nowhere else to go.

Chanra also couldn’t afford to send her children to school. Her two eldest children, aged 14 and 15, were working full-time as painters Chanra was hand washing clothes periodically, earning approximately $3 a day, depending on the weather. After the hotline team responded to the emergency call, we brought the family’s network together to co-create a safety plan for the children. CCT then began providing food and other support payments to make sure the children were meeting their basic needs.

The house was unsafe and unlivable. To ensure the family had a decent and comfortable place to live, CCT renovated the house. This included reconstructing the walls and roof, adding front doors, and providing the family with furniture, including beds.

CCT’s family finance officers then worked with Chanra to help her find a sustainable income. Chanra said she wanted to continue washing clothes, so we purchased her a washing machine and supported her to start her own micro-business.

Within a month, Chanra had increased her income to $10 a day. Soon after we met Chanra’s family, social workers helped the eldest children re-enrol in public school, which has made Chanra really excited. “I am really happy that I have my own business, my children can go back to school and I have time to look after my baby daughter at home,” says Chanra.
families were supported to obtain ID Documentation to allow them to access the public services in their commune for free

boxes of nappies provided to support families with newborn babies

families were supported to improve their housing, including repairs, renovations and builds, connecting to utilities and sanitation facilities and finding affordable rentals

home visits to 593 people in 114 vulnerable families were conducted to provide life-saving health care and family planning
When we met Vy, he was six years old and weighed just six kilograms. He was born disabled and was experiencing a range of problems, including difficulties forming words, eye problems, hearing issues and eating and walking issues. Because of poverty, his parents, Vert and Bopha, couldn’t afford his medical treatment nor food for Vy and his older brother, Sovan.

After first meeting the family in 2018, we immediately helped them access food, medical care and ID documentation. We supported Vy to access medical treatment that addressed his chronic special needs care, which included physiotherapy, nutrition plans, hearing aids and speech therapy.

Vy and Sovan then enrolled in the Phum Ang after-school care program, which has made the biggest difference to the family. In the five years since meeting Vy, his health has gone from strength to strength. He now weighs 32 kg and can walk and speak. Their mum, Bopha, drops Sovan and Vy to after-school care every day.

“I am really excited to see both my sons access education and their basic needs like other kids. I’m happy we moved to the centre in our community which is close to my house,” said Bopha.

While Vy and Sovan are supervised at the centre, Vert and Bopha have had more time to work and increase their income. The after-school care program has been life-changing for the family, and especially for Vy. “I can’t believe my eyes that my son is able to walk and talk. It’s unbelievable, like a miracle. I am so happy,” said Bert.
When Earng and her husband realised they couldn’t support themselves and their two children they moved to Thailand to work, leaving their children in the care of their grandmother. But before long, they had to return home. “When my mother got sick, she could no longer provide our children with the love and care they needed, so my husband and I moved back to look for work,” said Earng.

Despite doing their best to secure well-paying jobs, Earng and her husband struggled to support their young family. “Before I met CCT, I couldn’t afford school materials, clothes or food for my children,” Earng shared.

All Earng and her husband wanted was to give their children everything they needed to be happy, healthy and educated. So they got in contact with CCT.

“With CCT’s support I was able to get a low income card, so now we can get government support. If a family member gets sick, we now have access to free healthcare. This has made a big difference for us,” Earng shared.

Earng and her husband started the social protection journey to set up a micro-business raising and breeding chickens. CCT social workers provided financial literacy training to teach the family how to manage their daily cash flow, record their income and expenses, budget and pay off their debt.

“Since meeting CCT, my family’s situation is much better than before. CCT has supported me with my own business raising chickens and school materials for my children. It makes me so happy,” said Earng.

Family empowered to send their children to school

When Earng and her husband realised they couldn’t support themselves and their two children they moved to Thailand to work, leaving their children in the care of their grandmother. But before long, they had to return home. “When my mother got sick, she could no longer provide our children with the love and care they needed, so my husband and I moved back to look for work,” said Earng.

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Advocacy and Awareness Raising
We are striving to raise critical awareness about paternalistic systems in international development.

February 2022
A research article was published in a Special Issue of the Journal of Sustainable Tourism that charts the evolution of CCT. The article 'Decolonising tourism & development: from orphanage tourism to community empowerment in Cambodia' was the journal's third most popular article in 2022.

May 2022
Sinet Chan was a speaker on the Transforming Children's Care webinar. The topic was "The legal framework of orphanage trafficking: Cambodia, Nepal and Uganda". The webinar addressed issues of orphanage trafficking, which typically takes place in lower and middle-income countries where child protection services are highly privatised by NGOs, under-regulated, and lack a cohesive overarching strategy.

The webinar presented findings from an analysis of the legal, policy and procedural frameworks in Cambodia, Uganda, and Nepal. Here is a link to the presentation and slides.

July 2022
Sinet Chan and Tara Winkler were featured in a VICE documentary, Cambodia's Fake Orphan Scam, which tells of the catastrophic problem of supporting orphanages in Cambodia.

September 2022
Pon Jedtha and Sinet Chan were featured in a Channel News Asia documentary, Cambodia Rehomes Children Amid Exploitation in Orphanages. It follows the journey of children who have suffered the pain of family separation and grew up in an orphanage.

November 2022
Tara Winkler wrote a chapter for the book "The Local Turn in Tourism", which was published by Channel View Publications and edited by Freya Higgins-Desbiolles and Bobbie Chew Bigby.

The chapter illustrates the evolution of CCT and explores how power, privilege and oppression intersect with charity work. The criticisms levelled at the charity sector in this chapter came from the lessons Tara has learnt over 15 years working in International Development.

The chapter "The Story of Cambodian Children's Trust: Evolving Development Practice From 'Doing For' Communities To 'Doing With' Communities" is available to download for free.
Care leavers are young people who have returned to their community of origin following placement in an orphanage or foster care.

Sinet Chan, CCT’s ambassador, established a Care Leaver Network in 2021. The network provides support, encouragement, mentoring and counselling to young people in Battambang Province who have grown up in an orphanage.

The network offers a safe environment for care leavers to share their stories and the issues, discrimination, and challenges they faced when they were separated from their families. It promotes better guidelines to prepare and support young people transitioning out of care.

The network ensures care leavers know their rights, have a voice, and receive training and skills to help them develop and prosper. It builds their resilience and self-reliance and empowers them to live fulfilling lives.

The network ensures care leavers’ voices, experiences and perspectives are incorporated into awareness-raising campaigns for care reform at the community, sub-national and national levels in collaboration with government bodies, NGO partners and other stakeholders, including existing care leaver groups across Cambodia.

The Care Leaver Network created community awareness campaigns in 2022 to promote the network to other care leavers and to encourage social and behaviour change from orphanage care to family-based care.

Community members were reached in community awareness campaigns
Advocacy and Awareness Raising

- 7 podcasts profiling the stories and voices of care leavers have been created and have reached 72,653 people
- 20 career plans co-created with care leavers
- 8 care leavers accessed vocational training
- 36 care leaver group meetings conducted with 64 participants attending
- 63 care leavers completed 10 training modules on topics including online safety, leadership, financial literacy, basic ICT, how to apply for jobs, writing a CV, recycling and environmental protection etc
- 10 subnational presentations given by care leavers
Jaan Bai
Social Enterprise
Restaurant
Jaan Bai Social Enterprise Restaurant

Jaan Bai, meaning “rice bowl” in Khmer, is a social enterprise initiative of CCT. The restaurant employs Cambodian youth, who benefit from a profit-share arrangement; 51% of profits support CCT’s work.

Jaan Bai was established in 2013, thanks to the generous support of Vittoria Coffee. The menu showcases the simplicity of well-crafted and nourishing traditional Khmer cuisine.

Jaan Bai has generated a total of USD 17,240 to support CCT’s Village Hive. It employs 21 Cambodian staff who also own a share of the business. Tourism in Cambodia declined significantly from March 2020 due to COVID-19 and has only started to recover in the second half of 2022.

Several initiatives were piloted in 2022 to help Jaan Bai pivot to respond to challenges caused by the decline in tourism due to the COVID-19 pandemic.

This includes:

- ‘Jaan Bai Local’ is an initiative that provides breakfast dishes to cater for local travellers.
- Distribution on local food delivery apps.
- Expansion into food catering and provision of lunch boxes to local and expat personnel.

Jaan Bai was able to double its daily sales revenue in the last quarter of 2022 and return to making a profit.

We are so proud of the Jaan Bai local leaders who have excelled during extremely challenging times.
ICT Education In Public Schools
In 2015, CCT partnered with the public schools in Battambang, the Ministry of Education and the Teacher Training College to embed quality Information Communications Technology (ICT) education into the public high school curriculum.

The course teaches students everything from the basics of computer hardware, email and word processing to mastering programming and robotics. This provides students in Battambang the chance to learn crucial computing skills they need to gain employment.

When funding for the project ceased in 2018, we thought the ICT labs would inevitably close. However, because the project had been co-designed in partnership with the public education system, it continued. The public schools chose to invest in the program and it has continued to provide computer skills to students independent of CCT for the last four years.

CCT has become redundant in this project, which is the aim of sustainable development.
The ICT education program was CCT’s first project that was embedded into the public system and became fully sustainable.

Since CCT stopped funding the program in 2018, it has continued to provide computer skills to children in Battambang. Every year, the number of students enrolled continues to increase.
public school students were enrolled in ICT classes in 2022, representing a 2% increase in enrolments from 2021. 31,501 ICT students have enrolled since 2015.

students were enrolled in advanced ICT classes in 2022, with 1,134 students enrolled since 2015.

new teachers were trained to deliver the ICT curriculum in 2022, and 1,483 teachers trained since 2015.

new computer lab was established at Bavel High School which included the lab setup and connection to the internet.
Networks and Partnerships

We don’t believe in recreating wheels or duplicating resources.

By harnessing the power of collaborative networks and partnerships, we share our challenges and expertise and utilise the invaluable learnings of others.

CCT is implementing partners of the following networks:

Family Care First (FCF)  
UNICEF  
USAID  
3PC Alliance  
Child Safe Alliance  
World Childhood Foundation  
The Hope Effect  
Texel Foundation  
Vittoria Coffee  
The Upside  
The Brown Family Foundation
Networks and Partnerships

74 workshops/meetings with partner NGOs working in social and child protection

48 meetings with Civil Society Organisations, NGOs and other government departments such as Ministry of Health and Department of Education
The CCT Team
The CCT Team

We are grateful for the dedication and commitment of the passionate team at CCT

109 staff

Social Workers - 36
Youth Centre - 36
Finance & Administration - 15
Leadership - 5
Medical Outreach - 3
Communication & Advocacy - 3
Human Resources - 2
Housing Services - 3
Family Finance - 2
Research Monitoring & Evaluation - 2
Translation - 1
Information & Communication Technology - 1

100%
66%
85%

Khmer national staff
Female staff
Staff retention rate

CCT Board of Directors in Cambodia

The CCT Board of Directors is responsible for the governance of CCT, including oversight of the organisation, strategic planning, approval of policies, and ensuring the financial sustainability of CCT.

1. Dr Meas Nee (Chairman)
2. Pon Jedtha
3. Chan Sinet
4. Tara Winkler
5. Ros Chor Vivorn
Financial Statements 2021/2022
# Financial Statements 2021/2022

## Statement of profit and loss for the year ended 30 June 2022

Income reduced by 25% from the previous financial year, mainly due to a reduction in restricted funding from institutional donors such as USAID and European Union. However, due to the wonderful generosity of our loyal donors and supporters we have continued to fund our work.

### Income

<table>
<thead>
<tr>
<th>Income</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Donations received to CCT</td>
<td>406,986</td>
</tr>
<tr>
<td>Exchange rate gain and asset sales</td>
<td>19,178</td>
</tr>
<tr>
<td>Grants and Restricted Funding</td>
<td>337,364</td>
</tr>
<tr>
<td>Interest and Other</td>
<td>223</td>
</tr>
<tr>
<td><strong>Total Income</strong></td>
<td><strong>763,751</strong></td>
</tr>
</tbody>
</table>

### Expenditure

<table>
<thead>
<tr>
<th>Expenditure</th>
<th>USD</th>
</tr>
</thead>
<tbody>
<tr>
<td>Village Hive Project</td>
<td>118,535</td>
</tr>
<tr>
<td>Direct Services</td>
<td>489,053</td>
</tr>
<tr>
<td>Housing</td>
<td>15,270</td>
</tr>
<tr>
<td>Family Finance</td>
<td>42,721</td>
</tr>
<tr>
<td>Social Work</td>
<td>217,935</td>
</tr>
<tr>
<td>Medical Outreach</td>
<td>29,547</td>
</tr>
<tr>
<td>Youth Centres</td>
<td>183,580</td>
</tr>
<tr>
<td>ICT Education</td>
<td>5,451</td>
</tr>
<tr>
<td>Support Services</td>
<td>160,375</td>
</tr>
<tr>
<td>Advocacy</td>
<td>13,981</td>
</tr>
<tr>
<td>Communications and Donor Support</td>
<td>27,590</td>
</tr>
<tr>
<td>Monitoring and Evaluation</td>
<td>22,726</td>
</tr>
<tr>
<td>Program Management and Project Directors</td>
<td>90,599</td>
</tr>
<tr>
<td>Translation</td>
<td>5,479</td>
</tr>
<tr>
<td>Cambodian Operations</td>
<td>142,378</td>
</tr>
<tr>
<td>Administration</td>
<td>68,093</td>
</tr>
<tr>
<td>Finance</td>
<td>55,752</td>
</tr>
<tr>
<td>Human Resources</td>
<td>18,533</td>
</tr>
<tr>
<td><strong>Total Expenses</strong></td>
<td><strong>915,792</strong></td>
</tr>
<tr>
<td><strong>NET DEFICIT/SURPLUS</strong></td>
<td><strong>(152,041)</strong></td>
</tr>
</tbody>
</table>

Expenditure for the year ended 30 June 2022.
We All Have a Role To Play
Every single one of us has a role to play in the fight to end poverty. People in Cambodia must lead and drive these efforts with foreigners supporting as allies and partners. By redistributing global wealth, Cambodian people will be empowered to rise to the challenge of transforming their world.

CCT supporters play a vital role in realising this vision. Investing in the Village Hive will help to prove it’s possible to shift to an upstream approach to development, which is the only pathway to ending poverty.

Stay in touch

cambodianchildrentrust.org
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twitter.com/cctcambodia

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