



## HEALTHY MUMS, HEALTHY SOCIETIES:

Global Investments to End Maternal and Child Mortality in Cambodia



Findings from the CARE Learning Tour to Cambodia

November 21-26, 2014

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## Introduction

On this Learning Tour to Cambodia, a diverse delegation from the public, private and media sectors, including three members of Congress who sit on the Appropriations committee and two Australian Members of Parliament, saw firsthand the impact of U.S. and Australian investments in improving maternal, newborn and child

health. The trip was designed to highlight the successes of healthy mothers, who are empowered with the skills, education and financial literacy to live longer and more productive lives.

Cambodia has made tremendous progress over the last decade in terms of health and development indicators. The country has halved the maternal mortality rate and reduced child mortality rates significantly to reach several Millennium Development Goals (MDGs). Despite these successes, Cambodia is still one of the poorest countries in Asia. Giving birth in Cambodia remains a dangerous undertaking. In fact, a mother in Cambodia is six times more likely to die during childbirth than a mother in the United States and 28 times more likely to die during childbirth than a mother in Australia.

Hundreds of thousands of women around the world die each year from complications related to pregnancy and childbirth, despite the fact that the vast majority of lives can be saved with well-known interventions and care.

Mums are more likely to face dangerous health challenges in Cambodia for a few reasons. In spite of recent advancements, one in five women is underweight. Mothers are unable to deliver in clean facilities with trained midwives because health clinics are too far away or expensive. Not enough time between deliveries increases the chance of complications. When a mother's pregnancy and health are at risk, her child is at risk. More than 3.1 million newborn babies die every year from causes that are typically linked to the mother's health. Almost 40 percent of children under five in Cambodia are chronically malnourished.

The group saw how the quality of care and access to health care services can impact these families firsthand. We heard from mothers who used to struggle to get access to health care facilities, so they just stopped trying. Another mother told us she had to ride 12 miles on a motorbike to deliver her baby in a clean, safe hospital. Another young mother told us she didn't know she needed to get monthly health check-ups until her CARE community health worker provided her the health education she needed.

The U.S. government is the largest single donor in maternal and child health in Cambodia, spending approximately \$14 million each year.

The delegation was able to see innovative solutions to these challenges, including those provided by the poverty-fighting organization CARE. For more than 50 years, CARE has worked side by side with women in Cambodia to improve health and reduce maternal and newborn mortality by improving the coverage, quality and equity of health services available. CARE has worked to promote policies that ensure that safe pregnancy and birth is a basic human right. Through investments in women and girls, development programs help women fulfill their potential and build a brighter future for their families and communities.

**helps build relationships with other countries and the people of those countries.”**



Cambodia remains one of the poorest countries in the world; the World Bank reports more than 40 percent of the population lives on less than \$2 a day. At the same time, Cambodia has experienced enormous GDP growth. From 2004 to 2012, the Cambodian economy grew eight percent each year, and real growth for 2014 is estimated to reach 7.5 percent, driven by the garment, construction and services sectors.

Human development, particularly in the areas of health and education, remains an important priority for Cambodia. About 40 percent of children under five years old are malnourished and are stunted, or slowed abnormally in growth or development, for their age.

## ► Day 1: Setting the Big Picture in Cambodia

The delegation started their trip with a roundtable discussion from **CARE, the U.S. Agency for International Development (USAID)** and **Australia's Department for Foreign Affairs and Trade (DFAT)** on the current health, gender and development landscape in Cambodia.

The delegation heard about the political and historical context of Cambodia, which shapes the health and gender work in Cambodia. The devastation brought by the Khmer Rouge during the 1970s has had lasting impacts on the country's health care system. Most of the doctors licensed in Cambodia at the time the Khmer Rouge took power lost their lives during the genocide, which weakened the health care system.

CARE's country director, Stav Zotalis, discussed the successes and challenges of current development programs in Cambodia, particularly those focused on women's health, education, economic development and gender.

The topic of gender played a key role in the trip. The delegation learned that women are often the sole income earners in nearly one third of all households globally. Women are more likely than men to use the money to help better the lives of their children and communities. Increases in income typically translate into greater investment in children's education and health care.

**“Program results in Cambodia reflect those found by CARE throughout the world – investment in the empowerment of women and girls is one of the most effective methods of overcoming poverty,” said Stav Zotalis, CARE Cambodia's Country Director. “CARE's collective work over the last 65 years has taught us when you empower women and girls, whole communities benefit.”**

Sean Callahan, Deputy Mission Director, at USAID discussed the U.S. Government's overall strategy in Cambodia. Much of it requires working with local partners.

“We're not the only player in town,” Sean Callahan said. “You can't just throw money at projects. You have to include other partners and people.”

One of the successes discussed in the briefing is the reduction of HIV/AIDS in Cambodia. Cambodia once had the region's highest HIV/AIDS rate, but the country cut its prevalence rate in half between 1998 and 2010. Dora Warren, Country Director from the Centers for Disease Control and Prevention, discussed how Cambodia has been able to reduce new infection cases dramatically. She described the country as “a lesson for the rest of Asia.”

Robin Mardeusz, the Maternal and Child Health Team Leader at USAID Cambodia, focused on the current landscape of U.S. investments in maternal, newborn and child health across Cambodia and the many successes these innovative investments are making, especially through the partnership between the U.S. and Cambodian governments. The investment in more health care workers has resulted in impressive strides. More than 71 percent of women now deliver with the assistance of a trained health professional, and more than 60 percent receive at least four antenatal care visits.

**The group saw how the U.S. has leveraged these investments by coordinating resources effectively and partnering with the Cambodian government – and other donor countries like Australia.**

Last, Paul Keough, Counselor for Development Cooperation at the Australian Department of Foreign Affairs and Trade (DFAT), talked about the enormous growth that Cambodia has seen in recent years; the economy is growing at seven percent each year, making Cambodia the sixth fastest-growing country in the world. That provides both opportunities and challenges for development and health in Cambodia.





*The delegation hears from experts from CARE, USAID and DFAT on the current health, gender and development landscape in Cambodia*

Following their briefing, the delegation had a lunch meeting with the Minister of Women's Affairs, Dr. Ing Kantha Phavi, and U.S. Ambassador William E. Todd, to discuss how Cambodia is working to address gender inequities. The delegation heard from Minister Phavi about the Ministry's current National Strategic Plan, including its focus on gender mainstreaming across all programs.

Women and girls in Cambodia face an array of obstacles related to poverty, maternal mortality, barriers to education, violence, trafficking and unsafe migration. While Cambodian law criminalises rape and assault, violence against women, including domestic violence, rape and acid attacks, is reportedly common. Minister Phavi is presently implementing the group's third strategic plan – focusing on economic empowerment of women, gender equality in education, legal protections, public health issues and women's political participation. And with support from United Nations Development Programme as well as Minister Phavi, 27 government ministries and institutions are implementing gender mainstreaming action plans.

Women hold 27 seats in Cambodia's National Assembly, and the Senate created a Women's Department as well as the new high-level position of Senior Women and Gender Advisor to the President of the Senate.

Dr. Phavi also shared more about the gender context in Cambodia, particularly around health and women's empowerment issues. Ambassador Todd reinforced these messages and the importance of continuing support for a robust overseas aid budget in order to support health and women's empowerment in Cambodia.



*Rep. Kay Granger of Texas and the rest of the group has lunch with Cambodia's Minister of Women's Affairs, Dr. Ing Kantha Phavi. The Cambodian government's national strategic plan is prioritizing women's empowerment and gender equality across all programs in Cambodia.*

## Garment Factory Visit: Health Challenges Faced by Urban Women

To understand the health challenges women living in urban areas face, the delegation visited **CARE's Health Education Program** at a garment factory that produces apparel for Levi Strauss and several other global companies. The program is funded by Levi Strauss and the Australian Department of Foreign Affairs and Trade. This is a collaborative, private-public sector program in which CARE is implementing a health education program for garment workers, who are often newcomers to the capital city from villages many hours away.

Garment-making is the biggest industry in Cambodia, employing around half a million people. The industry accounts for more than 70 percent of the country's exports. A majority of the people who work in the factories are women.



*Garment-making is the biggest industry in Cambodia, employing around half a million people. Eighty percent of factory workers are women.*

CARE has worked with the garment industry in Cambodia since 1998 and has conducted activities in 48 factories. In order to achieve its goal of empowering marginalised urban women, CARE works with companies to ensure that effective policies and procedures are in place to protect workers and adequate general health and hygiene education services are available to employees.

The program also trains factory workers so they have the knowledge, confidence and skills to make informed decisions. The program typically uses a peer education model. CARE will train a group of select factory workers who will then train their peers. One advantage of this model is that there is inherent trust between the factory workers who are all at the same job level.

The delegation took a tour of the factory, through the buzz of sewing machines and women who were hard at work. They met a group of several women, who have benefited from the 30-minute lunchtime health and wellness trainings. Both the volunteer trainers and participants were at the discussion and provided a demonstration of what a lunchtime health discussion on birth spacing typically looks like.

The walls were covered with diagrams and charts as the peer volunteer trainer peppered the group with questions. The women raised their hands and answered confidently.

One woman who stood out was Pich Navy, a 30-year-old woman who lives with her six-year-old daughter, Davin, in Phnom Penh. For the past five years, Navy has worked in the garment industry and is the primary earner for her household. Earlier this year though, Navy was repeatedly missing work due to her daughter's frequent illnesses, affecting her ability to do her job and feed her family. Before the CARE program, she didn't understand what was causing Davin to become sick, dehydrated and have no appetite almost every other week.

For the past six months, Navy has been a participant in CARE's health and wellness sessions twice a month with the peer trainers. Because of this education program, Davin has been healthier because Navy is making healthier lifestyle decisions for herself and her family. She shares what she learns, like proper hand-washing, with her daughter, passing on knowledge to the next generation of Cambodian women.

**“Before I didn’t have a complete understanding and my daughter got sick a lot,” Navy said. “Now, she is healthy and not sick like before, because I know [more about] proper hygiene and sanitation.”**



*The delegation visited CARE's Health Education Program located in Phnom Penh. This program is funded by Levi Strauss and provides garment workers with voluntary health education sessions at lunchtime each week.*





*Rep. Mike Quigley of Illinois was able to meet Pich Navy, a garment worker and mother of one. Navy was able to use the health and hygiene lessons she learned at work to keep her daughter Devin healthy and clean.*

Rep. Quigley was able to spend some extra time with Navy and ask her how she is able to teach proper health and hygiene practices.

**“I think when you visit Cambodia and begin to learn what CARE does, you begin to understand that U.S. foreign assistance is absolutely critical,” Rep. Quigley said. “Without this kind of assistance, these women would suffer horrible problems – with unwanted childbirths, with lack of education, with extended illnesses in their families and with the inability to cope with the challenges they face.”**

The results of the program have been positive. Women report improved knowledge on complex topics such as sexual, reproductive and maternal health, HIV/AIDS and nutrition. The trainings in life skills such as communication and problem-solving have also helped boost factory productivity and improve workers’ personal lives. Many women told the group they have more workplace confidence, which has led to advancement professionally. The financial literacy training they receive has also helped them increase their savings, and some have cited being valued more by their spouses.

During a meeting with some of the women who work in the factory, Rep. Granger asked if they plan to work during their pregnancy or after the birth of their first child, and almost all of the women responded with a resounding “yes.” Many of the women expressed that they will continue to work because they must provide for their families.

Cambodia has the youngest population in Southeast Asia, with around two-thirds of people under the age of 30. To explore how organizations are using new communications technologies to talk to youth about health issues, the delegation headed to an innovative media program. The group met staff and fans of a hit BBC television series called **Love9**, which is built on the success of the Loi Nine program focused on civic engagement for youth. The television show uses popular media to address personal health issues and encourage young people to discuss such matters with their parents. The program, written and directed by Cambodian youth, also uses popular, local young actors and actresses. The show has a social media component and is promoted on YouTube where it receives more than 75,000 views per episode. Viewers can also phone in on the show’s radio program and participate in the live games.



*Tim Watts MP sits in on lesson about sexual and reproductive health with garment factory workers at the Levi Strauss factory.*

## ► Day 2: The Importance of Health Access and Education in Rural Communities

On the second day, the delegation traveled two hours outside of Phnom Penh to a small village to see **CARE's Improvement for Health Service Delivery in Remote and Marginalised Communities** program in partnership with the pharmaceutical company GlaxoSmithKline (GSK). During the bus ride, the delegation drove past lush greenery and beautiful rice paddies. One fifth of the population remains in poverty and nearly 90 percent of the poor live in rural areas that lack basic infrastructure. While the garment factories are frequently associated with Cambodia, it remains an agrarian society. Nearly 80 percent of the population remains in rural areas.

The goal of the visit was to show how partners are investing in smart, scalable health solutions. The program trains and mobilises community health workers to reach a greater number of mothers with health education information on hygiene, nutrition and reproductive health where health care is scarce. This initiative provides training and mentoring to health workers at 250 outreach sessions in Koh Kong province. These health workers will collectively reach 11,000 people.



*The delegation poses for a group shot in a rural village about two hours outside of the capital of Phnom Penh. They were able to see CARE's VSLA and health work and speak to the women who have benefitted from the programs.*

One challenge for women in rural areas is that the health clinics are not easily accessible. Nearly 80 percent of the population lives in rural areas where health facilities are often not easily accessible.

Other women may avoid traveling long distances between their home and distant health facilities. In addition, there are gaps between demand creation and health service delivery.

Cambodia has struggled with expanding critical health interventions to reduce maternal and infant mortality due to limited human and financial resources. This joint CARE-GSK project also works with village volunteers to ensure they have the necessary skills, knowledge, confidence and motivation to deliver health messages to the community, and also includes mentoring and coaching. Women can get their health questions answered in their communities, but the volunteers also encourage visiting the formal health clinics where they can receive vaccinations and other medical services.

The delegation was greeted by smiling women and their children who welcomed them with a traditional bow. They listened to stories from beneficiaries who received health education thanks to the help of these village health volunteers. Rep. Granger had the opportunity to sit down with Ina Rotana, a 24-year-old woman who was expecting her second child. She was eight months pregnant and had traveled on the bus for almost two hours to meet with the delegation so she could tell her story.

Through this program, Rotana met the CARE volunteer village health advisor, Ms. Khiev Sokum, who has taught her critical health guidelines and best practices for her pregnancy. For example, Ms. Khiev taught Rotana the importance of getting antenatal checkups; now she has gone to four checkups and has a clean bill of health for herself and her child.

Rep. Granger asked Rotana about her hopes for the future. Rotana told Rep. Granger she wants to run a small store selling drinks and coffee after giving birth in order to earn a good income. She's very excited to meet her new daughter and is determined to send her to school one day.



## Linking Savings Groups to Better Women's Health Outcomes

Another key barrier to accessing health care for women in Cambodia and around the world is cost. Some women are not able to seek professional medical care because they can't afford treatment.

**To see how some women are able to afford health care costs, the group headed to CARE's Village Savings & Loan Association Program (VSLA). CARE's (VSLA) recently surpassed an important milestone – the program now has four million members around the world.**

The goal of this visit was to examine how income-generating activities can link to the local health system. The VSLA program has helped women build their own successful small businesses and invest the profits in their health needs, such as doctors' visits and medicine. These member-managed groups of about 20 to 30 people offer basic financial services to those who are excluded from the formal financial services system. Every group receives one year of intensive financial literacy training to make sure they understand how savings, interest, profit and loss, and bookkeeping work. They also learn about the selection and management of income-generating activities.



*This is the lockbox where the group members keep their money. Uy Phon, who is president of the VSLA group, said that many of these women did not know how to save money before they joined the program.*



*The delegation watches CARE's Village Savings and Loan Association (VSLA) program in action. The profits from this microsavings group are often used to pay for medical expenses for mothers and their families.*

Sitting in a circle in the shade, the group watched the women take attendance. Then, the women started to put money into a lock box. Each woman had to say how much money she was putting in the savings box. Many of these women never thought about amassing savings before CARE taught them about financial literacy. At the end of the meeting, the women made out loans to each other and provided support to meet urgent needs through a small social fund. The loans commonly go to small businesses selling food and snacks and farming equipment, seed, fertiliser and livestock medicine.

The delegation heard from several VSLA participants, including the president of the savings group, Uy Phon. Phon is a 24-year-old mother of two and has been participating in the VSLA for the last two years. She is proud to be the elected president of the group. She used the loans to invest in her pig farm, which has been very successful in producing more piglets to sell. When Phon gave birth last year, she used her savings to purchase a motorbike ride to the nearest hospital – about 12.4 miles away – to safely deliver her second child.

**“As a mother, I have to think about my future for my children,” Phon said. “I have to save money for them so they can go to school, because I could not finish.”**



*Uy Phon, the mother of two children and president of the VSLA group, had the chance to talk to Rep. Ander Crenshaw of Florida. Phon invested the savings into her pig farm. She used the profits to pay for a motorbike to take her to the hospital to deliver her second child.*

Rep. Crenshaw was able to spend some extra time with Phon toward the end of the visit and listen to her story. He told her he was very proud of her successful pig farm. Rep. Crenshaw talked about the importance of empowering small businesses like Phon's pig farm.

"If you look at our economy in America, and if you look at my district, it is no different from other areas in the United States," Rep. Crenshaw said. "Most of the new jobs that are created, are created by small businesses. And small businesses start out just like this young woman started out. I think small business really becomes the basis of our society, of our economy."

### ► Day 3: Case Study: The Importance of Integrated Health Services

Toward the end of the trip, the delegation began to see how their various site visits in Cambodia fit together. The first day was spent exploring the health and gender landscape in the country. The second day looked at specific challenges women faced in accessing health services, such as the distance, cost and poor quality of these services. The third day showcased what strong, integrated and comprehensive health systems look like in Cambodia. Integrated programs are critical to improving maternal, newborn and child health, where women receive the care they need, not in sectors, but in one comprehensive package. The group was able to

spend time with patients and medical professionals to see women and their families who are leading healthier lives due to these important investments.

The first stop was a small women's health clinic outside of Siem Reap that serves as a one-stop shop for women needing reproductive health services. **Population Services Khmer (PSK)** is a local non-governmental organization, launched in 2013 and partnered with Population Services International (PSI) to promote life-saving products, services and behavior communication materials to communities.

PSK uses an extensive network of community mobilisers and communication workers to inform women of their birth-spacing options. While women in Cambodia and around the world wish to access contraceptives, they are not always easily available. The workers then refer women to appropriate health care facilities. To ensure that increased demand is met by high-quality health services, PSK also invests in capacity-building of providers and pharmacists through training and support. Since its founding, the social franchise network has grown to include more than 280 members in 20 provinces.

At this site, the delegation was split into two groups and met with a midwife, a community mobiliser and a mother to understand how mothers in the community are able to get access to different birth-spacing options.



*The group listens to a nurse discuss how she provides health education services, including birth spacing options, to women in rural communities.*





*Anita McBride, former chief of staff to First Lady Laura Bush, listens to patients talk about some of their challenges to accessing health services. Nearly 80 percent of the population lives in rural areas in Cambodia.*

The midwife showed the group different types of contraceptive methods that are offered to women who voluntarily seek post-natal services. The midwives emphasised that the community mobilisers are an important part of informing mothers about the availability of these services.

One of the midwives named Ly shared her story. She talked about the importance of building trust among the patients. Ly noted that most of the women coming to the facility were married and wanted to learn more about spacing their pregnancies. Many of these women wanted to have the time to earn more money before having another child. Another reason for delaying their pregnancy is age. The risk of maternal mortality is highest for adolescent girls under 15 years old.

Next, the delegation stopped at a larger, integrated health facility located an hour outside of Siem Reap. **University Research Company's (URC) Quality Health Services** program aims to improve reproductive, maternal, newborn and child health and nutrition services in 550 health centers and 38 referral hospitals in nine Cambodian provinces, including Siem Reap.

The health center focuses on improving the quality of basic newborn care and the detection, referral and management of neonatal complications. This hospital offers a place for women – especially women who have complications – to have high-quality medical services.

The delegation was able to tour the health facility and maternity ward and speak with nurses and patients. They saw rooms where women were able to get antenatal checkups. There was also a small, clean delivery room where women could safely give birth with trained medical professionals. Once the women had given birth, they were able to rest in a separate room with their newborns. Anita McBride was able to speak to some of the family members in the waiting area. Many of the family members told her they were excited to meet the new baby.

**“It really struck me – the infrastructure that’s available at these health clinics – to provide a continuum of care from the delivery of a baby to postnatal support for mothers and their babies,” McBride said. “I was thrilled to hear about the number of clinics and centers around the country that are operating in this integrative method.”**

Following the clinic visits, the delegation had lunch with three Peace Corps Volunteers from the U.S. who are now stationed in Cambodia. Each member was able to meet a Peace Corp Volunteer from their home state. The members of Congress were able to hear the clear connection between international issues and their constituents back home.



*Newborns spend time with their mothers at Samroeng Health Center outside of Siem Reap, Cambodia. Cambodia has halved their maternal mortality rates over the past decade and successfully reached MDG goal 5.*





*Andrew Giles MP meets representatives from UNFPA and BBC to learn about their TV series focused on sexual and reproductive health for youth.*

Rep. Kay Granger spent time with Peace Corps Volunteer Michael Wanigasekera. She was very impressed by his passion for the Peace Corps mission. Michael said that he sees Peace Corps as a way to serve his country.

**“This is my way of service to my country,” Michael Wanigasekera said.**

**“Some people choose the military, others choose Teach for America, but I chose to serve in the Peace Corps, and I want people across the U.S. to know about the work that the Peace Corps does around the world.”**

## Conclusion

The future of Cambodia is bright. With U.S. and Australian foreign development assistance, private sector investments and a country that has prioritised women and girls, the country has made tremendous progress in halving maternal mortality rates and reducing child mortality rates.

On this trip, the group saw how the Cambodian government, donors and civil society are collaboratively building a smart, strategic, long-term approach to health policies that emphasises the integrated delivery and quality of services in Cambodia. These investments in maternal, newborn and child health programs are empowering women to realise their own potential and determine their futures – resulting in healthier families

and communities and a stronger country. For the members of Congress, the trip helped them understand the impact of overseas aid dollars.

**“I wanted to see firsthand how our money is being spent, how we are doing around the world helping developing nations, and how that relates to national security and economic growth,” said Rep. Ander Crenshaw of Florida.**

But it will take all partners to continue this momentum. The Cambodian government will have to continue to prioritise maternal, newborn and child health. At the same time, the international community should maintain investments and offer long-term, predictable financial support for global health programs and integrated service delivery. Finally, the private sector must play a larger role by investing in the innovative solutions that are improving health outcomes and strengthening workforces and economies.



*Rep. Ander Crenshaw and his wife, Kitty Crenshaw, of Florida spend time visiting mothers at the health center.*

This approach builds on remarkable recent successes while advancing American and Australian core interests. U.S. and Australian government and private sector investments will continue to improve the health system and increase access to quality maternal and child health care in Cambodia. Leveraging the influence and special capabilities of the United States and Australia will also motivate others to do more and create lasting collaborations that could transform the lives of millions worldwide.

## Policy Recommendations:

### Support Smart Overseas Aid

Overseas aid is critical to building a stable and prosperous world. U.S. and Australian funded programs produce real change in the lives of children and families living in extreme poverty, while at the same time strengthening regional economic security, protecting against global health threats and creating the basis for good relations between nations. The globalisation of business and finance as well as the massive growth of international travel has made issues of global poverty, security, corruption and health pandemics relevant everywhere. While aid cannot on its own solve these problems, it can provide practical assistance in difficult circumstances, it helps build relationships of trust, friendship and mutual understanding between countries. It is in Australia's long term interests to help to create a more stable and prosperous world and the aid program plays a vital role in achieving this.

One of the most important things governments can do to fight global poverty is devote sufficient resources to these programs. Successive Australian Governments have appreciated both the value of aid to Australia's national interest as well as the moral obligation that wealthy countries have to contribute to addressing global problems of poverty. In 2013, the Abbott Government reaffirmed the Coalition's commitment to increase foreign aid to 0.5 per cent of national income. Cuts made in December last year mean that aid will fall to around 0.21 per cent of national income. Wealth per capita in Australia is the fourth highest in the OECD, we can and should do better than this.

### Support Comprehensive Women's Health Programs

CARE advocates for the U.S. and Australian governments to support policies and allocate robust resources to increase the quality, access and availability of voluntary family planning information and services to promote healthy timing and spacing of pregnancies as part of a comprehensive approach to maternal and reproductive health. Healthy timing and spacing of pregnancies represents one of the most effective interventions to reduce maternal and child deaths and is a critical component of

the continuum of services needed to improve the health of women and children. CARE knows that U.S. and Australian government policies and resources must also target barriers to accessing health services, such as inequitable gender and social norms and poor governance, while meeting the needs of the most vulnerable populations.

### Invest in Women and Girls

CARE advocates for the U.S. and Australian governments to integrate gender equality and women's and girls' empowerment throughout its aid programs, including strong policies and robust resources to promote girls' education and leadership, prevent child marriage and combat gender-based violence.

The Australian Government has set a target requiring that at least 80 per cent of aid investments effectively address gender issues in their implementation. Two major Australian government funded initiatives actively seek to address gender inequality in our region. Empowering Indonesian Women for Poverty Reduction program (MAMPU) is a four year (2012-2016), \$60 million program that aims to support organisations working on gender issues to form coalitions with communities, government and the private sector to improve employment, safe migrant labour, maternal and reproductive health, domestic violence and access to social protection. The Pacific Women Shaping Pacific Development Program (Pacific Women) is a 10 year (2012-2022), \$320 million program that works across 14 Pacific nations to improve political, social and economic opportunities for women.

CARE supports these commitments and DFAT's determination to invest strongly in enhancing women's voice in decision-making, leadership and peace-building, supporting women's economic empowerment and ending violence against women and girls.

We are deeply grateful to the many people who generously gave of their time to make this visit to Cambodia a success. CARE specifically thanks the Bill and Melinda Gates Foundation for its generous financial support of the Learning Tours.

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