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**POPULATION AND DEVELOPMENT INTERNATIONAL – CAMBODIA  
(PDI – CAMBODIA)**

# **Village Development Partnership for Sustainable Health Development and Poverty Eradication Project**

**March 1, 2010**

## **VILLAGE DEVELOPMENT PARTNERSHIP FOR SUSTAINABLE HEALTH DEVELOPMENT AND POVERTY ERADICATION PROJECT**

### **Project Development Vision:**

To provide sustainable business skills for income generation, build entrepreneurial capacity, and community empowerment for health development at the village level in the Kingdom of Cambodia.

### **Project Scope of Work:**

The project builds upon the successful efforts by the Population and Development International (PDI) - a U.S. registered non-profit corporation - to replicate and expand its sustainable community development models. The Project activities comprising:

- The Village Development Partnership (VDP)
- The NGOs Financial Sustainability

(See Appendix A for detail of both activities)

PDI (U.S.) received a Grant from the Bill and Melinda Gates Foundation to establish “*PDI – Cambodia*” as an international NGO in the Kingdom of Cambodia, and to implement the Project activities (see details in Project Activities and Outputs).

PDI – Cambodia shall:

- Build institutional capacity of *PDI - Cambodia* to become a respectable and sustainable international NGO;
- Implement the VDP for a sustainable maternal and child health development and poverty eradication in at least 4 communes of the province to be selected;
- Provide the NGO Financial Sustainability Training for at least 12 NGOs and/or rural community organisations.

### **The Project Rationale and Vision:**

Poverty and health care are the two main problems facing many countries in Southeast Asia (SEA). The number of people living under \$2 a day stands at more than 30% of the population in the region.<sup>1</sup> The source of income remains predominantly agrarian in the rural communities where poverty incidence is high. However, there are unrealized potential in small scale businesses to provide the rural poor opportunities to generate additional income, and eventually improve the quality of life and reduce poverty.

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<sup>1</sup> Source: World Bank Group (IBRD): Social Indicators and Poverty Reduction Strategy Papers for Southeast Asia countries, 2008.

Health care, in particular maternal and child health is a critical concern in Cambodia. The likelihood of a child surviving until his or her fifth birthday is low, 12.5% of children die under five years old. In 2006, there were over 31,000 deaths among children under five years old. Of Cambodian children who survived to reach five years old, 37% suffered from moderate to severe stunting. Similarly risks exist for mothers, where a woman's risk of maternal death is 1 in 48.<sup>2</sup> Other health issues such as hygiene and malnutrition are also chronic among children.

For over 15 years, PDI (U.S.) has engaged the rural communities in development activities including:

- Economics Development: skills training and income generation
- Health Development: maternal and child health, family planning and HIV/AIDS education
- Environment: water and Sanitation (water wells and latrines)
- Youth and Education Development: school lunch farms, scholarships
- Empowerment: social structure and capacity building within a village

The activities are integrated into a model called the Village Development Partnership (VDP) and it is implemented in partnership with the local government, other NGO partners, and stakeholders.

Since the late 1990's, PDI (U.S.) has provided NGO Financial Sustainability Training (i.e. the Business for Social Progress and NGO Management Curriculum) to a number of international NGOs in SEA (e.g. Cambodia, Vietnam, Philippines and Indonesia) and South Asia (e.g. Sri Lanka, India, and Bangladesh). The training curriculum would be a valuable capacity building tool for many local NGOs.

***Our Vision:***

***"Empowering the poor with the opportunity to help themselves get out of poverty"***

**Project Activities, Expected Outputs, Timeline:**

1. PDI (U.S.) shall provide a Grant Fund in the amount over US\$3.2 million over 4 years (2010 – 2013) to establish "PDI – Cambodia" as an international NGO to be located in Siem Reap Province and to implement the Project.
2. The capacity building of PDI – Cambodia and its staff will be on-going, including recruitment of a Cambodian Country Director, operations staff and administrative staff, technical training for the staff, study trip to visit PDI's project in other SEA countries, provision of IT system and website, develop project database to be shared with partners, prepare operations manual, documentation and case reports, and international dissemination of project outcomes.
3. Mr. Tanatat Puttasuwan, Executive Director of PDI (U.S.) has been consulting and seeking guidance from the Ministry of Rural Development to assess the rural community situation, the poverty incidence, and the needs for development.
  - Ministry of Rural Development:

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<sup>2</sup> Source: All data are compiled jointly by UNICEF and the National Institute of Statistics (NIS), Directorate General for Health of Cambodia.

- Dr. Chea Samnang, Director, Department of Rural Health Care
  - Mr. Sophal Ky, Ph., Deputy Director, Department of Rural Health Care
  - Mr. Tan Proeum Kirivuth, Deputy Director, Rural Health Unit, Siem Reap Provincial Department of Rural Development
  - Mr. Han Sothy, Director of Tonle Sap Rural Water Supply and Sanitation Sector Project, Siem Reap Province
4. Guided by the officials, we have identified the target area for the VDP in Ta Yeak Commune, Soutr Nikom District, Siem Reap Province. Ta Yeak consists of 9 villages, approximately 12,000 population, a relatively new Health Center, and 8 schools. The Commune Chief, Mr. Heng Phorn, has been engaged and he endorsed PDI – Cambodia’s plan to work in Ta Yeak commune.
  5. A Project Strategy and Implementation Plan has been drawn up and submitted to the PDI (U.S.) covering the operation activities from 2010 to 2013.
  6. Starting May 2010, the VDP will be implemented in 3 villages within the Ta Yeak Commune. The remaining 5 villages will receive VDP support starting November 2010.
  7. In January 2011, another commune will be selected possibly in Banteay Meanchey, Otdar Meanchey, or Battambang Province.
  8. In August 2010, the NGO Financial Sustainability Training Curriculum will be reviewed and finalized with the Royal University of Phnom Penh. The training will commence October 2010 in Siem Reap and Phnom Penh.
  9. Partnerships: PDI – Cambodia will collaborate with NGO partners including:  
  
VDP:
    - CEDAC, RHAC, Geres, Friends without A Border (Angkor Hospital for Children),  
Temple Garden Foundation  
NGO Financial Sustainability Training:
    - CEDAC, CARD Cambodia, Temple Garden Foundation, Royal University of Phnom Penh
  10. Project Monitoring and Evaluation: Royal University of Phnom Penh
  11. PDI – Cambodia Management and Staff:
    - See attached list of Cambodian Staff and Foreign Staff:

**Project Expected Outcomes:**

1. PDI – Cambodia and other NGO partners adopt and replicate the VDP modality for sustainable poverty eradication.
2. Cambodian NGOs participated in the NGO Financial Sustainability Program are able to start up Business for Social Progress after Year-1, able to sustain their core operations after 4 years, and become more financial independent.

3. By 2013, at least 50% of the population in the VDP villages joins the VDP program, their average income rise at least 20%, and the quality of life improves significantly as compared to 2010.
4. Through the preventive maternal and child health education program, the behavioral change among mothers in prenatal and antenatal care for new born will be noticeable, and improvement in health practices can be measured and documented.
5. The expected number of beneficiaries (both direct and indirect) in the VDP Project are estimated to be exceed 350,000 people.

## Appendix A:

**The Village Development Partnership (VDP)** addresses five key areas: economic and income generation, health development, environment, youth and education, and village institutions (i.e. the social structure of a community). By placing initial emphasis on economic and institutional developments, a foundation is created from which further development can be sustained. Community empowerment, in the form of an elected, gender balanced Village Development Committee,<sup>3</sup> ensures that the community understands, manages, and leads its own development activities. Business skills training<sup>4</sup> and access to low interest rates micro-credit (through the Village Development Bank) provides villagers with the opportunity to start or expand income-generating activities; loan repayments then go towards increasing the available pool of credit, and providing for community development activities in such areas as health, water and sanitation, scholarships and school lunch program.

The health component of the VDP Project will emphasize preventive maternal and child health education. At the commune level, the Project focuses on providing the health centers capacity building to train the Village Health Support Group (VHSG). At the village level, the Barefoot MPH program will train and increase the number of Village Health Volunteers (VHVs) comprising mothers, students and youth groups, and school teachers in a 3-tiers training program. Tier-1, comprises general overview training of common diseases, symptoms, and treatments. Tier-2, the health educators are trained to be effective communicators and in more in-depth knowledge of diseases and able to help those in Tier-1. Tier-3 trains the health educators even further to the point where they are able to assist health care professionals/physicians while serving as village health educators. The health education component will be implemented in partnership with several other NGOs.

**The NGO Financial Sustainability:** Deliver of a capacity building program to other NGOs in the Kingdom of Cambodia to promote organizational sustainability with the aide of social enterprises. The participants will be given training in business fundamentals and good practices, with the opportunity for NGOs and villagers to establish “Business of Social Progress” (BSP) to operate charitable business activities in rural areas where access to market and public services for the poor is gravely inadequate, and also to provide for job opportunities alternative to rice

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<sup>3</sup> The Village Development Committee comprises committee members from the Village Development Bank, the Council of Elders and Disabled Citizens, the Village Youth and Education Council, and the Village Health Committee. Committee members are elected by the villagers, half of whom must be female to promote gender equality, and under a two-years term.

<sup>4</sup> The business skills training is called the “Barefoot MBA” program.

farming for the poor in rural areas. It is anticipated that the BSPs would become partially self-sufficient within 3-6 years and would be able to finance some of the core costs through surplus from their businesses within.

## **Appendix B:**

Population and Development International, Inc.(PDI): PDI was incorporated in the state of Maryland in 1983 and received the determination as a U.S. 501(c) (3) organization. Since inception, PDI has maintained the organization mission of “empowerment of the rural communities to provide income generating opportunities for poverty alleviation”. In the past twenty-five years, PDI has been providing support to poverty alleviation endeavours in East and South Asia countries including Thailand, Cambodia, Vietnam, Lao PDR, Philippines, Sri Lanka and India.