



Australia Awards

# Australia Awards Global Tracer Facility

Case Study in Cambodia  
in public health fields

October - November 2018





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Australian Department of Foreign Affairs and Trade

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## Acronyms and abbreviations

AAA-C	Australian Alumni Association of Cambodia
ACIAR	Australia Centre for International Agricultural Research
ADS	Australian Development Scholarship
AIDS	Acquired Immune Deficiency Syndrome
ALA	Australian Leadership Award
AusAID	Australian Agency for International Development (former)
CARE International	Cooperative for Assistance and Relief Everywhere (Global NGO)
CDC	Communicable Disease Control Department, Ministry of Health
DFAT	Australian Government Department of Foreign Affairs and Trade
ECCC	Extra-Ordinary Chambers in the Courts of Cambodia
EPP	Equity Pathways Program
ETG	Equality Target Groups
EVAW	Ending Violence Against Women
HDI	Human Development Index
HIV	Human Immunodeficiency Virus
Global Fund	Global Fund to Fight AIDS, Tuberculosis and Malaria
IELTS	International English Language Testing System
IDP Education	International Development Program (Australian company)
IRCT	International Rehabilitation Council for Torture Victims
IRRI	International Rice Research Institute
MDG	Millennium Development Goal
M&E	Monitoring and Evaluation
MHID	Master of Health and International Development
MPH	Master of Public Health
MPI	Multidimensional Poverty Index
NAPVAW	National Action Plan for Ending Violence against Women
NCHADS	National Centre HIV/AIDS, Dermatology and STDs
NGO	Non-governmental organisation

NMCHC	National Maternal and Child Health Centre
NNP	National Nutrition Programme
NU	Norton University, Cambodia
PhD	Doctor of Philosophy
RUPP	Royal University of Phnom Penh
SCB	Scholarships and Alumni Branch (DFAT)
SMILING	Sustainable Micronutrient Interventions to Control Deficiencies and Improve Nutritional Status and General Health in Asia
STARTTS	Service for Treatment and Rehabilitation for Trauma Torture Survivors
STDs	Sexually Transmitted Diseases
TB	Tuberculous
TPO	Transcultural Psychosocial Organisation
UHS	University of Health Sciences, Cambodia
UNAIDS	The Joint United Nations Programme on HIV/AIDS
UNICEF	United Nations Children's Fund
UNDP	United Nation Development Programme
UNSW	University of New South Wales, Australia
UP	University of Puthisastra
UTS	University of Technology Sydney, Australia

# Executive Summary

This report details the outcomes of a Case Study of Australian Government-funded scholarship alumni from Cambodia. Alumni interviewed in this Case Study completed their studies between 1996 and 2006 in the field of public health. This research was conducted by the Australia Awards Global Tracer Facility (the Facility) on behalf of the Department of Foreign Affairs and Trade's (DFAT).

The majority of alumni interviewed were from the public service and returned to their institutions at the end of their award at a time of major health and public sector reforms in Cambodia. They were able to draw on their Australian skills and knowledge to contribute to important national level programs and policies in the areas of: maternal and child health, disease surveillance, HIV/AIDS, gender-based violence, mental health, health planning and management, food security and governance.

## Findings

### Development contributions

Alumni have made significant contributions to the development of public health policy and practice in Cambodia, indicating that for this group, **Australia Awards long-term Outcome 1 is being achieved**. Alumni developed a broad range of skills on award which they have utilised on return. These include technical skills in epidemiology; evidence-based research; multi-sectoral approaches to public health planning and management; and 'soft' skills such as intercultural competence, communication and critical thinking.

Examples of **contributions to development** include:

- leadership in the public health sector
- training and capacity building
- policy development at the local and national level
- improving public health education and services in the areas of mental health, maternal and child nutrition, food security, HIV/AIDS and violence against women and girls.

Alumni identified the following factors which enabled them to make positive contributions:

- desire to make a difference to their fields of expertise
- technical and soft skills developed on award
- English language skills and intercultural competencies.

Alumni identified a lack of opportunities for English language training at high school and at university as a barrier to studying abroad and applying for an Australian scholarship during the 1990s and early 2000s.



### **Economic and public diplomacy outcomes**

Alumni interviewed in this Case Study have made important, sustained links with Australia and Australians, which **supports the Australia Awards long-term Outcome 2 and Outcome 3**. These partnerships have been forged with Australian institutions through professional and academic collaborations and with individuals through alumni's personal networks developed while on award.

Examples of ongoing links with Australia and Australians after returning from award include:

- employment at an Australian organisation and collaboration with Australian institutions working in Cambodia
- using professional networks to facilitate research partnerships and capacity building activities with Australian experts
- maintaining lasting friendships with Australians.

Evidence from this Case Study highlighted two key factors that enabled alumni to maintain these relationships with Australia, following return:

- pre-existing relationships fostered by individuals and organisations
- Australian Leadership Awards provided opportunities to foster ongoing links with Australian institutions.

Factors that were identified by alumni as challenges in developing and maintaining partnerships with Australia and Australians include:

- lack of time, geographical distance and loss of connections.

### **Views of Australia and Australian expertise**

Alumni in this Case Study hold enduring positive views about Australia, Australians and Australian expertise, indicating **achievement of Australia Awards long-term Outcome 4**. A number of alumni found the opportunity to study in Australia as transformational, providing them with new ways of viewing the world and much needed knowledge and skills to contribute to improving the health outcomes in Cambodia.

In particular, alumni identified with:

- the quality of teaching and learning
- the Australian education system and Australian expertise
- Australian culture and lifestyle.

Alumni noted that these positive views were a result of the strong academic and personal support they received from their supervisors and academic institutions. This support not only had a positive impact on their views of Australian education but also of Australians in general. Many alumni also relied on other Cambodian scholarship students or members of the Australian Cambodian community to help them adjust to life in Australia.

Although the majority of the alumni had very positive experiences of Australia and Australians, a number of alumni did struggle with housing affordability in Sydney,

and some found that they and their accompanying families experienced culture shock and language difficulties on arrival. These experiences, however, did not adversely affect their overall perception of Australia and Australians.

### **Impact on addressing equity issues**

Evidence from this Case Study demonstrates that alumni are using their positions of leadership and skills gained in Australia to advocate for social inclusion in their workplaces and their communities. For example, some alumni have made significant contributions to improving the lives of women and girls through implementing programs and strategies to address gender-based violence.

Australia Awards Cambodia has introduced explicit measures to promote gender equity and social inclusion for applicants and awardees. However, due to the persistent sociocultural barriers faced by women, people with disability and people from provincial areas (Equality Target Groups) in Cambodia, the number of Australia Awards applicants from these target groups remains low. The strategies implemented by the Australian Embassy in Cambodia and the managing contractor are starting to have a positive effect on the rising number of applicants from these target groups (in particular women and people with disability).



## Australia Awards are contributing to improved health outcomes in Cambodia

### Australia Awards alumni are contributing to:



Leadership in population health



Public awareness of mental health, maternal and child health, HIV/AIDS, and reducing violence against women and girls



Training and capacity building in public health



Health policy contribution at the local and national level

### Australia Awards results

**1** Alumni provided strong examples of development contributions

**Achieved** ✓

"Before I applied [for my scholarship], I said that I wanted to reduce maternal mortality. I thought that if we undertook public health work, then maternal mortality would be reduced. Now it's really reduced from the combination of a national program and the Maternal and Child Health Centre."



**2** Alumni are contributing to cooperation between Australia and Cambodia

**Achieved** ✓

"The big achievement is that working through the Australian Embassy, we helped the Cambodian government to produce their strategy - the National Action Plan for Ending Violence against Women. We call it NAPVAW."



**3** Alumni support effective institutional partnerships between Australia and Cambodia

**Achieved** ✓

"At NCHADS, we had a lot of people that went to UNSW, including our former director, who was the first student in around '95...We have strong ongoing relationships including with the Kirby Institute at UNSW, which has collaborated with NCHADS to deliver capacity building and institutional support to its staff, and resulted in joint research projects."



**4** Alumni view Australia and Australian expertise positively

**Achieved** ✓

"People say, 'Oh, wow, you finished a degree from Australia.' So the recognition of the quality of the qualification from Australia ... [by your] community, your friends, your organisation. And the quality of your work, it's not only the technical aspects, it is also leadership, communication, negotiation, the set of soft skills. And the way it changes your thinking."



**Participants:** Alumni who completed scholarships between 1997 and 2006



**Case study participants:**

- 1 Female Alumna
- 7 Male Alumni
- 10 Stakeholders

# 1. Background of the Study

The Australia Awards Global Tracer Facility (the Facility) is a four-year project funded by DFAT. Through this project, DFAT assesses the development contributions and public and economic diplomacy outcomes of Australia's investment in the Australia Awards.<sup>1</sup> The key research and reporting activities being undertaken are a quantitative Tracer Survey and qualitative Case Studies, which are prepared concurrently throughout the four years of the project.

This report gives the key findings of the Cambodia Case Study, which focussed on alumni who had studied under scholarship in the late 1990s and early 2000s in areas relating to public health and agriculture. The majority of the data collection for this Case Study was undertaken by Facility researchers in Phnom Penh and Kampong Cham Province in Cambodia in late October and early November 2018.

## 1.1 Objectives

The Facility seeks to generate high-quality information on former scholarship holders, with a focus on less recent alumni. This information provides a strong evidence base for country programs and the Scholarships and Alumni Branch (SCB) of DFAT to evaluate the impact of Australia Awards on alumni and by implication, on their home institutions and countries.

All research by the Facility is undertaken with close reference to the long-term outcomes of the Australia Awards. These outcomes underpin the interviews, surveys and the reporting of the Facility. The long-term outcomes are detailed in the *Australia Awards Global Strategy: Investing in the next generation of global leaders for development 2016-2018* (the Strategy) and the Australia Awards Global Monitoring and Evaluation Framework (the Framework). These are:

- **Outcome 1:** Alumni are using their skills, knowledge and networks to contribute to sustainable development.
- **Outcome 2:** Alumni are contributing to cooperation between Australia and partner countries.
- **Outcome 3:** Effective, mutually advantageous partnerships between institutions and businesses in Australia and partner countries.
- **Outcome 4:** Alumni view Australia, Australians and Australian expertise positively.

In addition to these long-term outcomes, the Australia Awards aims to address issues of gender equality and disability inclusiveness. As such, the analyses and reporting of the Facility explores these cross-cutting issues, as well as other factors

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<sup>1</sup> See <http://dfat.gov.au/people-to-people/public-diplomacy/Documents/public-diplomacy-strategy-2014-16.pdf> and <http://dfat.gov.au/trade/economic-diplomacy/pages/economic-diplomacy.aspx>

relating to disadvantage which impacts the ability of alumni to contribute to these outcomes following their award.

## 1.2 Scope

The Facility's specific focus is on alumni of DFAT's Australia Awards and previous DFAT-funded scholarships programs, awards and fellowships. For each Case Study undertaken by the Facility, this focus is further refined to a specific cohort of alumni based on the years they completed their scholarship and particular field of education or sector.

For this Cambodia Case Study, the research focus is on alumni who completed their scholarships in the late 1990s and early 2000s and studied a course that had an emphasis on building capacity relating to public health.

## 1.3 Country context

Over the past two decades, Cambodia has emerged as one of the fastest growing economies in the world, driven by the manufacturing and tourism industries (World Bank, 2019). Sustained economic growth has contributed to significant improvements in development outcomes. Cambodia has achieved the Millennium Development Goal (MDG) of halving poverty in 2009 and is showing a positive upward trend on the Human Development Index (HDI) as measured by life expectancy, education and gross national income per capita (UNDP, 2018).

While important gains have been made, Cambodia continues to face some development challenges. According to estimates by the World Bank (2019), around 4.5 million people remain near-poor (90 per cent of whom are in rural areas) and are particularly vulnerable to falling back into poverty due to weak social protection mechanisms. In education, despite the high net enrolment rate at the primary level, the completion rate at the lower secondary level is still well below the average for lower middle-income countries (World Bank, 2019). While health indicators have improved due to better access to health care, it is estimated that 1 in 3 children under the age of five are stunted. Access to water and sanitation facilities (79 and 45 per cent) remains below the average for lower middle-income countries, which further contributes to poor health outcomes (World Bank, 2019). These factors adversely affect those in rural and remote regions of Cambodia, where access to public services are constrained.

Strong revenue growth and a positive climate for foreign investment over the last five years have provided both opportunities and challenges. Revenue and investment growth has created the opportunity for more public spending on infrastructure and public services (which can have long-term impacts on economic and social development). However, there are potential risks to sustained growth relating to income inequality, social and political stability, environmental sustainability, and volatility to shocks.



## 1.4 Alumni and other interview participants

Data from the Global Alumni database and the Facility's Year 2 Tracer Survey revealed 31 alumni who completed their scholarship between 1996 and 2006 within the public health field. Of these 31, twelve were invited to participate. Eight alumni were available and were interviewed as part of this Case Study. Each had studied in Australia under scholarship in the late 1990s early 2000s and had some specific public health or agriculture (food security) elements built into their scholarship and qualification undertaken in Australia.

The eight alumni of focus are introduced below. More detailed profiles are provided in Chapter 7. Annex 1 includes further information about the sample approach and discussion of limitations.



### **Dr Chhim Sothera**

Master of Psychological Medicine, University of New South Wales, 1999-2000

Senior Consultant Psychiatrist & Executive Director of Cambodia's Transcultural Psychosocial Organisation



### **Dr Chea Mary**

Master of Health and International Development, Flinders University, 2005-2006

Acting Manager, National Nutrition Program, National Child and Maternal Health Centre in Phnom Penh



### **Dr Ros Chhay**

Doctor of Philosophy in Agriculture, Murdoch University, 1993-1998

Senior Program Manager (Agriculture) at the Australian Embassy



### **Dr Sok Touch**

Master of Public Health, University of New South Wales, 1997-2000

Deputy Team Leader, Consil Sante, Asian Development Bank



### **Dr Samreth Sovannarith**

Master of Public Health, University of New South Wales, 2004-2005

Head of the Technical Bureau, National Center for HIV/AIDS, Dermatology & STD (NCHADS), Ministry of Health



### **Dr Men Bunnan**

Master of Public Health, University of New South Wales, 1997-2000

Deputy Director (Health Planning), Provincial Health Department, Kampong Cham Province, Cambodia



**Dr Ouk Vichea**

Master of Public Health,  
University of New South  
Wales, 2001-2002

Deputy Director of the  
National Center for  
HIV/AIDS, Dermatology  
& STD (NCHADS) of the  
Ministry of Health,  
Cambodia



**Dr Ith Ponndara**

Master of Public Health,  
University of New South  
Wales, 2002-2004

Head of the Bureau of  
Academic and Training  
Affairs in the Faculty of  
Medicine at the  
University of Health  
Sciences (UHS)

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In addition to the eight alumni, a further 10 interviews were carried out as part of this Case Study. These were designed to build an understanding of the Cambodian context, further explore the contributions of alumni, and better understand the Australia Awards Cambodia. The 10 other participants included one alumni association executive, five staff from Australia Awards Cambodia (managing contractor) and four Australian Embassy staff. Further details on interview participants can be seen in the Methodology section (Annex 1).

## 2. Development Outcomes

### Summary findings

Alumni have made **significant contributions to improving health outcomes of Cambodians** through the implementation of public health initiatives. Alumni developed a broad range of skills on award which they have utilised on their return. These skills include multi-sectoral approaches to public health planning and implementation, public policy and practice; and broader skills such as communication, critical thinking, and leadership.

Examples of **contributions to development** include:

- leadership in the public health sector
- policy development at the local and national level
- training and capacity building
- improving public health education and services in the areas of maternal and child nutrition, mental health, food security, HIV/AIDS and violence against women and girls.

### Key enabling factors

Alumni identified the following factors which enabled them to make contributions following their scholarship:

- desire to make a difference to their fields of expertise
- technical and soft skills developed on award
- English language skills and intercultural competencies.

Alumni identified a lack of opportunities for English language training at high school and at university as a barrier to studying abroad and applying for an Australia scholarship in the late 1990s and early 2000s.

This chapter details the development impact of alumni and explores the Australia Awards long-term Outcome 1: 'Alumni are using their skills, knowledge and networks to contribute to sustainable development'. The analysis and discussion explores the following Case Study propositions:

- alumni use their skills, knowledge and networks to contribute to achieving partner-country development goals
- alumni develop skills, knowledge and networks on-award that enable and are used to contribute to achieving partner-country development goals
- alumni understand, value and want to contribute to partner-country development goals.

This Case Study shows that alumni have made strong contributions to public policy and public health in Cambodia, with impact at the local and national level.



## 2.1 Background

Cambodia's traumatic recent history has fundamentally impacted the health and education of the Cambodian population. During the Khmer Rouge regime (1975 to 1979), the Cambodian people were subjected to systematic human rights abuses, resulting in 20 per cent of the population dying of disease or starvation, or being killed (Chandler, 2008). Schools and universities were closed, and doctors and health professionals were banned from practising medicine. The genocide impacted all areas of society, leaving the country without human capital and public infrastructure (Iwanowsky & Madestam 2016). The health care system was completely destroyed, with only a handful of medical doctors surviving (Guillou 2004).

Cambodia has faced many challenges in rebuilding its public health care system and human capital over the last 40 years. Health problems such as malnutrition, high rates of maternal and child mortality, and the prevalence of infectious diseases such as tuberculosis (TB) and mosquito-borne diseases remain key public health challenges (Suy et al., 2017). In addition, many Cambodians have ongoing mental health and psychological problems related to from the Khmer Rouge regime and the civil war that followed and there remains a lack of primary mental health care services (Jegannathan et al., 2015).

Since the early 1990s, the Cambodian Government began to reform the public health care system with the support of development partners, focusing on increasing the number and capacity of health care workers (Suy et al., 2017).

## 2.2 Skills developed on award

This chapter details a range of skills alumni developed while on award and have utilised on their return to Cambodia. While these skills are implicit throughout the analysis that follows, a list of skills identified by the alumni, their colleagues and employers is provided here to highlight the breadth gained by alumni on award.

*Generic/broad/soft skills* developed include:

- communication
- intercultural competence
- leadership skills
- critical thinking
- teamwork
- problem-solving.

Areas in which *practical/technical/'hard' skills* were developed include:

- English: reading/writing/listening and oral skills
- evidence-based research techniques
- epidemiology and health statistics
- health promotion and risk communication

- strategic planning and project management
- policy development
- external stakeholder engagement and management
- multi-sectoral approaches to public health policy and practice.

## 2.3 Alumni contributions

Alumni featured in this Case Study have made a number of significant contributions in their fields of expertise. These impacts are highlighted below in four main areas: public health leadership; training and capacity building; improving public education of public health issues; and contribution to national health policy.

### 2.3.1 Public Health Leadership

Those alumni who studied public health are now senior leaders and change agents in the field of public health within Cambodia.

In the field of communicable disease control, **Dr Sok Touch** has had a long career as a senior public health official, specialising in public health initiatives in response to communicable diseases such as tuberculosis (TB), HIV/AIDS and mosquito-borne diseases like malaria and most recently dengue fever. He studied a Master of Public Health at the University of New South Wales (UNSW) from 1997 to 1998, and returned to Cambodia to work at the newly opened Communicable Disease Control Department (CDC) at the Ministry of Health in 1998.

Dr Sok pioneered disease surveillance in childhood diseases at the CDC and became the Director in 2000, establishing 'sector-wide' disease surveillance throughout Cambodia. He has worked on a range of health strategies and government policies, including the development of the first Strategic Health Plan for Cambodia (2003-2007) and coordinated the distribution \$50 million for the Global Fund to Fight AIDS, Tuberculosis and Malaria (Global Fund) in Cambodia. Dr Sok retired from the Ministry of Health in 2013 but continues to work as a senior public health consultant on national and global communicable disease projects. He is well respected in his field and sits on a range of government and non-government organisation (NGO) steering committees.

Also working in the field of communicable disease control are **Dr Ouk Vichea** and **Dr Samreth Sovannarith** from the National Center for HIV/AIDS, Dermatology and STD (NCHADS), at the Ministry of Health. Both alumni studied the Master of Public Health at UNSW, specialising in HIV/AIDS, from 2000 to 2001 and 2004 to 2005, respectively. Dr Ouk is the Deputy Director of the NCHADS, and is responsible for the development of national guidelines, policies and strategies to support the reduction and treatment of HIV/AIDS and STDs (sexually transmitted diseases) throughout Cambodia. As a senior health official, he works closely with a range of stakeholders such as NGOs and government departments to implement multi-sectoral approaches to the reduction of these communicable diseases.

Dr Samreth is the Head of the Technical Bureau. As a junior colleague of Dr Ouk, he is responsible for the coordination of HIV training to help Cambodia achieve the

Joint Nations Programme on HIV/AIDS (UNAIDS) global target of 90-90-90 (UNAIDS, 2017).

Leading change in the field of maternal and child health are **Dr Chea Mary** and **Dr Ith Ponndara**. Dr Chea is the Acting Manager of the National Nutrition Program, at the National Child and Maternal Health Centre in Phnom Penh. She studied a Master of Health and International Development (MHID) at Flinders University (2005 to 2006) and is currently responsible for improving maternal and child nutrition to support the reduction of infant and maternal mortality rates.



**Image 1 Breastfeeding Health Promotion, The National Maternal and Child Health Center, Phnom Penh.** Credit: Australia Awards Global Tracer Facility

Dr Ith is the Head of the Bureau of Academic and Training Affairs in the Faculty of Medicine at the University of Health Sciences (UHS) in Phnom Penh and is responsible for improving teaching and learning. He studied a Master of Public Health at the UNSW from 2002 to 2004 and a Doctorate at the University of Technology Sydney (UTS) from 2009 to 2013 as part of an Australian Leadership Award. Dr Ith has been influential in training medical staff and changing practices in maternity wards to improve maternal mortality. In 2018, Dr Ith was awarded the UTS Alumni Award for Excellence by the Faculty of Health for his work in improving the training of medical professionals and improving the health outcomes of Cambodians.

Working in provincial health administration, **Dr Men Bunnan** is the Deputy Provincial Health Department Director and is responsible for the design, delivery and evaluation of health programs in Kampong Cham Province. He studied a Master of Public Health at the UNSW (1997 to 2000) and contributes to the effective training of public health care workers and stakeholder management on a range of public health projects.

Alumni are also contributing to leadership in mental health advocacy, building public awareness of mental health issues and the reduction of violence towards women and girls. **Dr Chhim Sotheara** is the Senior Consultant Psychiatrist and Executive Director of Cambodia's Transcultural Psychosocial Organisation (TPO). He gained a Master of Psychological Medicine from UNSW in 2000 and is well known and respected for his work with survivors of the Khmer Rouge regime and for building public awareness of mental health issues. He runs a range of mental health outreach programs through TPO, including a program aimed at supporting women and children survivors of domestic violence. In 2008 to 2012, he was awarded an Australian Leadership Award and undertook a Doctoral degree at Monash University on 'ethno-cultural responses to trauma'. He has become a respected leader in his field. His work has attracted a number of high-profile awards including the Dr Guislain Award 2017 – Breaking the Chain of Stigma on Mental Health, and the 2012 Human Rights Award from the Leitner Center for International Law and Justice.

Also contributing to leadership in the area of building societal awareness and legislative change towards reducing gender-based violence in Cambodia is **Dr Ros Chhay**. Since 2006, Dr Ros has held a number of senior management roles at the Australian Embassy in Phnom Penh and coordinated initiatives such as the \$15 million Ending Violence against Women Program EVAW (2013 to 2017). Dr Ros has a background in agronomy and studied a Doctorate in Agriculture at Murdoch University in Western Australia (1993 to 1998), and at the time of the interview, was the Senior Program Manager (Agriculture) at the Australian Embassy. His role included contributing to the design, implementation and evaluation of a range of agricultural programs on behalf of the Australian Government including the Cambodia Agriculture Value Change Program Phase II (\$90 million 2016 to 2021).

### **2.3.2 Contribution to national policy**

Alumni in this Case Study are all actively contributing to national policy design, implementation and evaluation in a number of key development areas including: national strategic health policy (Dr Sok, Dr Ouk, Dr Chea and Dr Chhim), maternal and child health (Dr Sok, Dr Chea and Dr Ith), communicable diseases including TB, HIV/AIDS and STDs (Dr Ouk, Dr Samreth, Dr Sok), mental health (Dr Chhim), reduction of gender-based violence against women and girls (Dr Ros and Dr Chhim) and food security and nutrition (Dr Ros and Dr Chea).

As the former Director of the CDC, Dr Sok was integral in the development and implementation of Cambodia's first sector-wide Health Strategic Plan 2003-2007. He has since contributed to the second Health Strategic Plan 2008-2015. Dr Sok has also been involved in a range of steering committees and working groups aimed at developing national and regional strategies and policies to combat communicable diseases such as TB, HIV/AIDS, and mosquito-borne viruses.

Dr Ouk and Dr Samreth are contributing to the development, delivery and evaluation of national HIV/AIDS and STD guidelines and policies through their work at the NCHADS in line with Cambodia's commitment to achieving the 2020 UNAIDS global targets and Cambodia's commitment to eradicate the disease by 2025. Dr Ouk believed these goals are achievable because Cambodia has a small population affected by the virus ('600,000 HIV positive' suffers) and they are able to

‘test and treat’ quickly and efficiently through their network of 1000 health centres. He stated that the new WHO guidelines allow Cambodia to ‘apply the Treat All policy: test and treat’.

When someone is positive, treat... [Especially] now the medicine, drugs are cheaper. The research found that when you treat all, when you get early treatment and receive the viral load, the viral load in the blood, the number of virus in the blood is undetectable, the risk of transmission is nearly zero.



**Image 2 Rural HIV testing centre, Cambodia** Photo: Australia Awards Global Tracer Facility

Through her work at the National Nutrition Program, Dr Chea has contributed to the development of the national feeding and supplement guidelines for infants and young children, guidelines for the management of acute malnutrition, participating in reproductive health and immunisation, and the development of community-based education programs to improve breastfeeding practices, and infant and child nutrition. She has been involved in complimentary health care planning, and multi-sectoral policy design and implementation across a number of government ministries. Dr Chea also works on regional initiatives to improve the health of women and children across South East Asia such as The SMILING project (Sustainable Micronutrient Interventions to Control Deficiencies and Improve Nutritional Status and General Health in Asia).

While working as the Senior Program Manager (Governance and Gender Equality-EVAW) with the Australian Embassy (2009 to 2013), Dr Ros contributed to the design and delivery of the Australia-funded, Ending Violence against Women Program (\$15 million, 2013-2017), aimed at reducing gender-based violence against women and girls in Cambodia. He worked with a range of NGOs and UN agencies, and the Cambodian Ministry of Women's Affairs, Ministry of Justice, and Ministry of Interior through the Gender-Based Violence Technical Working Group. He was involved in developing a media and communications campaign to provide public education about the issue, as well as supporting the Cambodian



government to develop the National Action Plan for Ending Violence Against Women (NAPVAW). Dr Ros recalled:

So for me, I was also part of the architecture of the new redesign to set up EVAW as a partnership program... The big achievement is we helped the [Cambodian] government to produce their National Action Plan for Ending Violence against Women.

### **2.3.3 Training and capacity building**

#### **University-based training**

Three alumni in this Case Study: Dr Ith, Dr Chea, and Dr Chhim are all actively engaged in building the capacity of the next generation of medical students and changing practices at the tertiary level. These alumni are contributing to improving the quality of teaching and learning within the medical field in Cambodia by sharing their skills and experiences.

As the Head of Academic and Training Affairs at the Faculty of Medicine at UHS, Dr Ith is in charge of academic programs within the medical school and works closely with UHS's 'local and international partners' to facilitate a teaching program that provides access to a rich range of visiting professors. According to Dr Ith, each year UHS recruits '300 to 400 medical students' and the training program targets 'undergraduate students from year 2 to year 6, internship students from year 7 to year 8, and post-graduate students from year 1 to year 4' who are undertaking their specialisations.

As a public health specialist and educator, Dr Ith has been involved in the development of UHS's first strategic plan (for 2014 to 2018) to improve teaching and learning, especially in areas such as research methodology, ethics, academic writing and epidemiology. Working in collaboration with a WHO consultant, Professor Ari Rotem, Emeritus Professor from UNSW, they identified 'the underlying factors impacting staff performance' and mapped ways to build the capacity of staff, and ultimately students. The strategic plan was supported and disseminated by the Ministry of Health and is currently up for review. Dr Ith stated:

We want our university to be an excellent field for education, for research and for good governance in the region, as well as internationally... Actually, our medical doctors so far are not really qualified or competent upon their completion. So we are in the process of strengthening the capacity of our medical students. So we still have a lot of challenges and work to do.

As part of her commitment to building the capacity of the next generation of health professionals in Cambodia, Dr Chea teaches Bromatology (food science) and Nutrition at the University of Puthisastra, the UHS and Norton University. She lectures to medical, pharmacy and nursing students and enjoys sharing her technical knowledge. According to Dr Chea, 'Working is about communication. [With] Good communication- you have everything.' She attributes this belief to her training in Australia and uses this to ensure health professionals can communicate effectively and 'listen' to their clients, colleagues and other stakeholders like NGOs.

When you do the teaching, I learnt from Australia, that you don't force students to do, but you have to inspire students. If you just force students to do something, it means nothing.

Dr Chea has also collaborated with several international experts from WHO to develop the Master of Science Nutrition for the School of Public Health at the National Institute of Public Health in Cambodia. This course is now one of four Masters degrees delivered by the Institute and is helping to build the capacity of public health care professionals in the science of nutrition and population health.

Dr Chhim is passionate about increasing the number of qualified mental health care professionals in Cambodia and has worked as a Lecturer of Psychiatry at the UHS since 2002, and a Lecturer of Clinical Psychiatry (Master of Counselling Psychology) at the Royal University of Phnom Penh (RUPP) since 2008. He also runs workshops and professional training programs for health care professionals through his organisation, TPO, to help build an understanding of mental health issues and provide better access to mental health services.

### Community-based training

The majority of alumni featured in this Case Study utilise some type of community-based health programming as part of their public health work, especially in poor, rural areas. These programs target vulnerable groups, often with low literacy, and aim to provide basic health care information and services. Alumni are successfully employing grassroots health promotion training in areas such as maternal and child health, HIV/AIDS, and mental health.

Dr Chea actively promotes community-based training programs and provides technical expertise on a range of provincial and national projects such as the Good Food for Children initiative which promotes Infant and Young Child Feeding (IYCF) in Svay Rieng Province. This program provides community-based education to rural Cambodians and encourages breastfeeding, complementary feeding and information about the nutritional needs of infants and young children at the grassroots level.

In his role as Deputy Director of NCHADS, Dr Ouk is employing an 'outreach peer' program to educate sex workers about HIV/AIDS. Working in partnership with Reproductive Health Association Organisation (RHAC), and the Khmer Alliance for HIV/AIDS (KHANA), and funded by the Global Fund, the program employs sex workers to act as peers and provide basic education, and encourage HIV testing and treatment among their communities.

Dr Ouk stated that their 'strategy is to try to find people to get tested. It's very important. If they cannot be tested, we don't know if they are positive or not positive. If they are positive, they go to treatment'.

According to Dr Ouk, this outreach program is part of the 'Treat All policy: test and treat' aimed at eradicating HIV/AIDS through the use of highly effective and cheap anti-retro-viral therapy (ART) in health centres across Cambodia.

Dr Chhim oversees a range of community-based training programs in his role at TPO. These programs operate at the grassroots level, provide access to mental health services, aiming to reduce the stigma of mental health issues in the community. According to Dr Chhim, TPO runs a 'community-based program that addresses the mental health issues of women survivors of gender-based violence, and their children' in western Cambodia. The program engages with 'several stakeholders, local authorities, because mental health issue and gender is a cross-

cutting issue'. In Kampong Cham Province, TPO is training doctors and nurses to set up much needed mental health clinics and 'make diagnoses and provide basic treatment for mentally ill patients'.

TPO's Outreach program, funded by USAID, is well known in Cambodia and provides community support to survivors of the Khmer Rouge wishing to share their stories as part of the tribunal process (ECCC). Outlining the program, Dr Chhim stated:

We educate the community about the past, about the torture, about discrimination, educate the young children to understand about the suffering of their parents. So in this outreach project, we work in conjunction with the court. So while supporting victim witnesses who testify in the court, we also do community work because after the testimony, they go [back] to the community. So that's where they need the support.

For those unable to share their stories in court due to a lack of 'solid evidence', TPO also provides 'testimony therapy' to help survivors voice their pain and trauma within their communities. According to Dr Chhim, giving people a forum to speak about their pain and trauma allows them to begin to heal. Survivors are able to use 'culturally appropriate' ways to move forward through activities such as having their accounts read in a public setting and having their 'testimony blessed by a Buddhist monk'.

We have research on testimony therapy and we see there are improvements of mental wellbeing, reduction of trauma symptoms.



**Image 3 Transcultural Psychosocial Organization TPO Phnom Penh Headquarters, Treatment and Training Center** Photo: Australia Awards Global Tracer Facility

## 2.4 Enabling Factors

As highlighted in this chapter, alumni have been able to make a range of significant contributions to the areas of public policy and public health policy in Cambodia in the years following their scholarship. Throughout the interviews, a number of key enabling factors were identified that helped facilitate these contributions. They are



discussed here and relate to a strong desire of all alumni to make a difference to the health outcomes and living conditions of their fellow Cambodians through the application of public health initiatives.

#### **2.4.1 Desire to make a difference**

All alumni who participated in this Case Study expressed a deep desire to improve the health outcomes and living standards of their fellow Cambodians after the devastation of genocide and war. As doctors and trained professionals, they were acutely aware of the human resource needs of the country after the destruction of public services and the education system.

For example, Dr Sok recalled working as a paediatrician after the Khmer Rouge era, when the wards were 'full' of children who were severely affected by 'malnutrition, respiratory illnesses' and preventable diseases such as measles. He was deeply moved by the inadequacies of the struggling health care system to address these preventable illnesses, and he realised that there needed to be a more systematic and strategic approach to public health care. He decided, therefore, to pursue a career in public health management to have a greater impact.

Dr Chea also expressed similar sentiment about her desire to prevent suffering and preventable maternal and child deaths, first as a midwife, and then as a doctor. Dr Chea recalled working in the Gynaecology and Obstetrics department, at the National Maternal and Child Health Centre in Phnom Penh during the early 2000s and being shocked by the high level of preventable deaths that she saw.

I just work here as a physician and then we see the patient and ... they are too poor and then see the maternal [mother] die easily. It's so easy to die. They should not die through preventable stuff like this.

Motivated by a friend who went to Australia on-award, Dr Chea decided to apply for a scholarship to study a dual Master of Health and International Development to become better equipped to improve health outcomes of women and children in Cambodia.

Before I applied [for my scholarship], I said that I wanted to reduce maternal mortality. So I thought that if we make a public health work, then maternal mortality would be reduced. Now it's really reduced from the combination of a national program and the Maternal and Child Health Centre, we have a national reproductive health program, a national nutrition program that I'm working on, AOI, respiratory disease, another program, and also an immunisation program.

During her interview, Dr Chea spoke about her strong drive and commitment to make a difference with her public health work in nutrition.

If you don't have the commitment, you cannot make anything happen. You have to put the commitment there. Money is one thing, but commitment is there. You want to work, you need to achieve, and when you want to achieve, you need to be very careful in the designing phase. But if the project succeeds, nutrition will be there in the health system and this care is for the whole country.

#### **2.4.2 Development of much needed technical expertise and soft skills**

During the 1990s and early 2000s, Cambodia continued to rebuild. Key priority areas were focused on building human resource capacity in areas such as public health planning and health care, and agriculture and food security. Australian Government scholarships provided alumni with the opportunity to gain much needed technical skills, which they went on to use to increase the capacity within their organisations.

Those alumni who studied public health in Australia attribute their studies as providing them with a firm foundation in epidemiology, research methodology, health promotion and risk communication, and disease surveillance. Alumni were able to utilise these skills on their return to Cambodia and build capacity within their organisations and contribute to public health initiatives. This has helped support the transition away from NGO-led public health programs in Cambodia, to building the institutional capacity within organisations (such as the Ministry of Health) to plan and mobilise their staff to tackle public health issues.

The Master of Health and International Development at Flinders University has been invaluable to Dr Chea in her role as the Manager of the National Nutrition Program.

When I took that course, it was a combined course: health, public health and international development. I use it a lot when I work at the nutrition programme. For example: evaluation, M&E evaluation, qualitative research, I also apply, policy, program development, strategy development, all these. I think a lot of that I can make use of from Australia to make it happen in our country.

Dr Ouk feels that his Masters degree gave him access to a broader, big picture way of thinking about population health and program design.

I think the most that I learned is my broad thinking: broad thinking about the policy, overseeing the health system. Before I came [to Australia], my thinking was limited in some areas. But when I saw the Australian way of teaching, after graduating from the public health course, we know more broadly in terms of global public health, in terms of models of disease, in terms of understanding and research findings.

For Dr Chhim, who studied a Master of Psychological Medicine, he was able to gain valuable practical specialist experience while working in a number of different mental health services in Sydney. As one of the few trained psychiatrists in Cambodia at this time, it provided him with a working knowledge of community based mental health programs and ignited his interest in working with people suffering from trauma due to conflict and war and applying a culturally-sensitive approach to the treatment and care of mental health conditions.

Dr Ros also developed a range of skills while on award which he was able to use across sectors, including evidence-based research, project management, stakeholder engagement, and policy design, implementation and evaluation methodology.

In addition to the technical skills, many alumni also attribute soft skills such as good communication skills, empathy and the ability to listen to stakeholders and understand different points of view, as enabling them to coordinate successful

projects and progress in their careers. Dr Sok added that leaders need not only technical skills but 'charisma', 'confidence' and 'enthusiasm' so that they are able to 'connect' with stakeholders and facilitate change.

#### **2.4.3 English proficiency and intercultural competencies**

Alumni who participated in the Case Study reported that their English language proficiency and intercultural competencies improved dramatically while on award. These skills provided them with greater access to global research in their fields and program management opportunities. It also allowed alumni to build long-lasting, working relationships with international public health experts working for donor organisations involved in the public health sector in Cambodia during that time (such as UNICEF, WHO, CARE International). This in turn built the capacity of the alumni to effectively manage programs, and work with a range of stakeholders to achieve public health goals.

In addition, these skills also provided alumni with a community of practice and access a range of opportunities through joint projects, conferences, and professional partnerships. Many alumni interviewed reported being promoted within their organisations to senior leadership positions, leading large public health initiatives and being encouraged to pursue further study due to their English proficiency and intercultural skills.

### **2.5 Challenges**

The most common challenge identified by alumni in this Case Study was the lack of opportunities to develop English language skills to be able to study abroad and apply for an Australian scholarship.

Alumni cited difficulties learning English prior to commencing their studies in Australia as they experienced disrupted schooling during the period of the Khmer Rouge regime and did not have access to English language training, as it was banned under the communists. Alumni were encouraged to study Russian or French at high school, and French was the language of instruction for those who studied medicine.

The majority of alumni learnt English as adults, often as their third or fourth foreign language. Dr Ros recalled:

The challenge was the language. Because during my time, I learned English from a private teacher, not at school. No English school was allowed during the Communist time. At 5.00 am I attended a one-hour training course in the early morning and it was in a secret place. One day the military police caught me and detained me, locked me under a stairway... the police used this as a temporary station... But some people were also locked up for not stopping at traffic lights... So I was mixed in with them. But one by one, they were released because of bribes. And I stayed there until 8 o'clock and then they decided, "Okay," they let me go! And one time at the school, there were police around and then the students just ran away. So that's my history about English classes.

Dr Ouk recalled English as being 'a very real barrier' to going on award. He studied a one year pre-departure, academic English program and learnt about 'critical

thinking, critical analysis', which was very different from the 'rote learning' he had experienced at medical school.

...analysis is very, very hard. And then at that time when I enrolled for that course, they said, "Please do the critical analysis for this paper." I said, "Why? How come? I am a student. How can I criticise a paper that was written by an expert?"

Others like Dr Chea reported that they found academic writing challenging when they first arrived in Australia. 'When we studied to be a medical doctor, it was in French... I had never studied things in English before'.

Even those fortunate to be proficient in English like Dr Chhim, who received an International English Language Testing System (IELTS) score of 7.0 before going to Australia, still faced challenges. As the only international student in his course, Dr Chhim initially struggled to keep up with the pace of his classes.

I found it so hard to study with them [local Australian medical students] because they read faster, they write faster, they do things faster and then their background in university is so much better than us. So the first six months, I sat and then I was crying in the class. But after six months, I could adapt, I could adjust. Then I could follow. Then I just realised that there were some students who gave up, Australian students. So then it made me feel a bit proud. Even Australian students, they gave up. So I was okay.

## 3. Diplomacy Outcomes

### Summary findings

This Case Study provided evidence of important, ongoing links between alumni and Australia, which **supports the Australia Awards long-term Outcome 2 and Outcome 3**. These links have been fostered at the institutional level between the Cambodian Government and Australian organisations, and at the individual level through professional and academic collaborations and personal networks with Australians and other students on award. Examples of cooperation and partnerships included:

- employment at an Australian organisation and collaboration with Australian institutions working in Cambodia
- using professional networks to facilitate research partnerships and capacity building activities with Australian experts
- maintaining lasting friendships with Australians.

### Key enabling factors

Key factors that enabled alumni to develop and maintain partnerships with Australia and Australians were:

- pre-existing relationships fostered by individuals and organisations
- Australian Leadership Awards provided opportunities to foster ongoing links with Australia.

### Key challenging factors

Factors that challenged alumni in developing and maintaining partnerships with Australia and Australians were:

- lack of time, geographical distance and loss of connections has limited the ability of some alumni to maintain connections with Australia and Australians
- alumni are more likely to rely on their informal networks than formal alumni associations to connect with fellow alumni.

### 3.1 Introduction

This chapter describes how alumni have contributed to Australia Awards long-term Outcome 2 ‘cooperation between Australia and Cambodia’, and to Australia Awards long-term Outcome 3 ‘establish effective, mutually advantageous partnerships between institutions and/or businesses in Cambodia and institutions and/or businesses in Australia’. Data was coded against these two long-term outcomes of the Australia Awards.

The *Australia Awards Global Monitoring and Evaluation Framework* describes activities under these outcomes as facilitating business or trade links, participating

in international or regional bodies, or advocating for aspects of the relationship (for example, promoting study in Australia).

One of the implied on-award activities underpinning the achievement of Australia Awards long-term Outcomes 2 and 3 is that scholars have the opportunity to make contact with Australian organisations while studying in Australia. This chapter explores this and other assumptions and describes the achievements of alumni in contributing to Australia Awards long-term Outcomes 2 and 3.

## 3.2 Background

Australia has maintained diplomatic relations with Cambodia since 1952 and is well regarded for its role in supporting the Cambodian Peace Process, including as the lead of the United Nations Transitional Authority in Cambodia in 1992 to 1993. Australia and Cambodia share a commitment to Indo-Pacific stability through regional cooperation, development assistance, and support to strengthen Cambodia's capacity to respond to transnational crime threats.

While Australian trade and investment links in Cambodia are comparatively small, international education represents the largest export to Cambodia, worth approximately \$111 million in 2017 to 2018 (Australian Trade Commission, 2018). In the last decade, increased demand for quality education services has seen rapid growth in the number of Cambodian students studying in Australia. In 2017, there were approximately 1,806 Cambodian students at Australian institutions, a 28 per cent increase from the previous year (DFAT, 2019).

People-to-people links between the two countries continue to play an important role in strengthening the bilateral relationship. In 2019, Australia Awards celebrated 25 years in Cambodia, having supported over 800 Cambodian students to undertake postgraduate studies in Australia (Australia Awards Cambodia, 2019). The program continues to be highly regarded by the Cambodian Government for its contribution to Cambodia's human resource and development priorities. The Cambodian Government has demonstrated its ongoing support for the investment through its commitment to maintaining public sector awardees' position and salaries during their studies in Australia, agreed under a Memorandum of Understanding with Australia (Serong, 2015). Examples of the institutional and personal links forged by alumni in this Case Study are discussed below.

## 3.3 Examples of bilateral cooperation and institutional links

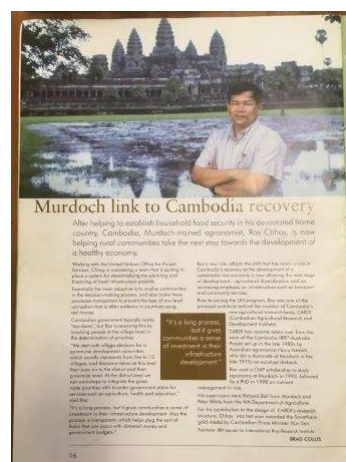
### 3.3.1 Alumni have enduring institutional links with Australian organisations

Alumni have established and maintained enduring links with Australian organisations while on award and on their return to Cambodia. This includes employment with the Australian Government and collaboration with Australian academic institutions and professional affiliations with Australians in their fields.

Of the alumni interviewed for this Case Study, Dr Ros has the most direct link to an Australian institution through his employment as a Senior Program Manager at the Australian Embassy in Cambodia over the last 13 years. However, his connection with Australia was established well before he embarked on his Australia Award in



1993. As a graduate from the Royal University of Agriculture, Phnom Penh, Dr Ros was employed by the Ministry of Agriculture as a research officer on the Cambodia - International Rice Research Institute (IRRI) – Australia Rice Project. In this role, he was encouraged by his Australian supervisor to undertake a study tour of Australia, where he developed a relationship with Murdoch University. This led later to his post-graduate studies under the Australia Awards at Murdoch University with his supervisor Professor Richard Bell. After completing his doctorate in 1998, Dr Ros returned to work for the Cambodian Government for two years under his award agreement. In 2000, he was invited back to Murdoch University by Professor Bell to work on a rice research project for three months (funded by the Australian Centre for International Agricultural Research (ACIAR)). It was these established links with Australia and his positive views of Australians that provided the motivation for Dr Ros to apply for a position at the Australian Embassy in 2006. As he recalled: 'I had a fantasy of working with the Australian Government because of the connections'. As a senior program manager at DFAT (formerly AusAID), Dr Ros has made significant contributions to Australia's bilateral relationship with Cambodia through his work managing a portfolio of activities in agriculture, governance and gender.



**Images 4 and 5: Dr Ros featured in Murdoch University publications in 1999 ('Synergy' Vol 3, No 3, pg16) and 2002 ('In Focus', Vol 5, no 1 pg 15).**

Dr Chhim has established an enduring link with the Australian Government that began in 2000 with an Australian Development Scholarship (ADS), followed by an Australian Leadership Award (ALA) in 2014. His link continues with DFAT funding support for his organisation's work in providing psychosocial support to victims of domestic violence under the Ending Violence Against Women initiative. Dr Chhim is also maintaining links with Australian organisations that were formed while undertaking his Master of Psychological Medicine at UNSW. As part of his training, Dr Chhim undertook various clinical placements with Australian organisations, including the Clinical Research Unit for Anxiety Disorders at St Vincent's Hospital, the Mental Health Unit at Liverpool Hospital, Fairfield Community Clinic and the Service for Treatment and Rehabilitation for Trauma Torture Survivors (STARTTS). In particular, he developed a close working relationship with Australian and Cambodian psychiatrists working at STARTTS and

has since maintained ongoing professional linkages through his work at TPO. Dr Chhim stated that:

...in terms of the organisational level, we [TPO] are a member of IRCT (International Rehabilitation Council for Torture Victims), and STARTTS is a member of IRCT too. So we often meet in conferences, regional as well as international.

### **3.3.2 Alumni are collaborating with Australians on capacity building and public health initiatives**

Alumni in this Case Study have demonstrated ongoing links with Australia through professional linkages with Australian academic institutions and key academic staff. Due to the highly specialised nature of their professional and academic interests within the public health sector, alumni have continued to engage in collaborative partnerships with Australians, including, professional development, conference attendance and research.

Since returning to Cambodia, Dr Ouk has participated in a number of training courses conducted by Australian institutions including UNSW in 2007 and 2014, and the Office of Global Health at the University of Sydney in 2018. These courses provided the opportunity for personal and professional development as well as strengthened organisational links with NCHADS. The Kirby Institute at UNSW, which is a research organisation with a focus on infectious diseases, has collaborated with NCHADS to deliver capacity building and institutional support to its staff. According to Dr Ouk, the Field Research Training Program conducted by Professor John Kaldor at the Kirby Institute has led to joint research with Professor Kaldor resulting in a paper presented at the 20th International AIDS Conference in Melbourne in 2014.

Other alumni have continued to forge professional links with Australian experts to assist with planning and strategy development within their organisations. Six years after completing his Master of Public Health at UNSW, Dr Ith returned to UNSW (and later UTS) to undertake his Doctoral degree under the Australia Awards Fellowships. His thesis in childbirth practices in Cambodia and ongoing work in reforming maternal and neonatal care has recently earned him the UTS Alumni Award for Excellence in 2018. At the end of his doctorate, Dr Ith returned to Cambodia in 2013 with a desire to improve the training of medical doctors and applied for a position at the University of Health Sciences. Since then, he has taken on senior management roles, including Chief of the Department of Foreign Languages, Director of Research and Head of Academic and Training Affairs in the School of Medicine. Recognising the competency gaps in graduates and the lack of research skills in the profession, Dr Ith developed a strategic plan for the University. In this process, he engaged the expertise of his former UNSW professor.

Because actually, the one who came to help is my former emeritus professor from the University of New South Wales, Professor Ari Rotem...before developing the strategic planning in 2014 to 2018 for the University, they had to identify the underlying factors impacting staff performance and where we were at and how can we move forward to develop the University. So finally they got a strategic planning booklet, and the dissemination of this presided over by the Minister of Health.



Similarly, Dr Chea was able to draw on her professional networks to engage an Australian expert to help her develop the national curriculum on nutrition. She recalled:

At that time, I also invited [a professor] from Australia, from Flinders University... Maybe we met in Australia or something, then I used the opportunity to invite her...to finalise the curriculum and now the curriculum is used, the Master of Science (MSc) Nutrition is approved by the Ministries of Education and Health.

### **3.3.3 Alumni have developed personal linkages with Australians and Cambodian students on award**

Alumni reported developing strong personal connections with Australians and other international students on award. Some of these include professional relationships that have transformed into lifelong friendships. For example, Dr Ros still maintains close contact with his former Australian research supervisor, Professor Bell and his family. Dr Ros hosted Professor Bell's daughter, Mariam, on one of his projects at the United Nations Development Programme (UNDP) while she was a volunteer as an Australian Youth Ambassador for Development. As he explained:

Richard, my supervisor, asked me if I would be happy with his daughter to be in the volunteer scheme, I said, "Why not?" I was the manager of the provincial project with UNDP...and she worked with me for nine months.

Dr Ros adds that this relationship has gone full circle as Ms Bell was later employed at DFAT as Assistant Director across various sections.

So I supervised her as a volunteer. And now she's become my boss. Why? After that, she went to work with Coffey and then the office in New York or something like that. And then she went to Israel to do a lot, and now she's with DFAT.

Dr Chhim also gave an example of his professional relationship with an Australian psychiatrist that later developed into a personal friendship. While studying in Sydney, Dr Chhim assisted an Australian psychiatrist who was treating Cambodians as his interpreter. Dr Chhim recalled 'I learnt a lot from him as well. His wife and his children also know me, and we love each other'.

Many alumni have maintained a connection with their fellow Cambodians and other international students while on award. Both Dr Ouk and Dr Samreth studied at UNSW and are currently colleagues at NCHADS. According to Dr Ouk, other staff members at NCHADS have also studied or received training at UNSW, attesting to the strong link between the two institutions.

But from my Centre, we had a lot of people that already went to that university. One is our former director, Dr Mean Chhi Vun. He was the first student before me in around '95...he's a very good leader that led my Centre, early to the success until now...And then me and then Sovannarith [Dr Samreth] at the University of New South Wales because we also had some connection with another centre, the professor there, who used to come to work, doing some research related to HIV/AIDS in Cambodia.

Dr Chhim and Dr Sok are also alumni of UNSW, who have developed personal connections with other Cambodian students who studied at UNSW with them, though not necessarily from the same course. While Dr Chea and Dr Ros noted

that they have maintained close contact with other international students from Indonesia, Laos and Pakistan. Dr Ros noted:

...the other connection that I enjoyed very much is colleagues/friends, even my team, my post-grad and student team, I still can communicate with one of them. He is originally from Pakistan, but he is now Australian. So I communicate with him, not daily but very frequently. He is now a teacher in a high school in Perth.

Dr Sok's desire to foster ongoing connections with his fellow Australian alumni on return to Cambodia led to his involvement in the establishment of the Australian Alumni Association of Cambodia (AAA-C). Dr Sok was one of the founding members of the AAA-C in 1998. He was initially elected as Vice-President and later held the position of President for two terms from 2004 to 2008. Dr Sok has continued to be engaged in AAA-C activities through promoting Australian education to potential students.

### 3.4 Enabling factors

#### 3.4.1 Pre-existing bilateral relationships provided the foundation for enduring links with Australia

Several alumni in this Case Study identified having pre-existing links with Australian organisations before they applied for their Australia Award. These pre-existing relationships stemmed from a long history of development cooperation between Australia and Cambodia, particularly in the health and agriculture sectors, which provided the foundation for alumni to establish and maintain ongoing partnerships with Australia and Australian organisations. For example, through a partnership under the Cambodia-IRRI-Australia Rice Project, Dr Ros was able to access professional development opportunities in Australia and later developed institutional linkages with Murdoch University to undertake his doctoral degree.

UNSW has a well-recognised program in public health, but it also has a long association with the Cambodian Ministry of Health through technical support and capacity building activities. In particular, Dr Ouk noted that NCHADS has an established relationship with UNSW, fostered by a former Director. This pre-existing partnership created the opportunity for Dr Ouk, Dr Samreth and others from the Centre to undertake studies at UNSW, and provided the basis for ongoing academic and professional linkages on their return to NCHADS.

#### 3.4.2 Australian Leadership Awards (ALA) have provided opportunities to foster ongoing links with Australia

Alumni have been able to leverage Australian Government funding to further consolidate the skills and knowledge they have gained on award, either through doctoral studies or training and capacity building in Australia. The ALA has provided the opportunity for two alumni in this Case Study to pursue doctoral degrees. Dr Chhim completed a Doctor of Philosophy in Anthropology from Monash University in 2014. His research was focused on 'baskbat' (broken courage) and cultural responses to trauma, a topic on which he has published widely. He has also used his expertise on psychological trauma to testify at the Extra-Ordinary Chambers in the Courts of Cambodia (ECCC) on the impact of the Khmer Rouge genocide on Cambodian survivors.

Dr Ith completed his Master of Public Health at UNSW in 2004 and received an ALA Fellowship in 2009 to undertake a Doctorate at the same university. He later transferred to UTS with his supervisor to complete his Doctorate. According to Dr Ith, the ALA Fellowship gave him the opportunity to gain skills such as planning and management that were important in his job reforming the medical courses at the University of Health Sciences. He was also proud that he was one of only a few students who were successful in gaining an ALA.

ALA was very tough to apply for because they provided only four or five places for PhD students. And among the 21 Masters students, there was only me who got an ALA scholarship to do a PhD in Australia.

NCHAD's link to UNSW and the University of Sydney has been fostered through capacity building and short-term training programs supported by ALA Fellowships. In 2007, Dr Ouk participated in an intensive course on Health, Development and Human Rights at UNSW under an ALA Fellowship. More recently, four staff members of NCHADS including Dr Ouk and Dr Samreth attended a short course conducted by the University of Sydney titled Building Institutional Capacity to Strengthen Sexual Reproductive Health Services in the Pacific and South-East Asia Regions.

### 3.5 Challenging factors

#### 3.5.1 Time, distance and loss of connections over time

Consistent with findings from other Case Studies, keeping in contact with Australian alumni networks and Australian organisations has been challenging for many alumni in this Case Study. While most alumni stated that they were members of an alumni association (either the Australian Alumni Association Cambodia (AAA-C) or university alumni association), some were not actively engaged due to losing contact, distance from Phnom Penh or time constraints.

Dr Ros explained that he was well-connected with many people in the alumni network, but did not have the time to engage in alumni activities. Similarly, when asked about his involvement with an alumni network, Dr Ouk explained:

Yes. But not really active. I went sometimes to join that alumni at the beginning because you know I graduated in 2002. At that time, I went quite often because when I went, I could see my friend... But later on, five years later, or seven or 10 years, I see very few of my friends. I don't see them. I see just new graduates. So I don't know. But currently, I found they still keep in touch with me, but I need to find my time and need to find my subject, the subject most useful, for example, like management, leadership, I should make some time to join. But not always.

Dr Chea reported that she was a member of various alumni associations, including AAA-C and Flinders University. However, her engagement with alumni activities are limited due to a lack of time. As she explained:

I started. Now it's limited. I don't have time. Sometimes. But when I am invited to the Australian Embassy, I always go because it's so close to the office. I just walk there.

For Dr Men, who works at the Provincial Health Department two hours away from Phnom Penh, time and distance can be a barrier to attending alumni events held in

the capital city. Although he still receives emails and invitations from the alumni association, he has not participated in any recent alumni activities.

### **3.5.2 Alumni engagement**

Evidence from this Case Study suggests that many Australia alumni in Cambodia rely on their informal networks rather than established alumni associations to connect with fellow alumni and opportunities for professional development. This is consistent with findings from a tracer study of Australia alumni conducted in 2014 which found that while alumni have formed important linkages within their own Australia alumni networks, up to half of all survey respondents had no contact with Australians or Australian institutions (Bryant, 2014). This figure is even higher for those who have returned more than 10 years ago.

The Australian Alumni Association in Cambodia and the Australian Embassy in Cambodia are working together to enhance strategic engagement with Australia Awards alumni through ongoing support for alumni events and activities. This includes the development of the Australia Alumni in Cambodia Engagement Strategy 2017-2020 and budget provision for a newly created position of Alumni Engagement Coordinator within the AAA-C to support the implementation of the Strategy.

## 4. Views about Australia and Australian Expertise

### Summary findings

Alumni in the Cambodian Case Study hold enduring positive views about Australia, Australians and Australian expertise.

The Australia Awards long-term **Outcome 4, that ‘Alumni view Australia, Australians and Australian expertise’ has been achieved** based on the evidence provided by alumni in this Case Study.

Alumni shared examples of **positive views of Australia and Australian expertise** as a result of:

- their positive experiences of life and study in Australia and
- the support they received while on award.

While alumni pointed to cultural shock and cultural differences as a barrier they experienced while adjusting to life in Australia, this did not impact their overall positive views. On-award support during the transition period can assist scholars to adjust and contribute to ensuring positive experiences of life in Australia and stronger networks with Australians.

### 4.1 Introduction

The Australia Awards aims to develop positive views of Australia, Australians and Australian expertise (DFAT, 2016). One element of the ‘theory of change’ that underpins the Australia Awards is that undertaking an Australian scholarship will result in outputs that include:

- awardees/fellows and their families have a positive experience of life in Australia
- awardees/fellows complete good quality, relevant education, training, other professional development and research activities.

It is assumed that these factors will translate to the long-term outcome of alumni viewing Australia, Australians and Australian expertise positively. This outcome, in tandem with those on skills, networks, cooperation and partnerships, will contribute to the goal of the Australia Awards, that partner countries progress their development goals and have positive relationships with Australia that advance mutual interests (DFAT, 2016).

This chapter includes evidence of Cambodian Australia Awards alumni’s views about Australia, Australians and Australian expertise based on their experiences in Australia and at Australian institutions. Their views relate to receiving effective support, having positive experiences of life in Australia, and perception of the

Australia Awards as an elite scholarship to study at internationally recognised institutions.

These perceptions shared by alumni and stakeholders demonstrate that the **Australia Awards long-term Outcome 4, 'Alumni view Australia, Australians, and Australian expertise positively', has been achieved.**

## 4.2 Examples of positive views of Australia and Australian expertise

All alumni in this Case Study shared positive views as a result of their time in Australia and spoke warmly of their experiences living and studying in a foreign country. A number of alumni found the opportunity to study in Australia as transformational, providing them with new ways of viewing the world and providing them with much needed knowledge and skills to contribute to improving the health outcomes of Cambodia.

In this section, the positive views and experiences of alumni are discussed in three broad areas: the quality of learning and teaching experienced at Australian institutions; respect for Australian expertise in the fields of population health, mental health and agriculture; and the positive experiences of culture and lifestyle while in Australia.

### 4.2.1 Quality of learning and teaching

Alumni featured in this Case Study all experienced gaps in their schooling due to limited access to education resources in Cambodia as a result of war and the Khmer Rouge's destruction of public infrastructures such as schools, universities and hospitals. They all recalled being impressed on their arrival in Australia by the high-quality facilities available at their institutions such as libraries, computer labs, modern buildings and 'grounds'.

In addition to the facilities, alumni also expressed very positive views about the quality of teaching and learning they experienced in Australia while on award. They all expressed how completely different their learning experiences were compared to the rote learning they had experienced in Cambodia during their studies at both university and medical school. Dr Men identified 'critical thinking' skills and 'group work' tasks as providing him with vital skills he is able to use as a public health official, especially when running training workshops.

Others, like alumna, Dr Chea felt the student-centred teaching style was 'inspiring' and allowed her to feel like an 'equal', building her confidence. She recalled the teaching style as being

...totally different, but I liked that because this was a student learning centre. When I graduated from medical school [in Cambodia], it's like you are a child and the teacher is your boss... So that culture... I don't like it, because you are scared of asking, you are scared of anything... I like the way that in Australia the lecturer does not make you scared... so you are free to ask whatever you want. And now I apply that skill to my students as well.

Interaction and support from 'friendly' and 'approachable' academic supervisors also provided alumni with very positive views of the Australian teaching and

learning environments. Dr Ith felt he received ‘very good teaching and learning’ support at UNSW, which allowed him to expand his skills and network with other students.

Reflecting on his experience studying in Australia, Dr Chhim stated that he studied under leading mental health experts and experienced work placements within innovative community-based organisations such as STARTTS. Access to these high-quality learning opportunities would not have been available in Cambodia.

If I look at the [health] system... they are among the highest quality of care, so we can't be compared to Australia. I think everyone is knowledgeable; our professors were among the top professors too. For example, I have a professor, Patrick McGorry; he was the Australian of the Year in 2010, so quite famous...and a lot of good professors like in Sydney, Professor Gavin Andrews

#### **4.2.2 Respect for the Australia education system and Australian expertise**

Australian expertise is viewed very positively by alumni, and Australian education is highly valued in Cambodia. Alumni in this Case Study all attributed their Australian education to increasing professional opportunities on their return to Cambodia through job promotions, project work and academic research. Many alumni expressed that they felt ‘respected’ because they had studied in Australia, and this advanced their reputation and careers, providing them opportunities to work on a range of projects within their sector. Dr Ros reflected on the reaction to his Australian expertise.

They say, “Oh, wow, you finished a degree from Australia.” So the recognition of the quality of the qualification from Australia, that's the first one... [by your] community, your friends, your organisation. The other one is the quality of your work, not only technical. Technical is 100 per cent but also leadership, communication, negotiation, the set of soft skills. And also to change your way of thinking. When you start working with development, before, you would have said, “What, when, where?” But from this degree you have to be: how, why, more about that. And so the evidence base to your partners or your colleagues that you work with. That's the value from this degree.

Dr Ith noted that Australia was one of the first countries to provide scholarships to Cambodians in the early 1990s, and (then) Australia Development Scholarships were highly regarded by students who wanted to study overseas. He recalled that ‘the brand, compared to Thailand, to Vietnam or to other countries’ was well respected in Cambodia. He added that when ‘we said, “I got a Masters from Australia”, we are very proud of ourselves because we got this scholarship, and to study in an English-speaking country at that time, I found that it was very helpful.’

As a result, Australian alumni are well respected on their return to Cambodia, and the value of their Australian degrees provided them with opportunities for career advancement. Dr Ith was promoted to Chief of the Clinical Provincial Department and in his leadership position, was able to apply his skills in public health management to transform health planning in the province.

Alumna, Dr Chea is well known and respected for her work in maternal and child nutrition in Cambodia and South Asia. She attributes her studies at Flinders University as transforming her knowledge and thinking about public health,



especially in an international development context. This transformation took her from a clinician to a public health official and allowed her to manage the National Nutrition Program on her return from Australia. She reflected:

Australia is my second birth, like my second mother. I got my mother tongue in Cambodia but... [all] I have today is because of Australia, in terms of upgrading skills, development, in terms of socio-economic, in terms of sharing our experience with other students... My position is not that high, but what I like is: I'm like a scientist. I like the technical stuff. I like to share all the experiences with others. So I think I'm here today because of my second mother [Australia].

Both Dr Ith and Dr Ouk have promoted Australian education to potential scholarship students, with Dr Ith working directly with IDP Education<sup>2</sup> and the AAA-C. Other alumni have promoted Australia as a study destination to their colleagues, family and friends. Dr Samreth's teenage son is currently studying Foundation studies (Year 11) in Australia with his long-term aim to study software development. Dr Samreth stated he would like to give his children both the opportunity to be exposed to 'international studies and send them to study in Australia'. He stated Australia has 'quite good schools. They have many levels. So I just value education for my children. I'm not sure whether this is because of my exposure to Australia...'

#### **4.2.3 Australian culture and lifestyle**

Alumni in the Case Study had positive experiences of Australia and Australians. Many described Australians as 'friendly', 'helpful', and Australian society as 'multicultural' and 'diverse'.

A number of alumni were joined on award by their families, with their children going to school in Australia. These families enjoyed being part of the Australian community. Dr Ith's third child was born in Sydney, and his older children attended local schools.

My son actually finished his high school at Canterbury Boys' High at the time, 2013. And now he has completed a Bachelor of Public Health at UHS, where I am working at the university there... I have two daughters and one son. The second one completed Year 5 in Australia at the Campsie Public School, and when she did her study there, she got a medal in swimming, first place, and second in running. As you will know, in Australia there were sporting activities, so it was so great for students. But in Cambodia, they also think about their study – less exercise, less sporting activity here. And the youngest one, she was born in Canterbury Hospital, so I got a baby in Australia during my PhD study.

Dr Sok had Cambodian friends living in Australia prior to going on award. These friends helped him and his family settle in.

Fortunately for me, I had known some Cambodian people there, and they stayed in Fairfield. So the first three or four months I stayed with them. And then my family could then join me. I think that we were in a house with two other students. And the house was nearby the Cambodian family who lived in Fairfield.

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<sup>2</sup> IDP Education is an international organisation offering student services such as placements and English language testing



His children attended school at Fairfield High School, and his eldest daughter has since married an Australian and lives with her young family in Sydney. He maintains close contact with her and his two grandchildren.

Both Dr Ouk and Dr Men worked part-time while they studied and made friends in the broader Australian community. Using skills he developed back in his village, Dr Men worked as a part-time horticulturalist at a garden centre called “Flower Power”.

I made friends with Japanese, with Indonesians and the Aussies, especially when I worked at a part-time job...So I did work as a horticulturalist. I knew a lot of friends from Australia from all walks of life. One of the guys, the horticulturalists in Flower Power, asked me, “Why do you come to work here? ...Because your English is a bit better than the others, so you could find another job.” I said, “I want to know the Australian life, all walks of life, from the culture, from the farmers to the higher levels, the lecturers.”

### 4.3 Enabling factors

Alumni noted a number of factors that contributed to their positive views of Australia, Australians, and the quality of the Australian education system discussed below.

#### 4.3.1 Strong academic support

All alumni expressed a high level of personal care from their lecturers and supervisors while studying in Australia. This had a positive impact on their views of the quality of teaching and also of Australians in general.

Dr Chhim undertook clinical placements with community-based mental healthcare services during his Masters course. He found these experiences enabled him to increase his skills as a mental health practitioner and build his professional network, ultimately furthering his academic career.

I had the opportunity to build my personal relations as well as professional relations. I have relations with staff, the organisation I had an internship with, and the professor there. So in my PhD scholarship, I had a professor from the university recommend me, so gave me a recommendation, [for] another scholarship.

Through his professional connections in the field of trauma and mental health, Dr Chhim went on to study a doctoral degree at Monash University on an ALA (2008 to 2012). He focused on ‘ethno-cultural responses to trauma’. Reflecting on his doctoral studies, Dr Chhim stated:

I keep saying that my PhD course helped me to be a good psychiatrist because I can get closer to my patients, I can give more sympathy, I can understand, and I can help them more. And especially, I developed a Cambodian trauma syndrome. I think according to the reviewers on my PhD thesis, he said this is a unique thesis that he has marked because I use the culture as a way to understand the trauma of Cambodia. So my understanding of cultures I learnt from Monash helped me to frame trauma in the Cambodian way.

Dr Ith recalled that his course supervisors ‘were very helpful, to support me all the time. They always moderated and built networks with our fellow students, which

were very important'. While studying his doctoral degree, Dr Ith's wife became pregnant, and he feared this would be viewed negatively by his supervisors, as he was on scholarship. However, he soon discovered that his supervisors and colleagues were extremely supportive and excited to share the news of his growing family. Dr Ith recalled:

...actually my wife got gestational diabetes. So I was advised to bring my wife to see ANC, ante-natal care, was advised to meet the endocrine doctor, dietician, and obstetrician. So I spent a lot of time, and one of the most interesting things related to health care, I tried to keep the secret from my former supervisor. I did not tell them that I had a baby. But finally I could not hide these things any longer because I did not have much time... And when I told them, they jumped onto me, and they gave me a big hug and a big kiss, "Congratulations," from both of them. So they did not blame me. And I thought that I should have told them earlier. I would have got more kisses if I had told them. I felt very relaxed, and I tried to put in a lot of effort to concentrate on my studies, and everything has worked out now.

In September 2018, Dr Ith was awarded the UTS Alumni Award for Excellence by the Faculty of Health and travelled to Sydney with his family to accept the Award where he thanked his former supervisors for their care and support which he received at UTS and UNSW.

So my family and I went together in September. I met all my supervisors, course supervisor and colleagues and friends and students who did their PhD because they're still there. Some people had taken a new position, and some people work as a research assistant at this university. So I had a great time last month. The university provided some funds for my accommodation and I stayed at the Four Points Hotel in Sydney in front of the UTS. And I did my presentation as well during that time. I took the time to present some of my work to the university... I met all the professors at UTS and the Chancellor, Vice-Chancellor because they provided a gala dinner during the awards.

#### **4.3.2 Strong support services and facilities**

Alumni attribute the strong pastoral care and support services provided to international students by their institutions while on award as enabling them to adapt to life in Australia and succeed. These services included: airport welcome and pick up, detailed orientation programs, accommodation support, academic and computer literacy support, and engagement with local Cambodian community groups. Dr Chea recalled:

All the staff really supported us. And when you do an assignment, and you don't really understand the English or something, you can go to the student support...

Dr Ros recalled 'I enrolled very late, when the orientation had already passed. But I had very strong support from a supervisor' and the 'international office'. Dr Ros added:

But there's a lot of things that also helped me in terms of pursuing my degree –the support network. We had an international student support office. I was not yet alumni, but I also engaged with the alumni office, even though I was still studying, because if any seminar or workshop similar to our project, we attended.

### **4.3.3 Support from the Cambodian community**

Many alumni made friends with other Cambodian scholarship students or members from the Australian Cambodian community when they first arrived in Australia. These connections helped students find accommodation, go shopping, and adjust to cultural differences. Many alumni recalled living in communal housing in and around Cabramatta to save money and be in contact with the local Khmer community.

Dr Ouk recalls the student centre at UNSW facilitated an orientation session in Khmer for scholarship students so they could learn about key support services and gain cultural insights from a peer who had already navigated the transition to Australian life. A number of other alumni talk of colleagues who had studied previously in Australia and shared their tips and experiences.

## **4.4 Challenging factors**

Although the majority of the alumni had very positive experiences of Australia and Australians, a number of alumni did struggle with housing affordability in Sydney, and some found that they and their accompanying families experienced culture shock and language difficulties on arrival. These experiences, however, did not adversely affect their overall perception of Australia and Australians.

### **4.4.1 Affordable housing**

A number of alumni struggled to find suitable accommodation when they first arrived in Sydney due to the high cost of rental properties, especially for those wishing to bring their families with them. Alumni often found support from within the Cambodian student community, with many of the alumni at UNSW living in communal housing in and around Cabramatta. Dr Ith recalled:

I was looking for accommodation. It was very tough for me at that time. I didn't know the way that the Australian people did it because in Cambodia, I was very dependent on family. And at that time, we had to learn the way looking for people to help, we had to give them a call, and sometimes it was very difficult to talk on the phone, even to go anywhere by train. Sometimes I got lost. So before going to look for accommodation, I stayed in the UNSW campus for a week. Then my friend asked me to go and live in the Cabramatta, and it's very far away from the city.

Travelling up to three hours each day on the train to UNSW from Cabramatta to save money on rent exposed some alumni to late-night public transportation who recall being warned to be careful walking home or catching the train at night. Dr Ouk remembered:

There were also some negatives about the area where I lived. Not normal people, they were people who were into drugs in Cabramatta, a little bit scary... But I never had problems myself.

### **4.4.2 Culture shock**

Some alumni did struggle initially with culture shock and had difficulties communicating when they first arrived. Support from other international students, the local Cambodian community and their course supervisors helped these alumni to adapt and settle into life in Australia.

Adjusting to a new 'learning style' was also challenging for many alumni. Dr Ouk stated it took him time to adjust to this large cultural shift because learning became his own 'responsibility'. He took academic support classes for three months and recalled struggling to stay focused and undertake self-directed research until it became part of his study routine.

With a lack of public libraries in Cambodia, alumni like Dr Ros had little idea how to borrow a book when he first arrived at Murdoch University.

I did not know how to borrow a book from the library. I wanted some book in the library, and then I walked straight and just walked like window shopping, like six floors, like a shopping mall, and I just walked. "How do I find a book?" After that, I asked a friend, and then I knew how to search from the computer. They put the location in and then we could grab it easily. So I had this difficulty for a few weeks with access to information.

Others like Dr Sok had to adjust to writing their assignments on computers. They had to update their computer literacy skills and found this was an advantage when they returned to Cambodia.

Those alumni who brought their families to Australia while they studied, recall facing a range of cultural and language difficulties as they adjusted to a new way of living. Dr Chhim recalled his family's struggles during the first six months of their arrival with culture shock and isolation.

My wife thought that Australia would be a busy place, easy to communicate, but then she also studied a lot of English but then she couldn't understand. She had a lot of hard times because we lived in a home alone and it was quiet in Australia, especially in the winter. It was so quiet, nobody outside.

## 5. Impact of Australia Awards on Addressing Equity Issues

### Summary findings

Alumni in this Case Study are making important contributions to improving the lives of women, through mental health support for victims of domestic abuse and sexual assault and policies to improve maternal and child health, HIV/AIDS prevention and care. The Australia Awards is providing support to female applicants and other equity target groups through various initiatives, including the Equity Pathways Program (EPP). This program provides access to English language and other developmental support and activities that are available to women on award, and as part of alumni engagement in Cambodia (e.g. Women in Leadership Program).

Through the EPP and the Internship Program for People with Disability, the Australia Awards is supporting applicants with English language training and work placements so that they can meet the eligibility requirement and apply for an Australia Awards Scholarship. Alumni in this Case Study are advocating for the rights of people with disability by providing psychosocial support to people with mental health conditions and by promoting pathways and affirmative action for students with disability to access tertiary-level studies at the UHS.

Many alumni in this Case Study are contributing to improved development outcomes of disadvantaged groups living in rural and remote provinces. Alumni are leveraging their leadership positions to drive policy reforms and improve service delivery in healthcare across Cambodia, including remote areas where government services are constrained. While the number of rural applicants for Australia Awards has increased over the years, this has not translated into successful applications or awards, notably due to candidates' poor performance in the interview process. As a target group for equity support, the Australia Awards is working to increase the representation of men and women who live and work in the provinces by offering additional English language training through the Equity Pathway Program to help them meet the eligibility criteria.

### 5.1 Introduction

This chapter examines the impact of the Australia Awards in addressing equity issues in Cambodia. It explores how interventions to 'address barriers to participation and provide on-award/post-award support where participation by women, people with disability and other disadvantaged members of society is low' (DFAT, 2016a, p. 12).

This chapter offers some context to equity and social inclusion in Cambodia, exploring the views of alumni and stakeholders who participated in the Case Study. It outlines the strategies and initiatives supported by the Australian Government and other stakeholders to promote access to Australia Awards and professional

development opportunities for women, people with disability and people from rural areas. It also highlights the contributions made by alumni to promote inclusion.

## 5.2 Background

Cambodia's impressive economic growth over the last 15 years has seen a rapid reduction in the poverty rate and improved human development outcomes. Despite these gains, the World Bank warned that 4.5 million people remain poor and vulnerable to falling back into poverty (World Bank, 2019). Of those who are poor, 90 per cent are concentrated in rural areas where there are challenges in accessing public services such as health care and education (World Bank, 2019).

### 5.2.1 Gender

Cambodia has several national policies and legal frameworks protecting women's rights, including the Criminal Code (2009), the Law on Administrative Management (2008) and the Law on Elections (1997) at the national and sub-national levels. Under Cambodia's Constitution, 'men and women have equal rights before the law and enjoy equal participation in political, economic, social and cultural life; equality in marriage and family; and employment and equal pay for the same work'. The National Gender Strategy (2014-18) articulates the vision, goals and cross-sectoral action plans for: the promotion of women's economic development; the elimination of all forms of discrimination against women; the improvement of health and nutrition for women and girls; the prevention of the HIV epidemic; the promotion of women's and girls' participation in education; and the promotion of women's participation in decision-making at all levels.

Despite significant improvements in the education and health status of women in Cambodia (World Bank, 2019), some gaps remain. While Cambodia has been able to achieve gender parity at the primary and secondary levels, girls still lag behind in higher education. Women 25 years and older fall behind their male counterparts in educational attainment, with only 15 per cent having some form of secondary education, compared to 28 per cent for men (UNDP, 2019). This gender gap in the education pathway creates further challenges for women in accessing higher education and employment opportunities. It also limits the pool of eligible female applicants for scholarship programs such as the Australia Awards. In health, Cambodia has one of the highest maternal mortality rates in the region (World Bank, 2019).

The prevalence of domestic violence and sexual assault in Cambodia remains high. According to the 2015 National Survey on Women's Health and Life Experiences, 21 per cent of women in Cambodia had experienced physical or sexual violence by their partner; eight per cent in the past 12 months (UN Women, 2019). Efforts have been made by the Cambodian Government to prevent and respond to violence against women through various laws and policies. However, implementation challenges persist due to a lack of coordination among authorities, lack of resources and skills, and ambiguity in the law, which makes it difficult to interpret and enforce (Cambodian Ministry of Women's Affairs, 2014).

### 5.2.2 Disability

Similar to other developing countries, people with disability in Cambodia are marginalised due to systemic barriers in education, health and economic opportunities. As a result of the low educational attainment of many people with disability, few applicants with disability meet the minimum requirements to apply for an Australia Award.

According to the 2014 Cambodia Demographic and Health Survey, 10 per cent of the population five years and older have some form of disability, with the majority having unexploded ordinance-related injuries and mental health problems (NIS, 2015). Women are slightly more likely to have a disability than their male counterparts. For these women, the triple burden of gender, disability and poverty intersect to create multiple disadvantages. A 2013 study funded by DFAT found that women with disability reported higher levels of all forms of family violence, with five times the rate of sexual violence committed by family members compared to women without disability (Astbury & Walji, 2013).

The Government of Cambodia is a signatory to the Convention on the Rights of Persons with Disabilities and legal and policy mechanisms in place to protect the freedom and rights of people with disability, including the Law on the Protection and Promotion of the Rights of Persons with Disabilities (2009) and the National Disability Strategic Plan (2014-18). One outcome of this is a government decree on the employment quota for people with disability, where the public sector has a quota of two per cent and the private sector one per cent. Other changes to workplace policies have made it easier for people with disability to access employment opportunities, such as recruitment practices and accessible workplaces.

The Australian Government funded Disability Rights Initiative Cambodia program (\$10.4 million, 2014-17) supported the Cambodian Government with effective implementation of the National Disability Strategic Plan by advocating for the rights of people with disability, rehabilitation systems and community-based services. As a result, disability was mainstreamed across the line ministries and sub-national agencies with the establishment of disability working groups and allocation of funding for their work plans (DFAT, 2018).

### 5.2.3 Rural populations

A 2018 report on the Multi-dimensional Poverty Index<sup>3</sup> (MPI) revealed that, although poverty in Cambodia has fallen dramatically over the last 10 years, close to 35 per cent of all Cambodians remain multi-dimensionally poor (OPHI, 2018). The report also showed a strong geographic component in the poverty profile of Cambodia. Poverty in the capital Phnom Penh is estimated at seven per cent of the population, compared to 37 per cent in Kampong Cham Province, and as high as 62 per cent in the remote provinces of Preah Vihear and Stung Treng (which is dominated by ethnic, minority groups).

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<sup>3</sup> The Multidimensional Poverty Index (MPI) examines poverty beyond income. It provides a multi-dimensional view of poverty based on indicators including health, education and living standards (such as water and sanitation).



Recognising the persistent development challenges faced by 90 per cent of the population who live in rural areas, the Government of Cambodia has prioritised rural development under its national development agenda. The National Strategic Development Plan (2014-18) aims to reduce the incidence of poverty by at least one per cent a year, with policies and frameworks supporting rural development by: 1) ensuring that the standards of living in rural areas are promoted and that the rural-urban gap narrows, nearing equality by 2025; and 2) promoting rural economic growth through integrated rural development with participation from both national and international communities. Central to these goals is a commitment by the Government to decentralise public services and provision of rural credit to households and small businesses to empower local communities to plan and manage their own development plans (GoC, 2014).

### 5.3 Impact of Australia Awards on addressing equity issues

Australia Awards Cambodia has introduced explicit measures to promote gender equality, social inclusion of people with disability and provincial applicants and students. This is based on a strong commitment by DFAT to prioritise support for programs addressing gender equality and women's empowerment, including violence against women and disability inclusion in Cambodia.

#### 5.3.1 Gender

Australia Awards aims to achieve gender parity across the investment. However, this has been a challenge in Cambodia due to the low number of female applicants meeting the minimal requirements and successful applicants withdrawing, often because of family responsibilities. This is a reflection of the persistent barriers women in Cambodia face in nearly all facets of life, including education, health, family violence and economic opportunities.

According to data published by the Cambodian Ministry of the Interior, only 26 per cent of women are represented in the public service. Given the large number of Australia Awards traditionally allocated to the public service (noting it was only nine years ago that the investment offered awards exclusively to public sector officials), there is a small pool of high-quality candidates from which to draw. However, an increase in the allocation of Awards in the 'open' category since 2013 has resulted in a rising trend in the number of successful female applicants from the NGO and private sectors. As attested to by alumni in this Case Study, the open category created the opportunity for them to apply for an Australia Award. For example, Dr Ouk recalled:

I tried many times to get this scholarship, three times, three years...they just asked the Ministry of Health to nominate the candidates, four candidates per ministry. But I was not really on the list. I did try many times, but they did some kind of test at the Ministry of the Health and I failed one time, second time, third time. My time, they changed the policy. They allowed me to apply directly to the ACE [Australian Centre for Education through IDP].

Consistent with the experience of alumnae in other Case Studies, family responsibility was cited as a major barrier for women in Cambodia in taking up their Australia Award. Some awardees withdrew their offer due to a lack of family

support with child-rearing or a negative perception of women being away from home. As Mr Walsh described:

...we've heard anecdotally suggestions that some females might even apply without telling their family and then they are successful and they're so happy about it. That's where, I think, a lot of them drop out. They get offered the award -- we had one just recently from a province. "I can't possibly go to pre-departure training" ... "Oh, I can't afford it with my family" ... "Oh, I'm going to have to withdraw."

There are different expectations for men and women. For example, Ms Sothea Roth Hel, Senior Program Manager at the Australian Embassy in Cambodia, noted:

...it's also happened that when a male got selected, he brought along his wife and family, and the kids go to Australia. But when women got selected, sometimes the husband doesn't go along. He won't sacrifice his job in Cambodia. So it's sometimes that the awardee brings along the kids with them, as a mother, to Australia. So they have to study and look after the kids [by themselves].

In general, women who have travelled to Australia alone to undertake their studies face difficulties being away from their families. One alumna had to suspend her studies after six months as she was not coping with being away from her children. The Australia Awards supports scholars on award by allowing them to be accompanied by their families. Another initiative of Australia Awards Cambodia assisting female candidates is the Her Space program, where women are provided with additional support during pre-departure training through information sessions and workshops. According to a senior manager at Australia Awards Cambodia:

A lot of them were getting influenced by their family not to go...Who's going to look after the kids and all that sort of stuff. And during Her Space they had a conversation about these issues. Apparently, they got quite emotional about it. They had only then realised that everyone in the room was suffering the same consequences. Then they supported each other and addressed it.

As discussed in Chapter 4, English language skills were cited as a challenge for many applicants and alumni. For women in Cambodia, this represents an even greater constraint to applying for an Australia Award. The Equity Pathways Program (EPP) provides English language training for targeted groups to meet the minimum requirements to apply for an Australia Award. The EPP was initially designed to support women in the public sector but is now available to all female candidates, people with disability and people from the provinces - offering up to two years of English language assistance (and two-and-a-half years for people with a disability). A mid-term review of Australia Awards in 2015 reported that the EPP had been successful in increasing the number of eligible applicants for Australia Awards, but this was not translating into successful awardees (Serong, 2015). In recent years, the EPP has been more effective in raising the number of female applicants, as attested by the senior manager:

The Equity Pathway Program has also delivered the best we were ever getting with regards to the percentage of female applicants...By a whole range of strategies, we applied probably two cycles ago, [female applicants] increased to about 44 per cent.

According to representatives at the Australian Embassy in Cambodia and staff from the managing contractor, other initiatives contributing to the increased rate of female applicants include promotional activities highlighting the success of female alumnae, mentoring workshops and support networks. While these programs have created more opportunities for women to apply for an Australia Award, the Women in Leadership Program supports women's reintegration into their workplace at the completion of their award. It addresses the constraints faced by women such as job promotion, decision-making power and the ability to apply the skills and competencies they gained on award. For example, DFAT has a memorandum of understanding with the Government of Cambodia to ensure they (both women and men) retain their salary throughout the award and are guaranteed a placement at a set level on their return to Cambodia. However, scholars from the NGO or private sector in most cases had to resign from their positions to take up an award, and also have more difficulties finding employment on their return. Australia Awards Cambodia provides support in the form of professional development workshops to help them improve their interview skills, and networking opportunities with potential employers.

A senior manager from Australia Awards Cambodia gave an example of an alumna who had returned to her job in the public service but was frustrated that she was not able to use her new skills to leverage reforms at the policy level. This example is reflective of the broader challenges faced by women in pursuing a career, where a lack of opportunities to apply their professional skills may result in them leaving their roles.

### **5.3.2 Disability**

As discussed above, people with disability in Cambodia face significant barriers in accessing education, especially higher education, and job opportunities. People with disability are more likely than those without disability to be unemployed or underemployed.

Australia Awards Cambodia addresses these constraints by adopting various initiatives to support people with disability. In the 2019 intake, four people with disability received an Australia Award, two of those were from the EPP. In addition, the newly designed Internship Program for People with Disability supports people with disability to meet the Australia Awards requirement of a minimum of two years of full-time work experience. Under this initiative, Australia Awards Cambodia partnered with CARE Cambodia to secure 24-month paid internships for potential applicants who are persons with disability. Interns receive a basic salary from CARE, which is supplemented by Australia Awards. The program has completed one placement with another ongoing and is intending to advertise additional opportunities with other partner organisations. While it is too early to speculate on the success of the program, a senior manager acknowledged that:

...in order for it to make a difference, there needs to be more interns. We've had one pilot followed by one recent placement. We need probably two each year in order to make it worthwhile.

Another strategy used by Australia Awards Cambodia to promote the program to potential applicants is through outreach activities with disability organisations, including the NGO umbrella organisation, Cambodian Disabled People's

Organisation. By targeting the organisation rather than individuals, Australia Awards has the opportunity to reach more potential candidates. As an Embassy official explained:

They have the branches in Phnom Penh and other provinces. We work with them. When they have a session, then we start opening up new applications, we bring along the brochure and give it to them and we have a session, talk to them, spread the message, encourage those people to apply for scholarships. We know that it's a little bit of a long journey. It requires more time, but just to build the perception that opportunities are available for them. So we try to advocate and encourage them.

Awardees with disability establish a Disability Support Agreement with DFAT to ensure reasonable support is understood and applied while on award. On their return to Cambodia, alumni with disability also receive support from DFAT through reintegration activities that help them to find employment in their fields.

### **5.3.3 Rural Populations**

According to the mid-term review of Australia Awards in Cambodia in 2015, the targeting of provincial applicants has been a particular challenge for Australia Awards in Cambodia (Serong, 2015). While the Australia Awards appears to be achieving a reasonable representation of applicants from the provinces, few translate into eligible candidates or successful awardees. A senior manager noted that a key factor contributing to this low rate of provincial awardees is their poor performance at the interview stage compared to their Phnom Penh counterparts.

Given Australia Awards Cambodia only funds Masters and Doctoral level studies, there is a small pool of candidates from provincial areas who have the minimal tertiary education to meet eligibility. The senior manager further observed:

...given that most of the population is provincially based, but we in our Australia Awards program, by virtue of the kind of program we are and that we leverage off people's advanced education, we are continuing to build on and privilege certain individuals and certain cohorts, certain social groups. And that, to me, I think is the area that I would like to focus on, which makes it much more accessible to those who don't have access or haven't had the privilege that is afforded to those that are city based.

According to another senior staff member at Australia Awards Cambodia, one of the main issues for provincial applicants is the outdated assessment of undergraduate academic qualification of Cambodian universities conducted by the Australian Government Department of Education and Training, particularly affecting universities in the provinces. The Country Education Profiles that are produced based on these assessments help Australian organisations understand overseas higher education and technical and vocational educational qualifications, which is then used to decide entry into an Australian university. Currently, 14 universities in Cambodia are ranked Category 1 and 2, none of which are based in a provincial area. This makes it particularly difficult for the Australia Awards to place provincial applicants, as their qualifications are not recognised as equivalent to an Australian undergraduate degree. A case was cited as an example where an awardee from a Tier 4 Cambodian university was able to be placed at the Australian National University (ANU), based on the awardee's professional track

record and leveraging Australia Awards Cambodia's positive working relationship with ANU.

The EPP is also available to potential provincial applicants for English language training. Although most English language training centres are located in Phnom Penh, an increasing number are being established in provincial centres which makes classes more accessible to provincial EPP students. As an Australia Awards Cambodia officer remarked:

[Provincial applicants] work really hard to achieve their goal, and some people from the provinces even come to study every Saturday. They have to travel back and forth from their province to Phnom Penh, and after class they travel back. It's really a lot of hard work and commitment.

## 5.4 Social equity impact of alumni

Alumni in this Case Study have continued to use their positions of leadership and leverage their skills to advocate for social inclusion in their work and community.

### 5.4.1 Gender

Four alumni are working directly to improve the lives of women and girls. For example, Dr Chea has helped improve the status of maternal and child health in Cambodia through her contribution to national policy and guidelines on nutrition and breastfeeding practices over the past 13 years. Dr Ouk and Dr Samreth, through their roles at NCHADS are developing policies and strategies to support the reduction and treatment of HIV/AIDS throughout Cambodia, particularly targeting vulnerable populations, including women and sex workers. In his leadership position at NCHADS, Dr Ouk has also been instrumental in building the capacity of his staff to better understand gender-based violence by introducing training programs across the organisation. Dr Chhim's work in mental health directly benefits women and girls who have been victims of domestic violence. His partnership with DFAT, under the Ending Violence Against Women initiative, has provided important psychosocial services and support for survivors of gender-based violence and their families.

As a Senior Program Manager in Development Cooperation at the Australian Embassy in Cambodia, Dr Ros was previously appointed the gender focal point with responsibilities for leading gender programming and ensuring the mainstreaming of gender across all sectors. In this role, Dr Ros developed the Gender Action Plan for the Embassy and managed the implementation of the Ending Violence Against Women initiative. One of the activities funded under this initiative is the Cambodian Communication Assistance Program which uses community radio to address issues about gender-based violence and women's empowerment. As Dr Ros described:

So the programme is just focused on women, ending violence against women. So all the topics are about gender, about how to promote women's leadership, how to promote women's economic empowerment like that...we always invite legal aid or organisations that are working with girls or women to have a voice on the radio, talk about issues, like talkback.

#### **5.4.2 Disability**

Two alumni are advocating for the rights of people with disability through their work. Dr Chhim's organisation is providing vital treatment and support services for people with mental health conditions. Dr Ith, through his leadership position at the UHS, is advocating for the rights of people with disability by promoting opportunities for them to become doctors through the provision of scholarships at the University. He noted that while the number of students with disability undertaking a medical degree is low, due to the lack of candidates who meet the minimal entry requirement, he is committed to prioritising pathways to improve their access to higher education at the UHS.

#### **5.4.3 Rural populations**

Many alumni were from the provinces and have returned to help improve the healthcare outcomes for rural populations through their work or voluntary roles. Dr Chhim's organisation is filling a critical gap in psychosocial support across 15 provinces in Cambodia, including underserved areas in the northern parts of the country. This includes two community outreach projects providing counselling services and training for frontline mental health workers.

Dr Men, who came from a poor rural background, has returned to Kampong Cham Province after his Australia Award to lead the planning and management of healthcare services at the provincial level. According to Dr Men, it was his humble background that motivated him to become a doctor to help improve health outcomes for the poor.

Because I was living in a farmer's background, because my dad had already passed away... So we came from a poor family. We got through from the Khmer Rouge. When we survived, we didn't have anything. We sold everything. So when I came back, I had the skills, and when I graduated, I just imagined that one day -- I just put my goal: I want to go overseas to study.

Dr Ith grew up in Prey Veng, one of the poorest provinces in Cambodia. While he is now responsible for teaching and learning practices as Head of the Bureau of Academic and Training Affairs in the Faculty of Medicine at UHS in Phnom Penh, he still practices medicine by returning to his home province on the weekends to provide subsidised healthcare for up to 50 patients a day. Other alumni have also served in various roles at the provincial level. Dr Ros was posted to different provinces when he was managing research projects for the Ministry of Agriculture and later for UNDP. Dr Sok started his career as a doctor in the provinces and later, in his role at the CDC, was the first to pioneer disease surveillance in the remote provinces near the Laos border.

## 6. Conclusion

Australia and Cambodia share a strong history of development cooperation. Since 1994, the Australia Awards has been an important tool for promoting economic diplomacy and bilateral interest between the two countries. This link continues to strengthen today as Australia Awards celebrates 25 years in Cambodia. Alumni in this Case Study have demonstrated the positive impact of Australia Awards by creating a network of individuals with the knowledge, skills and influence to further strengthen ties between Australia and Cambodia. Evidence in this Case Study suggests that the **long-term outcomes of the Australia Awards have been achieved for this cohort of alumni.**

The focus period for this Case Study (between 1996 and 2006) coincided with a time of political stability at the end of 30 years of civil conflict and major social and economic reforms in Cambodia. Alumni returned to Cambodia at this critical time during the country's economic transition and filled essential human resource gaps in the health sector. They were able to leverage the skills and knowledge they gained on award to pioneer and lead national health reforms and public sector programs. For example, alumni had an important role in the development and implementation of national policies and programs to address the Government of Cambodia's priority areas in maternal and child health, nutrition, mental health, HIV/AIDS, disease surveillance and poverty reduction. The findings from this Case Study indicate that alumni are making a **positive impact in the health outcomes** of the Cambodian people and are being recognised as **leaders in their fields** in Cambodia and internationally.

There is evidence that alumni are using their positions of leadership and influence to foster ongoing links with Australia and Australians. This stems from the long history of development cooperation between Australia and Cambodia, which created opportunities for alumni to apply for an Australia Award and later in their careers, enabled them to further develop their networks through professional collaborations and personal connections with Australian experts. Notably, two alumni from this Case Study, and others employed at NCHADS, acquired valuable technical skills and professional development training from Australian institutions through Australia Awards scholarships and fellowships. Not only has this fostered enduring links between NCHADS staff and Australia, but it has also created a **critical mass of Australia alumni** at NCHADS who are leading the national response to HIV/AIDS care and prevention.

For most alumni in this Case Study, the opportunity to study in Australia was transformational. They noted the quality of teaching and learning and the support they received from their supervisors and institutions as contributing to their **positive views of Australia and Australians**. They have, in turn, used their positive experiences in Australia to promote Australian education within their own personal and professional networks, with some alumni sending their children back to Australia for high school and tertiary education.



Consistent with other Case Studies conducted by the Facility, in Cambodia, women, people with disability and people from rural areas are disproportionately disadvantaged due to the barriers they face in accessing education, health and economic opportunities. Many alumni in this Case Study grew up during the Khmer Rouge era and experienced extreme poverty and hardship. They are now using their skills and positions of leadership to **advocate for gender equity and social inclusion in their workplace and rural communities**. The Australia Awards in Cambodia has also introduced explicit measures to encourage more female, rural and disabled candidates to become eligible to apply for an award.

## 7. Alumni Profiles

### Dr Chhim Sothera

*I developed a Cambodian trauma syndrome... So my understanding of cultures I learnt from Monash helped me to frame a trauma in the Cambodian way, what I called "broken courage." So the Khmer term "baksbat," literally translated as "broken courage" because of the broken courage I think which was inherited for a long time... broken courage can stop people from standing up for their rights, from other things because they are afraid, they just keep to themselves.*



<b>Scholarship</b>	Australian Development Scholarship
<b>Years</b>	1999-2000
<b>Degree</b>	Master of Psychological Medicine
<b>Institution</b>	University of New South Wales (UNSW)
<b>Current position</b>	Senior Consultant Psychiatrist and Executive Director of Cambodia's Transcultural Psychosocial Organisation (TPO)
<b>Brief biography</b>	<p>Dr Chhim Sothera is the Senior Consultant Psychiatrist and Executive Director of Cambodia's Transcultural Psychosocial Organisation (TPO), specialising mental health services for trauma survivors.</p> <p>In 1999 Dr Chhim commenced a Master of Psychological Medicine at the University of New South Wales (UNSW) on an Australian scholarship and undertook clinical placements at a number of community-based mental health services in Sydney specialising in trauma.</p> <p>Dr Chhim returned to Cambodia in 2000 and began working for TPO providing a range of mental health outreach programs to Khmer Rouge trauma survivors and women and children survivors of domestic violence. In 2008, he was awarded an Australian Leadership Award and undertook a Doctoral degree at Monash University on 'ethno-cultural responses to trauma'. Dr Chhim has become a respected leader in his field, twice providing expert testimony at the Extra-Ordinary Chambers of Courts of Cambodia (ECCC) on the psychological trauma on of the Khmer Rouge genocide on Cambodian survivors (2011 and 2013). His work with survivors of trauma has received a number of high profile international awards.</p>

Location at the time of field research: Phnom Penh  
Date of interview: 30 October 2018

## Dr Chea Mary

*Before I applied [for my scholarship], I said that I wanted to reduce maternal mortality. So I thought that if we make a public health work, then maternal mortality would be reduced. Now it's really reduced from the combination of a national program and the Maternal and Child Health Centre, we have a national reproductive health program, a national nutrition program that I'm working on...respiratory disease..., and also an immunisation program.*



<b>Scholarship</b>	Australian Development Scholarship
<b>Years</b>	2005-2006
<b>Degree</b>	Master of Health and International Development
<b>Institution</b>	Flinders University
<b>Current position</b>	Acting Manager, National Nutrition Program, National Child and Maternal Health Centre in Phnom Penh
<b>Brief biography</b>	<p>Dr Chea Mary is a senior leader within the field of maternal and child nutrition at the Cambodian Ministry of Health and is currently the Acting Manager, National Nutrition Program, at the National Child and Maternal Health Centre in Phnom Penh. She undertook an Australian Development Scholarship (2005 to 2006) and studied a Master of Health and International Development (MHID) at Flinders University in Adelaide, South Australia.</p> <p>Since returning to Cambodia in 2006, Dr Chea has led a number of national initiatives targeting maternal and child nutrition which have contributed to a decline in infant and maternal mortality rates. She has developed nutritional guidelines and implemented large public health promotion campaigns to improve pregnant and nursing mothers' nutrition, breastfeeding, and infant and child feeding.</p> <p>She works closely with donors organisations such as UNICEF and the WHO to implement a range of public health initiatives, while also training medical practitioners at the University of Health Sciences, University of Puthisastra, and Norton University focusing on the importance of food science and nutrition in population health.</p> <p>Dr Chea is a well-respected expert in her field and is actively involved in research and public health initiatives in Cambodia and South East Asia.</p>

Location at the time of field research: Phnom Penh  
Date of interview: 30 October 2018

## Dr Ros Chhay

*I was also part of the architecture of the new redesign to set up Ending Violence against Women... The big achievement is we helped the government to produce their, what we call strategy - the National Action Plan for Ending Violence Against Women. We call it NAPVAW.*



**Scholarship** Australian Development Scholarship

**Years** 1993-1998

**Degree** Doctor of Philosophy (PhD) in Agriculture

**Institution** Murdoch University, Western Australia (1993-1998).

**Current position** Senior Program Manager (Agriculture) at the Australian Embassy

**Brief biography** Dr Ros Chhay has made significant contributions to Australia's bilateral relationship with Cambodia through his work managing a portfolio of activities in agriculture, governance and gender over the last 20 years. He was awarded an Australian Development Scholarship and studied a Doctor of Philosophy in Agriculture at Murdoch University in Western Australia from 1993 to 1998.

Prior to going on award, Dr Ros worked as a researcher for the International Rice Research Institute (IRRI) - Australian Rice Project, for the Ministry of Agriculture and contributed to the development of the first Cambodian soil map, which used soil classifications in Khmer.

On his return to Cambodia in 1998, Dr Ros continued working as the Head of Soil and Water Unit, at Cambodian Agricultural Research and Development Institute (CARDI), and was awarded the Sovathara gold medal from the Cambodian Prime Minister for his contributions. In 2001 he joined the United Nations Development Program (UNDP) as a Senior Provincial Program Manager on the Multi-Donor Partnership for Local Governance (PLG).

In 2006, he joined the team at the Australian Embassy in Phnom Penh as the Senior Program Manager (Law and Justice) and began working on a range of social policy initiatives. In 2013, he became the Senior Program Manager (Governance and Gender Equality -EVAW) and managed the Ending Violence against Women Program (\$15 million, 2013-2017) which led to the development of the Cambodian National Action Plan for Ending Violence Against Women – NAPVAW.

In his current role, Dr Ros is now the Senior Program Manager (Agriculture) at the Australian Embassy, and is responsible for the design, implementation and evaluation of a range of agricultural programs on behalf of the Australian Government.

Location at the time of field research: Phnom Penh  
Date of interview: 1 November 2018

## Dr Sok Touch

*After returning from Australia, I was assigned by the minister, as the chair of a working group of Integrated Management of Childhood Illness (IMCI), the big program in the Ministry of Health ... I'm the one who started...the surveillance [of childhood diseases] I'm the one who worked with the WHO to establish this. We didn't have a good surveillance system at that time ... [and] in 2003 finally we come up with the first Health Strategic Plan, 2003-2007.*



<b>Scholarship</b>	Australian Development Scholarship
<b>Years</b>	1997-2000
<b>Degree</b>	Master of Public Health
<b>Institution</b>	University Of New South Wales (UNSW)
<b>Current position</b>	Deputy Team Leader, Consil Sante, Asian Development Bank
<b>Brief biography</b>	Dr Sok Touch is the Deputy Team Leader, for Consil Sante, a consulting company, which works within the health sector on behalf of the Asian Development Bank.

Awarded an Australian Development Scholarship in 1996, Dr Sok studied a Master of Public Health at the University of New South Wales from 1997 to 1998. Returning to Cambodia in 1998 he joined the newly formed Communicable Disease Control Department (CDC) at the Ministry of Health as the Chief of Children, and worked with a range of donor organisations to improve infant and child mortality rates, and pioneered disease surveillance of childhood diseases.

In 2000, Dr Sok was promoted to the Director of the CDC and was instrumental in the development of the first strategic health plan for Cambodia (2003-2007). As the Chair of the Cambodian Cooperation Committee, he coordinated and managed a \$50 million program for the Global Fund to Fight AIDS, Tuberculosis and Malaria in Cambodia.

Now retired from the Ministry of Health, Dr Sok is leading an Asian Development Bank Project to build regional capacity and strengthen resilience to climate change in the health sector in the Greater Mekong region. His team are focusing on the reduction and treatment of mosquito-borne viruses.

Location at the time of field research: Phnom Penh  
Date of interview: 1 November 2018

## Dr Samreth Sovannarith

*At the beginning of the HIV/AIDS epidemic, we tried to raise public awareness through the mass media or leaflets or working with non-governmental organisations to provide education on HIV. And then we also provided access to the HIV testing and treatment. Now... we believe that early treatment also can prevent the spread.*



<b>Scholarship</b>	Australian Development Scholarship
<b>Years</b>	2004-2005
<b>Degree</b>	Master of Public Health
<b>Institution</b>	University of New South Wales (UNSW)
<b>Current position</b>	Head of the Technical Bureau, National Center for HIV/AIDS, Dermatology and STD (NCHADS), Ministry of Health
<b>Brief biography</b>	<p>Dr Samreth Sovannarith is the Head of the Technical Bureau at the National Center for HIV/AIDS, Dermatology and STD (NCHADS), Ministry of Health in Phnom Penh. Under an Australian Development Scholarship, he studied a Master of Public Health at the University of New South Wales (UNSW) in 2004 to 2005, with a focus on HIV/AIDS.</p> <p>Prior to going on-award, Dr Samreth was involved in coordinating the HIV/AIDS basic home care project. On his return, to Cambodia in 2005, he was promoted and became responsible for coordinating the implementation of HIV care and treatment programs in public hospitals.</p> <p>In his current role, as the Head of the Technical Bureau in charge of HIV/AIDS education, he is responsible for the development of national guidelines and the coordination of HIV training to help Cambodia achieve the Joint Nations Program on HIV/AIDS global target of 90-90-90, and the eradication of HIV/AIDS infection by 2025.</p> <p>In March 2018, Dr Samreth received an Australia Awards Fellowship and undertook professional development training at the University of Sydney entitled: "Building institutional capacity to strengthen sexual reproductive health services in the Pacific and South-East Asia Regions".</p>

Location at the time of field research: Phnom Penh, Cambodia  
Date of interview: 1 November 2018

## Dr Men Bunnan

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*I'm proud because I was raised from poor families. I never thought that I would come into the position. So the great achievement for me is when I was promoted as Deputy Director.*

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<b>Scholarship</b>	Australian Development Scholarship
<b>Years</b>	1997-2000
<b>Degree</b>	Master of Public Health
<b>Institution</b>	University of New South Wales (UNSW)
<b>Current position</b>	Deputy Director (Health Planning), Provincial Health Department, Kampong Cham Province, Cambodia
<b>Brief biography</b>	<p>Dr Men Bunnan is the Deputy Director (Health Planning), Provincial Health Department, Kampong Cham Province.</p> <p>Trained as a medical doctor, Dr Men began working as an International Liaison Officer for the Provincial Health Department in Kampong Cham Province. He had always dreamed of studying abroad and applied for an Australian Development Scholarship and studied a Master of Public Health at the University of New South Wales (UNSW) from 1997 to 2000.</p> <p>On his return from Australia, he was promoted and became the Head of the Planning Unit in Kampong Cham Province and began working closely with international experts, including Australians on a range of aid projects.</p> <p>Now the Deputy Director of the Provincial Health, Dr Men is responsible for the design, delivery and evaluation of health programs Department in Kampong Cham Province. He plays an active role in training staff to facilitate effective implementation of these projects and is leading his team to improve the quality of health services across the province. He works closely with the local community to build trust and patronage of free government health services so that poor Cambodians have access to quality health care.</p>

Location at the time of field research: Kampong Cham City, Cambodia  
Date of interview: 2 November 2018



## Dr Ouk Vichea

*I think what I am most proud of is: we are moving towards achieving the goal for HIV/AIDS elimination [2025] ... Now the medicine, drugs are cheaper and then the research found that when you treat all, when you get early treatment and receive the viral load, the number of virus in the blood are undetectable, the risk of transmission is nearly zero.*



<b>Scholarship</b>	Australian Development Scholarship
<b>Years</b>	2001-2002
<b>Degree</b>	Master of Public Health
<b>Institution</b>	University of New South Wales, Australia
<b>Current position</b>	Deputy Director of the National Center for HIV/AIDS, Dermatology and STD (NCHADS) of the Ministry of Health, Cambodia.
<b>Brief biography</b>	<p>Dr Ouk Vichea is the Deputy Director of the National Center for HIV/AIDS, Dermatology and STD (NCHADS) of the Ministry of Health in Cambodia. He has over 20 years' experience working in HIV/AIDS and STDs prevention, care and treatment.</p> <p>Originally from Battambang Province, Dr Ouk studied Medicine at the University of Health Sciences in Phnom Penh and became a Medical Doctor in 1993. He began working as the Provincial HIV/AIDS and STD Program Manager in Battambang Province in 1995. He received an Australian Development Scholarship and studied a Master of Public Health at the University of New South Wales (UNSW) from 2001 to 2002.</p> <p>In 2004, he was promoted to a national role at the NCHADS in Phnom Penh, and has since occupied various management roles as the Vice Chief of the Technical Bureau (2004), and the Chief of the Technical Bureau 2010, before becoming the Deputy Director of NCHADS in 2013.</p> <p>In his current role as Deputy Director of NCHADS, Dr Ouk is responsible for development of national guidelines, policies, strategies and operating procedures to support the reduction and treatment of HIV/AIDS and STDs in Cambodia.</p> <p>Dr Ouk has twice been awarded an Australia Award Fellowship to attend specialised HIV/AIDS professional development training in Australia through his UNSW (2007) and the University of Sydney (2018).</p>

Location at the time of field research: Phnom Penh, Cambodia  
Date of interview: 3 November 2018

## Dr Ith Ponndara

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*I thought that maybe public health was very critical in engaging the community how to raise their awareness to look after themselves... I decided to apply for this scholarship, and especially elected to do the management as well...*

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<b>Scholarship</b>	Australian Development Scholarship
<b>Years</b>	2002-2004
<b>Degree</b>	Master of Public Health
<b>Institution</b>	University of New South Wales
<b>Current position</b>	Head of the Bureau of Academic and Training Affairs in the Faculty of Medicine at the University of Health Sciences (UHS)
<b>Brief biography</b>	<p>Dr Ith Ponndara is the Head of the Bureau of Academic and Training Affairs, Faculty of Medicine at the University of Health Sciences (UHS) in Phnom Penh.</p> <p>Originally a surgeon, Dr Ith applied for an Australian Development Scholarship and studied a Master of Public Health at the University of New South Wales (UNSW) from 2002 to 2004. On his return to Cambodia, Dr Ith worked for the Provincial Health Department in Prey Veng Province providing technical support and operational planning to seven district hospitals.</p> <p>In 2009, Dr Ith was awarded an Australian Leadership Award to study a Doctorate at the University of Technology Sydney (from 2009 to 2013). His thesis focused on improving delivery room practices to reduce maternal deaths. In 2013, he joined the leadership team at UHS and became involved in improving training of medical practitioners.</p> <p>In his current role as the Head of the Bureau of Academic and Training Affairs in the Faculty of Medicine, Dr Ith is responsible for improving the capacity of academic staff, facilitating visiting health experts and guest lectures, post-graduate exchange programs, and improving the learning outcomes of medical students. He recently, received the 2018 UTS Alumni Award for Excellence by the Faculty of Health, for his work in improving medical practices in Cambodia.</p>

Location at the time of field research: Dr Ith via phone from Phnom Penh  
Date of interview: 8 November 2019

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# Annex 1: Methodology

This chapter includes an overview of the Case Study design, development and implementation. This is the eleventh Case Study of the Facility. Cambodia was one of five Case Study countries proposed in the Year 3 Facility Annual Plan. As stated, Cambodia was selected as a Case Study country on the basis of having a sufficiently large number of alumni participants in the Australia Awards Global Tracer Facility Survey, Year 2.

## Overall Case Study design

The purpose of the Facility Case Studies is to collect detailed qualitative data on the impact and benefits of the Australia Awards. The Case Study methodology proposed is based on the Facility Case Study Approach, which was developed in the inception phase of the Facility and reported in the Annual Plan for Year 1.

The Global Strategy and Australia Awards Global Monitoring and Evaluation Framework (the Framework) form the basis for the Case Study design. The research questions, propositions, data collection instruments, and report template are built around these frameworks. Findings reported by alumni are triangulated with relevant stakeholders such as employers and colleagues, and industry bodies, thereby strengthening findings by providing further evidence to support or refute propositions. This methodology was developed by the Facility and SCB.

The overarching theory that has guided the design of this Case Study methodology is based upon the goal of the Australia Awards that ‘... partner countries progress their development goals and have positive relationships with Australia that advance mutual interests’.

The Case Study research questions are framed by the intended long-term outcomes of the Australia Awards as guided by the Framework:

- 1 How do alumni use the skills, knowledge and networks gained on award to contribute to achieving partner-country development goals?
- 2 How are Australia Awards contributing to Australia’s economic and public diplomacy outcomes?
- 3 How has being an Australia Award alumni impacted alumni?
- 4 Are the benefits of receiving a scholarship experienced equally by all groups who have received them?

The primary unit of analysis for this Case Study is the alumnus or alumna. Case Studies seek to explore how alumni of Australia Awards have acted to contribute to the achievement of the goal and objectives of the Australia Awards.

The Case Studies are being conducted via an iterative approach whereby the qualitative phase can be designed based on what is learned from the initial



quantitative phase. In essence, the Facility implements this by drawing on data collected through a Global Tracer Survey and using this data as one of the means of developing the focus and scope of a number of Case Studies carried out in the following year.

As such, the planning and initial scoping of this Case Study was undertaken on the basis of the Facility's Year 2 Tracer Survey, which surveyed alumni who completed their scholarships between 1996 and 2005.

## Methods

The data collection method used for this Case Study was through interviews. A set of questions were developed for each key participant group, namely alumni, colleagues and employers (both of alumni and generally), alumni associations; and the DFAT staff and managing contractors working on the Australia Awards in partner countries. Questions for each key participant group (see Annex 3) align with the research propositions (Annex 2) and long-term outcomes of the Australia Awards. This ensures that data collected directly relate to the key questions the Case Studies are seeking to answer and that there is consistency across each Case Study.

## Sample

Data from the Global Alumni database and the Year 2 Tracer Survey for Cambodia at the time of planning this Case Study revealed 31 alumni who completed their scholarship between 1996 and 2006 within the public health field.

### Contact details

Contact details existed in the Global Alumni database for most of the alumni in the target group. The research team worked closely with Post and the managing contractor to engage with these alumni and seek their participation in the Case Study. A shortlist of 12 alumni were contacted, and out of these, six agreed to participate based on email invitations. Participation from a further two alumni was secured once the research team was in-country. Alumni participants are listed in Table 1 below.

**Table 1 Cambodia Case Study alumni participants**

Name	Gender	Australian Government scholarship	University	Award Completed	Current position
Dr CHHIM Sotheara	M	Australian Development Scholarship	University of New South Wales (UNSW)	1999-2000	Senior Consultant Psychiatrist Executive Director   Transcultural Psychosocial Organization (TPO) Cambodia
Dr CHEA Mary	F	Australian Development Scholarship	Flinders University	2003	Acting Manager, National Nutrition Programme(NNP), National Maternal and Child

Name	Gender	Australian Government scholarship	University	Award Completed	Current position
					Health Center (NMCHC), Ministry of Health
Dr ROS Chhay	M	Australian Development Scholarship	Murdoch University	1993-1998	Senior Program Manager, Development Cooperation Australia Embassy
Dr SOK Touch	M	Australian Development Scholarship	University of New South Wales (UNSW)	1997-1998	Deputy Team Leader, Conseil Santé, Asian Development Bank. Former Director of the Communicable Disease Control Department (CDC) (retired)
Dr SAMRETH Sovannarith	M	Australian Development Scholarship	University of New South Wales (UNSW)	2004-2005	Head of the Technical Bureau The National Center for HIV/AIDS, Dermatology and STD (NCHADS) Junior Colleague of Dr Ouk
Dr MEN Bunnan	M	Australian Development Scholarship	University of New South Wales (UNSW)	1998-2000	Deputy Director (health planning), Provincial Health Department, Kampong Cham Province Kampong Cham City, Cambodia
Dr OUK Vichea	M	Australian Development Scholarship	University of New South Wales (UNSW)	2000-2001	Deputy Director ,The National Center for HIV/AIDS, Dermatology and STD (NCHADS) Senior colleague of Dr Samreth
Dr ITH Ponndara	M	Australian Development Scholarship	University of New South Wales	2002-2004	Head, Bureau of Academic and Training Affairs, University of Health Sciences (UHS), and in charge of International Relations
		Australian Leadership Award	University of Technology Sydney	2009-2013	Faculty of Medicine   University of Health Sciences, Phnom Penh

In addition to the alumni who participated in the Case Study, 10 other people were interviewed to provide context, triangulate alumni perspectives and better understand the impact of the Australian scholarships on the outcomes for Cambodia and Australia. Table 2 outlines additional interviews with key stakeholders such as the Australian Embassy and the managing contractor of

Australia Awards Cambodia, as well the Chair of the Australian Alumni Association of Cambodia (AAA-C).

In total, 18 people were interviewed for the Cambodia Case Study.

**Table 2**      **Key stakeholder interviews**

Name	Position	Reason for interview
Ms Tum Sisopheareth	Chair, Australian Alumni Association of Cambodia.  Provincial Coordinator, Room to Read Kampong Cham (Flinders University alumna 2007-08)	Stakeholder (alumni engagement)
Ms Sothearoth Hel	Senior Program Manager, Development Cooperation, Australian Embassy, Phnom Penh, Cambodia	Stakeholder (DFAT)
Ms Elizabeth Adler	Second Secretary, Australian Embassy, Phnom Penh, Cambodia	Stakeholder (DFAT)
Mr Tokyo Bak	Senior Program Manager Development Cooperation, Australian Embassy, Phnom Penh, Cambodia	Stakeholder (DFAT)
Ms Lauren Tuohy	First Secretary (Political), Australian Embassy, Phnom Penh, Cambodia	Stakeholder (DFAT)
Mr John Walsh	Team Leader Australia Awards Cambodia	Stakeholder (managing contractor)
Ms Lina In	Monitoring and Information Manager Australia Awards Cambodia	Stakeholder (managing contractor)
Dr Vicki Vaartjes	Equity & Program Enrichment Specialist Australia Awards Cambodia	Stakeholder (managing contractor)
Ms Akhara Ug	Equity Pathways & Awards Coordinator Australia Awards Cambodia	Stakeholder (managing contractor)
Mr Sophearith Keo	Alumni Engagement Coordinator, Australia Awards Cambodia	Stakeholder (managing contractor)

## Exclusions

All Case Study alumni were selected from the Year 2 Tracer Survey, the Global Alumni database or suggested by the Australian Awards managing contractor while in country. These sources only include those who have completed their degree. Accordingly, this study excludes anyone who did not complete their scholarship.

## Data collection

The Facility piloted all Case Study instruments with Australia Awards alumni residing in Australia at the time. This process validated the instruments and adaptations to questions were made. In addition, an interview guide template for researchers to record all data collected was developed and utilised. Following a review of Year 1 Case Study data, questions were adjusted for clarity.

This Case Study was conducted by Ms Jo Doyle and Ms Yung Nietschke, core Facility and Research Pool staff who bring relevant expertise in qualitative research and international development. Case Study researchers worked together to undertake data collection and report writing: one conducted the interview and the other recorded and took notes. This enabled high-quality, reliable data to be gathered. At the conclusion of interviews, the researchers discussed and verified the data to ensure completeness and accuracy.

## Process

The Case Study field research was undertaken in Cambodia from 30 October to 3 November 2018. One interview was conducted via telephone in Australia on 8 November 2018 due to issues with the availability of the alumnus.

Alumni were requested to provide their resume to researchers where available for further background information. Participants were provided with information relating to the research and the Facility, and all provided written informed consent to their participation and identification in reporting.

## Data management and reporting

All interviews were voice recorded (with approval granted to do so). In addition, the Case Study researchers annotated responses during the interview. A transcription specialist transcribed all interview recordings. After the completion of the interview and transcription process, the Case Study researchers consolidated the written and oral records into a single near-verbatim transcript (with restarting of sentences and fillers excluded).

## Coding and review

Interview scripts were subsequently coded using computer-assisted qualitative data analysis software, NVivo. This enabled emerging themes to be identified and links to be made between participants that supported or refuted the research propositions, as aligned with the long-term outcomes of the Australia Awards.

Analysis of the Case Study data involved a strategy that was guided by the theoretical proposition developed under the conceptual framework for the Case Study and by the techniques identified in the Facility's Case Study Approach document.

## Limitations

There were a number of limitations of this research that were inherent to both the nature of the research and the research process, as discussed below.

### Positive response bias

It is probable that alumni who felt that they had a positive experience as an Australian Government scholarship recipient and/or had success in their career following their award are more likely to agree to participate in Case Studies. In a study by the Commonwealth Scholarship Commission in the UK, 'A study of research methodology used in evaluations of international scholarship schemes for higher education' (Mawer, 2014) recognition of positive response bias is highlighted:

...there is widespread recognition that a more pressing problem is nonresponse bias in which those who reply to sample surveys are likely to be engaged with alumni associations or tracing (e.g. Day, Stackhouse and Geddes, 2009) and disproportionately represent the 'successful' outcomes of scholarship programmes.

Accordingly, it is likely that the alumni in the Cambodia Case Study had a positive bias towards their experience, outcomes and views of Australia. The Facility has developed interview questions and analyses approaches to reduce the impact of this bias – these are applied consistently across all Case Studies. Through this approach, leading questions are avoided and alumni are offered opportunities to reflect on their outcomes at the beginning and at the end of the interview without specific questions to guide their answers.

### Nature of the research

Outcome 1 of the Global Strategy is that 'alumni are using the skills, knowledge and networks gained on award to contribute to sustainable development'. However, some alumni have shaped development goals rather than contributed to them, and while it may be outside the purview of partner-country development goals that this research is being evaluated against, these contributions are still significant.

The Case Study researchers experienced difficulty in evaluating Outcome 2 'alumni are contributing to cooperation between Australia and partner countries', and Outcome 3 'effective, mutually advantageous partnerships between institutions and business [have been developed] in Australia and partner countries'. These two outcomes are aligned with the second research question for the Case Study 'How are Australia Awards contributing to Australia's economic and public diplomacy outcomes?' There is an overlap and difficulty in differentiating 'cooperation' and 'partnerships'. The research team delineated them by determining that Outcome 2 relates to people-to-people links, including informal relationships; whereas Outcome 3 specifically relates to institutional links between the partner-country and Australia, which alumni have contributed to establishing.

No issues were encountered by the research team in collecting, collating, coding or analysing data related to Outcome 4 of the Australia Awards - 'Alumni view Australia, Australians and Australian expertise positively'.

### **Gender parity**

A number of factors affected the recruitment of female participants for this Case Study. Historically, fewer women received post-graduate scholarships to Australia during the time period of focus. This is due to lower representation of women in senior or professional roles within the civil service, less opportunities for women to undertake undergraduate studies in Cambodia, and limited access to English language training. Other constraints included family responsibilities (please refer to Chapter 7 for further analysis on gender barriers). Of the 31 alumni that were identified for this Case Study, seven were women. All the women invited to participate in the Case Study politely declined due to work commitments.

While in-country, the Alumni Engagement Coordinator of the Australia Awards Cambodia was able to secure an interview for the researchers with one high-profile alumna, Dr Chea Mary (Flinders University, 2005 to 2006).

### **Research process**

The ability to code the interview transcripts effectively was dependent on understanding the partner-country development goals, which was not always possible. Researchers involved in the Case Study made concerted attempts to identify relevant secondary data such as policy documents, papers, books and digital resources to provide background and insight into development plans, policies and changes over the time span of the years of focus.

The research team acknowledge that some potential underlying issues relating to the continuing political and cultural context have not been substantially addressed in this report.

## Annex 2: Case Study Propositions

Explanatory Case Studies require the development of propositions that are intricately linked to the original research questions. A proposition is a statement that helps direct attention to something that should be examined in a Case Study. The researcher has to make a speculation, on the basis of the literature and any other earlier evidence, as to what they expect the findings of the research to be. When a Case Study proposal includes specific propositions, it increases the likelihood that the researcher can limit the scope of study and complete the project. The researcher can have several propositions to guide the study, but each must have a distinct focus and purpose. The data collection and analysis can then be structured in order to support or refute the research propositions.

For the Facility, propositions were formed using the Global Strategy outcomes as the basis. Sub-propositions were formulated by speculating on the underlying assumption or enabling factors that realise the proposition. In alignment with the methodology, instruments will be designed to collect data that both support and refute the propositions.

- 1 Alumni use their skills, knowledge and networks to contribute to achieving partner-country development goals<sup>4</sup>.
  - a alumni develop skills, knowledge and networks on award that enable and are used to contribute to achieving partner-country development goals
  - b alumni understand, value and want to contribute to partner-country development goals.
- 2 Alumni are contributing to cooperation between Australia and partner countries
  - a alumni possess and are able to leverage their useful networks and relationships.
- 3 Effective, mutually advantageous partnerships between institutions and business [have been developed] in Australia and partner countries
  - a alumni possess and are able to leverage their useful networks and relationships
  - b partnerships that are developed are effective and mutually advantageous to participating countries.
- 4 Alumni view Australia and Australian expertise positively

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<sup>4</sup> This proposition differs from the Australia Awards Program Logic long-term outcome number 1 in order to link this proposition to the Goal of the Australia Awards Program. The use of the term 'partner-country development goals instead of 'sustainable development' makes the proposition and ensuing questions more relevant and relatable to alumni.



- a alumni's views are underpinned by their experiences in Australia.
- 5 The benefits of receiving an Australia Award or scholarship are experienced equally by all recipients.
  - a receiving an Australia Award or scholarship positively addresses, rather than reinforces, imbalances that are associated with gender and disability.

# Annex 3: Key Participant Questions

## Alumni

*[Validation question]*

We understand you received an Australian Government Scholarship to study [level, field, years], is this correct?

Could you please confirm your current role and organisation?

1. Can you please tell us why you applied? What was your motivation?
  - a. Were there any barriers to accepting a scholarship and coming to Australia? [e.g. employer support, family responsibilities]
2. Can you tell me about your time in Australia experience as a student?
  - a Did you make any professional networks?
  - b Thinking about the networks that you might have developed during your scholarship, were there any that were long lasting; that resulted in working together or connecting other people?
3. After you returned, what was your job?
  - a What skills and knowledge gained during your time in Australia have been applicable in your work?
  - b What are some of the things that made it possible for you to apply your skills and knowledge after you returned home?
  - c What were some of the things that made it difficult to apply the skills and knowledge you gained after you returned home?
  - d What do you think is needed to assist alumni to use their skills and knowledge when they return home?
4. What do you believe are the greatest benefits of the Australian Government scholarship program?
5. Throughout your career, in what ways have you used Australian expertise in your work?
  - a Can you give an example of this, such as Australian-developed practices, equipment, ways of working, processes, theory/theorists, consultants, journals, models, etc.?
6. Are you currently or have been a member of an alumni association? (University/Australian Government scholarship recipient/ADS)
  - a What was the name of the association?
  - b What do you get out of it?

- c        What more could alumni associations do for alumni?
- d        If not (a member of an association) why not?
- 7.    Can you describe an achievement that you are most proud of, in your work or community?
- 8.    Compared with the males/females who have received a scholarship from (country x), how has your career progressed since returning home?
- 9.    Have there been any barriers you have had to overcome to progress in your career?
- 10.   Compared to peers similar to you but did not receive an opportunity to study overseas, do you believe there are any differences in how your careers have progressed?
- 11.   (Supporting Interviewer) did you have any questions you would like to ask of (alumni X)?

### **Employers/colleagues – For interviews regarding an individual alumni**

*[Validation question]*

Could you please confirm your role and organisation?

- 1.    Could you please tell us how long have you known [Alumni X] and in what capacity?
  - a        Did you know [Alumni X] before s/he received the scholarship?
  - b        Were you his/her manager?
- 2.    To your knowledge, what new skills and knowledge did [Alumni X] use [in the workplace following their studies in Australia?
  - a        Could you provide examples of how this was applied?
- 3.    How did the organisation support X to use his/her new skills and knowledge after returning from Australia?
  - a        Did you have a role in supporting [alumni X] to reintegrate following their scholarship?
    - i        If so why? What did this involve?
    - ii       If not, why?
    - iii      Developing a reintegration/return to work plan?
  - b        Did X return to the same role following their scholarship?
  - c        Did they receive additional responsibilities after their scholarship?
- 4.    In your view, how did studying in Australia impact [Alumni X's] career?
- 5.    Have you or your organisation benefited from any networks or friendships between [country X] and Australia created by the [Alumni X] as a result of receiving an Australian Government scholarship?
  - a        Please explain further; who and what?

- b What about any other countries?
- 6. Are you aware of any other links [Alumni X] has created between people in [country X] and Australia as a result of receiving an Australian Government scholarship?
  - a Please explain further; who, what why?
  - b What about between people in [country X] and any other countries?
- 7. What more could be done to increase opportunities to create institutional links between Australia and your country?
- 8. How has having an Australian Government scholarship recipient in your organisation impacted how you view Australia and Australian expertise?
- 9. Do you draw on Australian expertise for your work?

**Employers/stakeholders – For interviews regarding alumni generally**

*[Validation question]*

Could you please confirm your role in (X organisation)?

- 1. How familiar are you with the Australia Awards?

*[If YES; a suggested probe if needed]*

- a Estimated, how many Australian scholarship recipients have worked for your [ministry/organisation/sector/field]?

*[If NO; probe further with]*

- b Do you know of anyone who has received an Australian Government scholarship in your [ministry/organisation/sector/field]?
- 2. Has your (ministry/organisation/sector/field) benefitted from any links or networks developed by Australian Government scholarship alumni?
  - a Do you have any examples?
  - b What have been the results of this?
- 3. Has having Australian Government scholarship recipients in your (ministry/organisation/sector/field) influenced the way you view Australia and Australian expertise?
- 4. Have Australian Government scholarship recipients established any links between your [ministry/organisation/sector/field] and organisations in Australia?
  - a If yes what has been the result of these links?
  - b Benefits to you?
  - c Benefits to your workplace?
  - d Benefits to your country?
  - e If no, why not?

5. Are you aware if alumni have presented any opportunities on return to link your workplace or any other organisation in your country with an organisation in another country?
  - a If yes what has been the result of these links?
  - b Benefits to you?
  - c Benefits to your workplace?
  - d Benefits to your country?
  - e If no, why not?
6. What more do you think could be done to support links with Australian organisations?
7. In your view, what has been the overall long-term impact of having Australian Government scholarship recipients in your [ministry/organisation/sector/field]?
  - a How has having a number of Australian Government scholarship recipients over a number of years influenced your department's ability to achieve its goals and /or objectives?
  - b With regards to skills and knowledge; i.e. changed practices, processes or systems?
8. What are some of the things that make it easy or difficult for women to progress in their careers in your country?
9. What are some of the things that make it easy or difficult for those with a disability to progress in their careers in your country?
10. Comparing Australian Government scholarship recipients to their peers who did not receive an opportunity to study overseas, do you believe there are any differences in how their careers have progressed?

## **DFAT**

[Validation question]

Could you please tell us about yourself and your role with the Australia Awards Program?

1. In your own words, what is the purpose of the Australia Awards Program?
  - a In your own words, how does the Program achieve [points stated in the previous response]?
2. Based on your experience, what would you say are the strengths of the Australia Awards Program?
3. How do you think alumni participation in the Australia Awards Program contributes to [Country X's] development goals?

- a What evidence have you seen of this either personally or professionally?
  - b How do you think the program lead to benefits for both Australia and [Country X]?
- 4. In your opinion, how do you think an alumni's participation in the Australia Awards Program contributes to a positive relationship between [Country X] and Australia?
  - a What factors/events have informed this opinion?
- 5. How do you think the Australia Awards contributes to gender equality and disability inclusiveness?
- 6. What other barriers do you think Australia Awards alumni have to overcome to progress in their careers in [Country X]?
- 7. What do you think are the barriers to achieving gender equality and disability inclusiveness?
  - a Do you feel [barriers stated in the previous response] have changed over time?
  - b In what way?
  - c Any other barriers?
- 8. If you had the power to change things about the Australia Awards, what would you make different?
- 9. That covers the things I wanted to ask. Anything you would like to add?

### **Alumni Association**

[Validation question]

Could you please tell us about yourself and your role with the alumni association?

- 1. In your own words, what is the purpose of the alumni association?
  - a What sort of services does the association provide?
- 2. What is the most valuable contribution the association provides for alumni?
- 3. What are some of the challenges involved in running an alumni association for alumni who have studied in Australia?
- 4. What activities does the alumni association provide to support women to progress in their careers in your country?
  - a What have been the outcomes of the program/s?

5. What activities does the alumni association provide to support those with a disability to progress in their careers in your country?
  - a What have been the outcomes of the program/s?
6. In what ways does the alumni association enable alumni to form new professional and personal networks?
7. What activities does the alumni association provide to help alumni remain connected to each other through face-to-face activities and social media?
8. How does the alumni association support alumni to remain connected to Australia?
9. What role does the alumni association play in fostering cooperation between your country and Australia?
10. What do you think should be done to assist your alumni association to contribute to greater cooperation between Australia and [Country X]?
11. Is the alumni association partnered with any institutions and businesses in Australia?
  - a If yes, what has been the result of these links?
    - i Benefits to you/association?
    - ii Benefits to alumni?
  - b If no, why not?
12. What more could be done to increase opportunities to create institutional links between Australia and your country?
13. How does the alumni association promote Australia and Australian expertise?

## **Gender Equality and Disability Inclusiveness Experts**

### **Gender Equality**

1. How does gender impact career?
2. What barriers are there to achieving gender equality?
3. What could or should be done to improve gender equality?
4. Compared with males who receive a scholarship to study overseas, how do you feel women's careers progress? [for DFAT or those with knowledge of scholarships]

### **Disability Inclusion**

1. How does disability impact career?
2. What barriers are there to achieving disability inclusion?



3. What could or should be done to improve disability inclusion?
4. Compared with others who receive a scholarship to study overseas, how do you feel people with disability career's progress? [for DFAT or those with knowledge of scholarships]



