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SOID
A local NGO supporting the well-being of orphans

Bachelor's thesis
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KUVAILULEHTI

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Nimeke

SOID – Paikallisesti toimiva kansalaisjärjestö orpolasten hyvinvoinnin tukijana

Tiivistelmä

Tämän opinnäytetyön tarkoituksena on esitellä kansalaisjärjestön työtä ja sen mahdollisuuksia vaikuttaa lasten hyvinvointiin. Tutkimus on toteutettu Kambodzhassa, Siem Reapissä ,paikallisesti toimivassa kansalaisjärjestössä SOID. Tässä tutkimuksessa haetaan vastauksia seuraaviin kysymyksiin. (1) Kuinka SOID rahoittaa toimintansa? (2) Kuinka SOID järjestää terveydenhuollon? (3) Kuinka koulutus on järjestetty Kambodzhassa ja SOID:n koulussa? (4) Millaisia ovat lasten sosiaaliset taustat. (4) SOID:n ja lasten tulevaisuus.

Tutkimusaineisto on kerätty käyttäen teemahaastattelua. Avaintiedonantajia ovat järjestön johtaja ja koulun viisi opettajaa sekä orpokodin kahdeksan lasta. Lapset olivat 7-16 -vuotiaita. Haastattelut toteutettiin kesällä 2010. Haastattelut analysoitiin sisällönanalyysi menetelmää käyttäen.

Tutkimus osoitti orpokodin lasten kokeneen rankan elämän. Lapset olivat perheidensä hylkäämiä ja menettäneet näin statuksensa yhteiskunnassa. Järjestö on mahdollistanut näille lapsille turvallisen asuinympäristön ja mahdollisuuden koulunkäyntiin. Muille alueen köyhille lapsille järjestö antaa ilmaista englannin opetusta. SOID ei tarjoa terveyspalveluita, mutta järjestää tarvittaessa pääsyn lääkäriin. Tulevaisuuden näkymät sisälsivät toiveita toiminnan laajentamisesta ja toiminnan vakauttamisesta. Johtajalla oli selkeä visio tulevaisuuden kehittämistoimista. Lasten tulevaisuuden näkymät olivat positiivisia ja elämänmyönteisiä. Henkilökunta koki lapsilla olevan hyvät mahdollisuudet menestyä.

Tärkeimpänä johtopäätöksenä voidaan todeta SOID järjestön toiminnalla olevan merkittävä rooli lasten hyvinvoinnin tukijana.

Jatkotutkimusehdotuksena painotan erityisen terveydenedistämisohjelman suunnittelua järjestön käyttöön.

Asiasanat (avainsanat)

Lapset, orvot, Kambodzha, kansalaisjärjestö, NGO, hyvinvointi

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DESCRIPTION

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SOID - A local NGO supporting the well-being of orphans

Abstract

The purpose of this bachelor's thesis was to present work of a local non-governmental organisation (NGO) and its possibilities to make a difference in well-being of children. This research was conducted in a local NGO in Cambodia, in Siem Reap called SOID organisation. This thesis focuses on following issues: (1) How SOID finances its operations? (2) How SOID arranges health care services? (3) How education is organised in Cambodia and in SOID School? (4) Social backgrounds of children. (4) Future of SOID and children.

Material for the study was gathered by thematic interview. Key informants were director of SOID, five teachers and eight orphans. Orphans were seven to 16 years old. Interviews were conducted during summer 2010. Interviews were analysed using content analysis.

Research showed orphans had harsh life. Children were abandoned by their parents and lost their status in society. SOID organisation has enabled safe surroundings and possibility of education for these children. SOID provides free English classes to other unprivileged children in area. SOID does not provide healthcare services but arranges access on demand. Future visions include hopes of expanding project and to stabilise functions. Director had clear vision how to develop organisation. Children's future aspects were positive. Staff of SOID saw good prospects for children to prosper.

The most important conclusion that can be pointed out is significant role of SOID organisation supporting well-being of unprivileged children.

I recommend for further research and activity to create a specific health promoting program for SOID organisation.

Subject headings, (keywords)

Children, orphans, Cambodia, non-governmental organisation, NGO, well-being

Pages	**Language**	**URN**
41+4 appendices	English	

Remarks, notes on appendices

Appendix 4 has five pages

Tutor	**Bachelor's thesis assigned by**
Sirkka Erämaa	SOID

CONTENTS

1 INTRODUCTION

"The biggest enemy of health in the developing world is poverty." -Kofi Annan

Every year more than 11 million children in developing countries die from preventable illness. Half a million women do not survive during pregnancy or childbirth. More than 39 million people are living with HIV/AIDS and the epidemic is growing rapidly. Treatable illnesses become life-threatening when combined with poverty, lack of sanitation, war, inadequate health care and insufficient preventive measures. Two-thirds of child deaths are preventable through low-cost interventions. WHO is improving children's health by helping countries to deliver effective care. Investments in health systems are the key to prevention and delivery of quality care. Those who survive childhood still face many obstacles in the future. Children in developing nations have limited access to education. Economic, social and cultural factors keep more than a hundred million children from attending school. Most of these children are girls whom parents have taken out of school. Many of them have to take care of younger siblings, help with household work or to work. In the world's least developed countries mostly boys get education. Only 14% of secondary school enrolments are female students. (UNICEF 2010b, WHO 2010c)

Standards of living differ greatly between western developed countries and developing countries. These days we are able to get real-time global news and we have become aware of situations in developing countries. Developed countries give development aid to support the economic, social and political development and humanitarian aid to alleviate poverty. The fight against poverty is a long term work to empower people. Donations are made trough many different organisations. One part of the support is from individuals. Some people take time to volunteer to support causes they find important. One can volunteer from home or volunteer for few days during travel or even take some time off and stay for longer period. Volunteering is a great gateway to see and feel the culture, to get to know people and to realize personal growth. Working abroad, especially in a completely diverse culture what I am used to, gives me more perspective as a nurse and also to life in general. I have been learning about developing countries and make contacts around the world with people running non-governmental organisations and with people who have been working on humanitarian projects. I was

interested in organisations working at the grass-roots level and started to find out possible locations to see their work and to volunteer to give my share for worthy cause. This project gives me valuable experience of work abroad in different circumstances.

In the poorest provinces of Cambodia malnutrition, disease and lack of education are common. Yearly flooding, droughts and unemployment force many families to migrate to the big cities. Children from these families are at risk of being trafficked, forced to child labour or experience violence because of their poor and unstable living conditions. (WHO 2010). In summer 2010, I spend three months in Cambodia. I was working as a volunteer in a non-governmental organisation (NGO) called SOID. Organisation works in grass-roots level giving orphans and children of poor families an opportunity to attend school. SOID facilitates the empowerment of the poor in Cambodia to break the cycle of poverty. The mission of SOID is based on the concept of educating children in their native language and culture and English, while concurrently nurturing the physical and psychological well-being of the children and their families. The aim of this study is to show how SOID organisation can meet the well-being needs of community and children. My bachelor's thesis is made in co-operation with SOID organisation. This bachelor's thesis aims to portray the important work done in non-governmental organisations to support lives of children living in developing countries, in this case in Cambodia. Following issues are discussed in this bachelor's thesis: (1) How SOID finances its operations? (2) How SOID arranges health care services? (3) How education is organised in Cambodia and in SOID School? (4) Social backgrounds of children. (4) Future of SOID and children

2 THE THEORETICAL FRAMEWORK

Working and collecting data for my bachelor's thesis in foreign culture is a challenging task. Researcher needs reliable tools to reflect experiences and to gather material. I chose to use Madeleine Leininger's theory of transcultural nursing to find out the essential themes to focus on in data collection. Leininger's theory also serves as theoretical framework and final analysis of my Bachelor's thesis. Community-as-partner model created by Anderson and McFarlane is based on Betty Neuman's model of a total-person approach. It emphasizes a partnership approach to achieve efficient health promoting results and is a practical tool for data collection. (Leininger 1991; Anderson & McFarlane 2004.)

2.1 Leininger´s Sunrise Model

Madeleine Leininger (b.1925) is a pioneer nurse anthropologist. She has written or edited 27 books. Leininger has also founded the Journal of Transcultural Nursing to support the research of the Transcultural Nursing Society, which she found in 1974. She has done pioneer work to help nursing professionals become aware of the need to consider caring within cultural context. Her theory of transcultural nursing helps nurses to become more aware with people from different cultural backgrounds. (Leininger 2010). The ever-increasing multicultural population for example in European countries requires nurses to recognize and appreciate cultural differences in health care values, beliefs, and customs. Nurses must have the necessary knowledge and skills in cultural competency to ensure patient satisfaction and positive outcomes. (Maier-Lorentz 2008). To understand and help different cultural groups and meet their nursing and health care needs a health care professional can use Leininger's theory of transcultural nursing. Leininger's theory gives broader point of view to cultural values, practices and beliefs. According to Leininger caring for people is a universal phenomenon and the main purpose of nurses' work. The theory emphasizes nurses' cultural sensitiveness. (Leininger 1991, 33-37).

Leininger's theory describes how people's well-being and nursing are affected by environment. After nurses become aware of these matters, they can focus their attention to caring behaviour, their own values and beliefs and to other cultures. Nurse's personal-

ity is most important implement in interaction with patients and their relatives. Leininger emphasizes competence of a nurse and expertise to recognise their own cultural skills and skills to search required information when meeting people from different cultures. Leininger has created Sunrise Model to illustrate the major components of her theory. (Leininger 1991, 36-39; Tomey&Alligood 2002, 505.). Sunrise Model helps to visualise the dimensions of Leininger's transcultural nursing theory. It illustrates a full view of the different dimension of the theory. A researcher can obtain holistic perspective by using the Sunrise model. The Sunrise Model symbolizes the rising of the sun. The model is illustrated in Figure 1. (Leininger 1991, 49.)

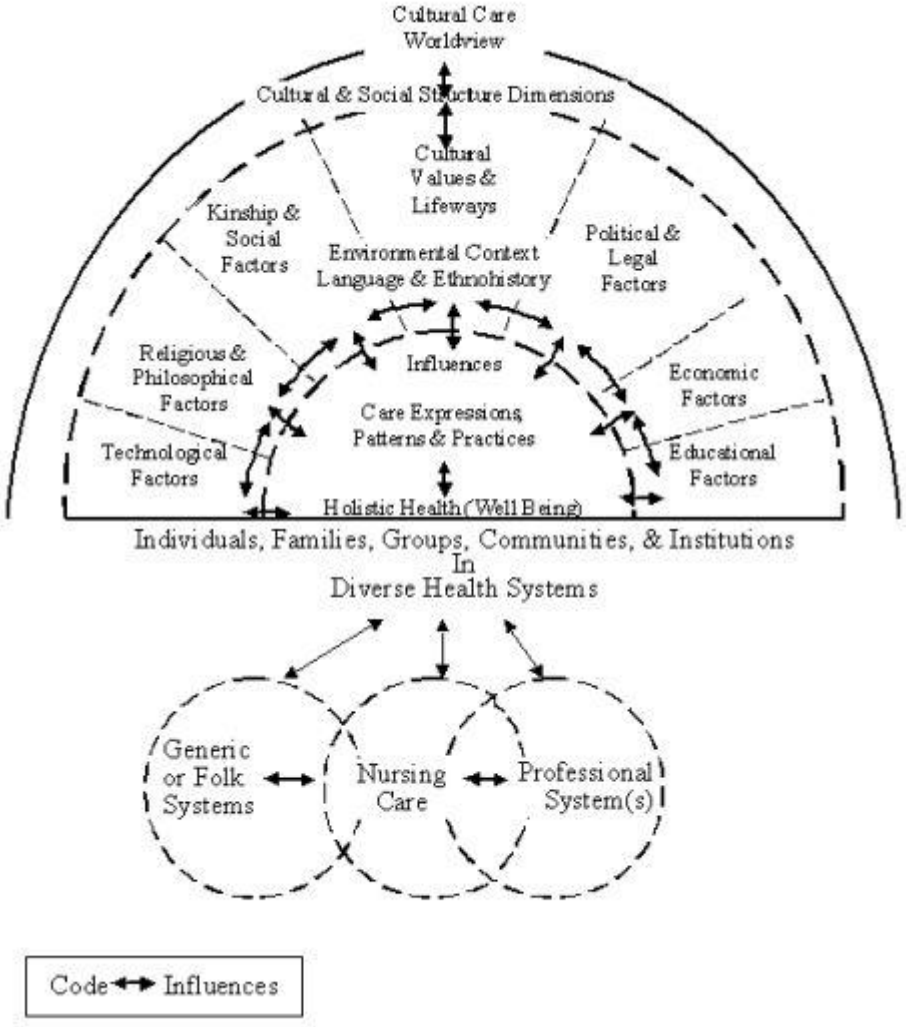

FIGURE 1. The Sunrise Model. (Juntunen 2001).

According to Leininger's theory people are inseparable from their cultural background and social structures. Society and its components together with culture, history and language can be seen in the upper part of the model. This component influence people's well-being, health behaviour and existing health care system. These factors affect

all other components in the Sunrise Model. Worldview factors in the upper half of the circle illustrate components of the social structure that influence care and health. Factors in the middle part of the model are folk, professional systems and nursing care. Every element in the model affects each others. Nursing care decisions and actions are presented in the lower part of the model. Leininger describes nursing as a bridge between the folk and professional systems. Nurses who recognise the content of the Sunrise Model are able to implement cultural congruent nursing care and to appreciate and understand the components of cultural care. Leininger describes components briefly. Technological factors refer to technology used and available in the living environment. Religious and philosophical factors tell how a person looks upon the world. Kinship and social factors include family life ways, beliefs, values and norms. Cultural values tell about general social interactions and kinship ties. Political factors are political or legal influences and influencers. Economical factors are for example cost of living and level of income. Educational factors mean the school system and accessibility to school. (Leininger 1991, 44-56; Juntunen 2001.)

I will use the Sunrise model as theoretical framework of my Bachelor's thesis. I will focus on four different sectors of the Sunrise model; kinship and social factors, economic factors, educational factors and diverse health systems. My research issues and questions will be based on these factors.

2.2 Community-as-partner model

The community-as-partner model (Figure 2) emphasizes the fundamental philosophy of primary health care. The model has two central factors. First is focus on the community as partner and second is the use of the nursing process. Model is based on Neuman's total person approach and it focuses attention on the response of the client system to actual or potential environmental stressors. According to Neumann the variables of person in interaction with the internal and external environment comprise the whole client system. The model considers the whole system greater than the sum of its parts. The people who make up the community are represented in the core of the assessment wheel. The core includes demographics of the population and population's values, beliefs and history. Residents of the community are affected by the eight subsystems of the community. These subsystems are physical environment, education, safety and

transportation, politics and government, health and social services, communication, economics and recreation. Each and every subsystem affects well-being in the community and in other hand community core influences these subsystems. Person, environment, health and nursing provide a framework for the community-as-partner model. Person is described as population or an aggregate. Everyone in a defined community represents the person. Environment may be thought of as community making it a network of people and their surroundings. Where people live, the work they do, the way they live, and any other factors they have in common may be links between the people in the community. Community-as-partner model sees health as a resource for everyday life, not the objective of living. Health emphasizes social and personal resources and physical capacities. Nursing is defined as the concept of prevention and all nursing is considered preventive. (Anderson & McFarlane 2004, 159-160.)

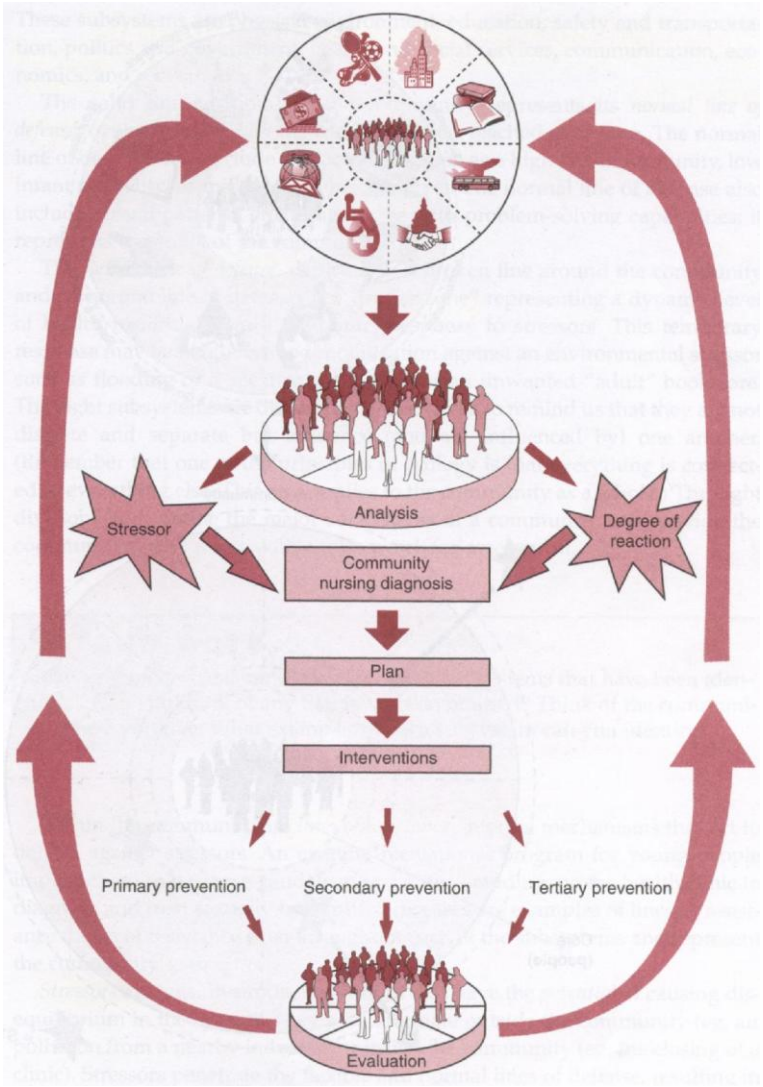

FIGURE 2. Community-as-partner model (Anderson & McFarlane 2004, 161).

Figure 3 explains different lines of defence or the level of health in the community. The solid line demonstrates normal line of defence or the current health community has achieved. Characteristics as rate of immunity, rate of infant mortality or middle-class income level are included in normal line of defence. It also represents the health of the community. Dynamic level of health resulting from a momentary response to stressors is shown as broken line around the community. Stressors can cause tension and stimulus that have the potential of causing imbalance in the community. Stressors can come from inside or outside the community. Outside stressors can be for example pollution from near industry. Inside stressor is, for example, closing of a local clinic. Stressors can penetrate the flexible and normal lines of defence, resulting in disruption of the community. All these factors contain assessment parameters for the community worker who views the community as partner. Analyzing data on these parameters with community leads to community health diagnosis. The community health diagnosis leads to nursing goals and interventions. The goal is derived from the stressors and may include the elimination or alleviation of the stressor or strengthening of the community resistance. This can be done by strengthening the lines of defence. All nursing interventions are considered to be preventive in nature. Primary prevention is nursing intervention aiming to strengthen the lines of defence or taking actions against stressors. In secondary prevention a stressor has already penetrated the community. Tertiary preventions are applied to prevent any additional imbalance when stressor has penetrated and a degree of reactions has taken place. Evaluation of the community begins with feedback from the community. Nurses' interventions and involvement of members of community in all steps of the nursing processes ensure relevance to the community. The parameters that were used for assessment can also be used for evaluation. (Anderson & McFarlane 2004, 159-167.)

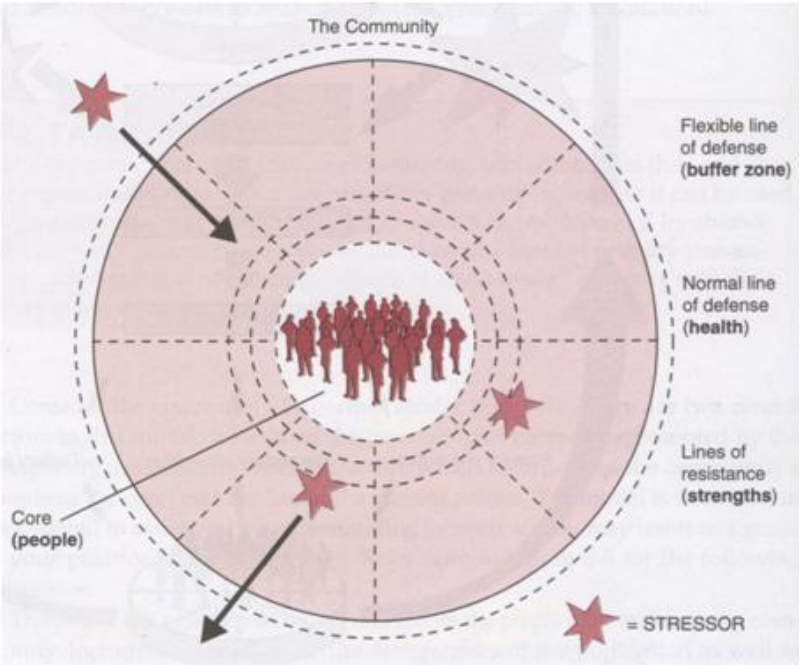

FIGURE 3. Illustration of lines of resistance and defence within the community structure (Anderson & McFarlane 2004, 162).

The community-as-partner model emphasizes professionals to use of partnership approach while working with a community to promote health effectively. A partnership requires a transformation of both, professional and client. Professional's role changes from chief actor to partner and the client role changes from passive recipient to partner. The partnership model is essential in addressing problems that many communities are experiencing today. A partnership approach has particular advantage in a reformed health care system that increasingly emphasizes active involvement and self-care actions of individuals and families to maintain health and prevent disease. Maintaining this partnership process requires a special commitment and responsibility. Professionals have to encourage partnership and facilitate a more active role in health for individuals, families and communities. There are several steps for professionals involved in the partnership process. First professional begins exploring for potential partners. With help of the partner professional gets familiarized with the community and commences facilitating dialogue. Facilitated dialogue involves listening with the intent of helping potential partners. This dialogue helps to discover or identify goals of the partner, and involve them in the process of goal setting, prioritizing and establishing strategies. Initiating a partnership involves risks for both, professional and partner. For the professional partnership requires giving up one-sided control. Professional has to share power and learn to develop a new type of non-hierarchical relationship with partner. Partner

has to take more responsibility for taking action and creating solutions and results. When partnership action is initiated the working phase can commence. These phases of the process lead to the ultimate goal. Goal is to enhance the partner's capacity to act effectively on their own behalf. (Courtney etc. 1996, 177-186.)

Community assessment is a process of becoming acquainted with a community. The people in the community are partners in this process. Nursing object in assessing a community is to identify factors that impose threats on the health of the people in order to develop strategies for health promotion. Community assessment gives information that is needed for change and empowerment. (Anderson & McFarlane 2004, 171). Empowerment is a process through which people gain greater control and start actions affecting their health. Empowerment can be used as the fundamental theory in projects and studies aiming to maintain human resources and prevent exhaustion. Especially people working in management would benefit from knowledge of the theory of empowerment. Manager can ensure the well-being of their subordinates. Empowerment can challenge our assumptions about the way things are and can be. Our basic assumptions about power, helping, achieving, and succeeding have to change. (Siitonen 1999, 51-55.) Community assessment for nurses means collecting and evaluating information about the community health status to discover existing or potential needs as a basis for planning future action.

I will use community-as-partner model and partnership approach as a tool to conduct my research and to collect data.

3 ESSENTIAL ECONOMICAL, ETHNOHISTORICAL AND ENVIRONMENTAL CONDITIONS IN CAMBODIA

Economical, ethnohistorical and environmental conditions affect people's well-being. (Leininger 1991, 46-49). I will study lives of unprivileged children in Siem Reap area in Cambodia. The children attend school and live in orphanage run by SOID organisation. I have composed this chapter to demonstrate essential themes of Cambodia.

3.1 Facts of Cambodia

Cambodia is located in Southeast Asia. Cambodia has borders with Thailand to the west and northwest, Laos to the north and Vietnam to the east and southeast. In the south it faces the Gulf of Thailand. The geography of Cambodia is dominated by the Mekong River. The surface area of the country is 181,035 square kilometres. Population is 13.4 million (National Institute of Statistics 2010). Cambodia is a constitutional monarchy. Phnom Penh is the capital, largest city and the principal centre for economics, industry, commerce and culture. Siem Reap, a city located near the famed ruins of Angkor Wat is Cambodia's main destination for tourism. Battambang, the largest city in western Cambodia, is known for its rice production and Sihanoukville, a coastal city, is the primary sea port. Approximately 90% of the 13.4 million people in the country are Khmers making it the major ethnic group. The official language of Cambodia is Khmer. The dominant religion (95%) is a form of Theravada Buddhism and the minority of population represent Christians and Muslims. The gross domestic product by sectors is following: agriculture 29%, industry 30%, services 41%. The agriculture produces e.g. rice, rubber and silk. Garment industry employs about one third of the work force and contributes more than 70% of Cambodia's exports. Mining attracts significant investor interest, particularly in the northern parts of the country. (CIA 2010.)

3.2 A brief history of Cambodia

Archaeological evidence suggests people were living in Cambodia as early as 4200 B.C.E. The Khmer people were one of the first inhabitants of South East Asia. They were also among the first in South East Asia to adopt religious ideas and political institutions from India and to establish centralized kingdoms surrounding large territories.

The golden age of Khmer civilization was the period from the ninth to the thirteenth centuries, the time of Khmer empire. In the 1850s French missionaries arrived in Cambodia and the state gradually came under French colonial domination. In 1953 Cambodia achieved independency. The king of Cambodia, Norodom Sihanouk, held all power until 1970. However in 1970 ongoing Vietnam War spread into Cambodia. A civil war broke out between the Cambodian right wing government and the Cambodian communist guerrillas led by Pol Pot. The Khmer Rouge captured the capital Phnom Penh and all of Cambodia in 1975. After capturing the capital Khmer Rouge forced evacuation of population to the countryside and started a communist revolution. Khmer Rouge regime abolished money, destroyed the school system and prohibited all religious practices. Supporters of the previous regime and large numbers of the educated members of society were executed. Many Cambodians died of hunger, illnesses and forced labour. Many were tortured and murdered during internal purges in the communist party. It is estimated that 1–1.5 million Cambodians lost their lives during the Pol Pot era. The Khmer Rouge ended in 1979 when Vietnamese troops occupied Cambodia. Vietnamese occupation lasted until 1989. In 1991 comprehensive peace settlement ended the hostilities in Cambodia. (Chandler 2000, 13-19.)

3.3 Demographics and epidemiology

The provisional total of the General Population Census of 2008 puts Cambodia's population at 13.4 million by March 2008. The population density is 75 per square kilometre. The male-to-female ratio is gradually normalizing after the distortions caused by 30 years of war in 20th century. Majority (81%) of population live in rural areas but there is a significant migration to bigger cities, especially among young people. The median age was just less than 20 years in 2004. The proportion of people aged 0-24 is twice that of those aged 25-50. (WHO 2010.)

Due to a decline in early mortality life expectancy has increased in the ten year period from 1998 to 2008 from 52 to 63.1 years for males and from 56 to 67.5 for females. The total fertility rate in 2005 was 3.4 births per woman. (WHO 2010.) The interval between births is relatively long, at a median of 36.8 months. In urban areas the total fertility rate is about one child lower than the rate in rural areas. National Institute of Statistics concludes that both education and wealth have an effect on fertility. One

quarter of currently married women have need for family planning. This is especially high among women in the poorest families and women with no education. (National Institute of Statistics 2005, 62-64.)

The Cambodian Demographic Health Survey 2005 reports a maternal mortality ratio of 472 deaths per 100 000 live births. Infant and under-five mortality rate is 66 and 83 deaths per 1000 live births. (National Institute of Statistics 2005, 117,122.) Socioeconomic characteristics influence infant and child survival substantially. These characteristics are living in an urban environment, the mother's educational level and the mother's household wealth. (WHO 2010).

Infectious diseases still constitute the main causes of mortality and morbidity. Leading causes of mortality are acute respiratory infections, HIV/AIDS, traffic incidents, high blood pressure and tuberculosis. Malaria continues to affect mostly the poorer communities living in forested areas, where over 2 million people are at risk. The total number of treated malaria cases in public health facilities in 2008 was 47 748. The number of reported malaria deaths in public health facilities was 240 in 2008. Cambodia has the highest incidence of tuberculosis in the Western Pacific Region, at 495 cases per 100 000 in a year. (WHO 2010; National Institute of Statistics 2005.)

4 CHILDREN IN DEVELOPING COUNTRIES

4.1 Economic factors

World Bank (2010) describes the term poverty: "Poverty is hunger. Poverty is lack of shelter. Poverty is being sick and not being able to see a doctor. Poverty is not having access to school and not knowing how to read. Poverty is not having a job, is fear for the future, living one day at a time. Poverty is losing a child to illness brought about by unclean water. Poverty is powerlessness, lack of representation and freedom." Poverty is usually measured as either absolute or relative poverty. Absolute poverty refers to a set standard which is consistent over time and between countries. The World Bank defines extreme poverty as living on less than US $1.25 per day and moderate poverty as less than US $2 a day. Poverty estimates show that about 1.4 billion people in the developing world were living on less than $1.25 a day, and 2.6 billion were living on less than $2 in 2005. Relative poverty views poverty as socially defined and dependent on social context. Relative poverty is a measure of income inequality. (World Bank 2010.)

World Bank definition of poverty is focused on material needs, typically including the necessities of daily living, such as food, clothing, shelter and clean drinking water. Poverty can be understood as a condition in which a person or community is lacking in the basic needs for a minimum standard of well-being and life as a result of a persistent lack of income. Poverty creates ill-health. Often people living in poverty are forced to live in environments that make them sick; without decent shelter, clean water or adequate sanitation. Better health is essential to human happiness and well-being. It also makes an important contribution to economic progress, as healthy populations live longer, are more productive, and save more. Ministries of health, government departments, nongovernmental organizations, civil society groups and communities influence the health status and a country's ability to provide quality health services for its people. (WHO 2010b.)

Poverty is one of the main reasons for the high prevalence of child labour in Cambodia. In poor households, every able member whether child or adult has to work to enable the family basic living conditions. This is all the more true in families where the male head is disabled or absent. The vast majority of child workers in Cambodia are either unpaid family workers or own-account workers, reflecting the fact that the most common type of child labour is employment in the family business. Survey in 1999 indicated that incidence of child labour is greatest among children aged 14 to 17 years. About 42 % of the children in this age group worked or had a job. There is a striking gender difference with one half of all girls but only one-third of all boys working. Child labour is more common in the rural areas of the country than in the urban areas. (Ministry of planning 2000.)

One of the most important reasons why child labour is considered harmful to children is that it diminishes their schooling opportunities. This means that education is one of the surest ways for children in Cambodia to improve their standard of living and escape poverty. Child labour has a negative impact on child health. Child labour exposes children in risk of physical injuries and vulnerable to workplace toxins and chemical hazards. HIV/AIDS is a deadly consequence of commercial child sex. Street children and sexually-exploited child domestic workers are also at risk of HIV/AIDS. Child sex workers are at even greater risk of HIV infection than adult sex workers as they are often less informed about HIV-prevention measures and in a weaker position to insist on condom use by their adult customers. Another adverse health impact of child labour comes from land mines. The long period of armed conflict and civil strife in Cambodia has resulted in extensive use of land mines in the country. Children who work in the rural areas and have to travel along remote roads and in forests for their livelihood are at risk of personal injury or death from these mines. (Ministry of Planning 2000.)

4.2 Diverse health systems in Cambodia

Health service users in general face a number of different barriers to accessing health services in Cambodia both on the demand and on the supply side. People face physical barriers and financial barriers. Quality of service and poor user knowledge of services cause problems. Annear also brings out socio-cultural barriers. The poorest who cannot overcome these barriers can therefore be excluded from necessary health care.

(Annear 2006, 15.) Health financing in Cambodia is characterized by an unusually high level of total health expenditure, relatively low government spending and high household out-of-pocket spending. Budget spending at approximately US$4 per capita per year makes government health spending relatively low. The public health budget is relatively small but constitutes a large and increasing proportion of fiscal expenditures. Budget allocations to public health facilities, district-level hospitals and health centres, are constrained. Most facilities rely on user fees to earn additional revenues for operational costs and staff payoffs. The principle issues in health planning in Cambodia are to improve the quality of public health service, reduce customers' out-of-pocket spending, increase the use of public facilities and provide access to health services for the poor. (Annear etc. 2008, 208-215.)

For poor communities in remote areas the physical barriers to accessing public health facilities are often unaffordable. People give up visiting health facilities because of long distances or the excessive travel time. There is also uncertainty that the health centre or referral hospital may not be open on arrival. Especially in remote areas facilities may only open for few hours each morning. Also poor condition of roads and lack of transport available are barriers to accessing health services. The cost of health services may prevent the poor from attending facilities. The uncertainty about costs is one of the main financial barriers. Informal and formal charges in public facilities can be unpredictable. Hidden costs could financially ruin a family for even routine services. In some situations health staff can collect these unpredictable "under-the-table" charges either instead of or in addition to official charges. (Annear 2006, 15-17, 43-45.)

Supply-side circumstances are often a barrier to access health services. Health staff may be poorly trained with lack of skills or a discouraging attitude towards patients. Diagnostic facilities and medical supplies are often deficient. The regulations of public health facilities are weak. Often health staff is denying good care at public facilities in order to attract patients into their own private practices. Inadequate information or misinformation may pose the greatest barrier accessing public health services. A lack of public confidence in government health services delivery creates barriers. In some cases users know services to be poor or are not aware of recent improvements in service delivery or reduced costs. Inadequate information about the performance of the health system presents a barrier to access. Potential users may simply be unaware of the exis-

tence of an adequate health facility. Lack of information about the financial requirements can create barriers for the poor. Socio-cultural barriers are beliefs and practices evident among communities such as lack of adequate formal education, illiteracy and ignorance about disease. Generally people in remote areas prefer to have home-based health care or prefer traditional healers because of financial and travel reasons. Cultural barriers can be seasonal. All family members are required to work during the rice planting or harvesting seasons. After the harvest money may be available to acquire health services. (Annear 2006, 15-17, 43-45.)

4.3 Educational factors

Modern education progressed very slowly in Cambodia. The French colonial rulers did not pay attention to educating Khmer. In the late 1930s the first high school opened. However, after gaining independence from France, the government of Prince Norodom Sihanouk made substantial progress in the field of education in the 1950s and 1960s. Elementary and secondary education was expanded to various parts of the country. Higher learning institutions such as vocational institutions, teacher-training centres and universities were established. Unfortunately, the progress of these decades was obstructed by the civil war and then destroyed by the Khmer Rouge regime. (Library of Congress 1987.)

Cambodia has three ways of providing and receiving education: formal, non-formal and informal. Formal education is general education provided in governmental schools or in private schools and it follows the curriculum for general education from Ministry of Education, Youth and Sport. The school system has pre-schools for children aged three to five. Primary education has grades one to six. Lower secondary education has grades six to nine. After grade nine is an exam to pass to enter upper secondary school. After grade twelve is an exam to graduate with a diploma. Diplomas from upper secondary school are used to decide which students will be allowed to continue to university. Governmental and non-governmental organisations plan and carry out non-formal education programs. Children, youth and young adults who have dropped out of school without completing the basic education level have opportunities to attend literacy and life-skills programs and short-term vocational training programs offered by Ministry of Education, Youth and Sport, Ministry of Women Affairs and non-governmental or-

ganizations. (Unesco 2010, 19-24; Ministry of Education, Youth and Sport 2010; UNICEF 2010a). Informal education providers are local communities, community groups, non-governmental organizations and private education providers which have developed programs that will enrich and broaden the national curriculum for general education. (Ministry of Education, Youth and Sport 2004, 6).

4.4 Kinship and social factors

Family has great importance in Cambodian society. Household is nuclear family with close relatives living nearby. Husband and a wife and their unmarried children form the nuclear family. Nuclear family is the most important kin group within Khmer society. Families have strict rules and many do not allow unmarried daughters to go out to nightclubs and bars in evening. Boys enjoy more freedom but are expected to look after their sisters. Rural communities are often clusters of households. Mutual aid and cooperation to and from affine kin help people to celebrate and support life events and to share material resources, information, services, advice and contacts. Household networks provide partnership and emotional bonds. Households share mutual aid for example in child care and transportation. Legally the husband is the head of the Khmer family and responsible for providing shelter and food for his family. The wife has considerable authority in family economics and serves as the major ethical and religious model for the children, especially the daughters. Household standard of living can be associated with physical domestic violence. (Ledgerwood 2008; Library of Congress 1987.)

According to Yount and Carrera (2006, 1), women with less years in schooling than their husbands, experienced physical and psychological domestic violence more often. Khmer culture is very hierarchical. In terms of status, age is more important than sex. Cambodians are addressed with a hierarchical title corresponding to their seniority before the name. When parents become too old to support themselves, they may invite child's family to move in and to take over running the household. At this stage in their lives, they enjoy a position of high status. Orphans and widows have to live with little or no male supervision. This can cause their neighbours to look down on them. Orphans and widows loose status in society because they have no men to protect them. The birth of a child is a happy event for the family. A Cambodian child may be nursed

until he or she is between two and four years of age. The children receive considerable physical affection and freedom. Children around five years of age may be expected to help look after younger siblings. Common terms for siblings in a family are "older" and "younger", recognizing the overriding importance of birth order. Children's games are strongly socialization or skill-based rather than winning and losing. (Ledgerwood 2008, Library of Congress 1987.)

5 NON GOVERNMENTAL ORGANISATIONS

The term non-governmental organization, NGO was formed in 1945 by United Nations to differentiate participation rights for intergovernmental specialized agencies and those for international private organizations. NGOs have to be independent from government control, not seeking to challenge governments either as a political party. NGOs are non-profit-making and noncriminal. The structure of NGOs can be a global hierarchy with either a relatively strong central authority or a more loose federal arrangement. Alternatively they may be based in a single country and operate in transnational level. Term NGO can refer to organisation on a local, provincial, national, regional or global scale. NGO type is defined by their orientation, which can be either charitable, service, participatory or empowering. Most NGOs depend heavily on governments for their funding even though the term non-governmental organization implies independence from governments. Local and international non-governmental organizations are making major work in the protection and promotion of children's rights. Contributions of NGOs include awareness-raising, research, documentation, and community empowerment projects. (Willetts 2001; UNICEF 2010.) The number of internationally operating NGOs (INGO) is estimated at 40,000 but these are associations, organizations or individuals working worldwide or regionally. These figures include only NGOs narrowly defined as ‘international’. They do not include national NGOs with an international orientation or local NGOs. Number of small NGOs is higher. Major INGOs are for example Amnesty International, Doctors Without Borders, SOS Save the Children Alliance. (Anheier, Glasius, Kaldor. 2001, 1-4.)

5.1 Convention on the Rights of the Child by United Nations

Convention on the Rights of the Child is an international convention setting out civil, political, economic, social and cultural rights of children. Nations that ratify this international convention are bound to it by international law. Compliance is monitored by the United Nations. Non-governmental organisations help to raise local awareness of the Convention on the Rights of the Child. NGOs organise informational meetings, distribute materials about the Convention and create grassroots support for ratification and implementation of the Convention and its Optional Protocols. They can challenge

politicians to make children's rights a priority. By monitoring government actions and programmes, gathering data on shortcomings and starting campaigns for legal and political changes, organizations can help create a world fit for children. The Convention itself invites participation by non-governmental organisations in the reporting and monitoring process. Governments are encouraged to consult non-governmental organisation and include their contributions into state reports to the Committee on the Rights of the Child. Non-governmental organisation or non-governmental organisation coalitions can also prepare and submit alternative reports for the Committee's consideration. Coalitions can produce more comprehensive reports than individual organisations. (UNICEF 2010; Willetts 1996, 214-225.)

5.2 SOID organisation

SOID (Supporting Orphans and Indigent People of Cambodia for Development Organization) is a local, registered non-government organisation in the province of Siem Reap, Cambodia. SOID is working to provide a home for orphans and solid education to the children of families who cannot afford to send their children to a government school. SOID is supported by donors and volunteers from around the world. The general idea is by investing in children it gives them a chance to break the cycle of poverty that exists to them and their family. (SOID 2010.)

The NGO was registered in early 1996. SOID has an orphanage and two schools; Veal Village School and ABC and Rice School. Orphanage has 8 residents, 6 boys and 2 girls aged 7 to 15. Veal Village School has approximately 180 students, 3 teachers and one assistant. Approximately 120 students are attending ABC and Rice School and it has 3 teachers. There is no core funding from government. All the funding is from donations and some minor fund raising by selling t-shirts etc. There are committed sponsors for all the orphanage children at present, which covers between 40-50% of the orphanage funding. There are regular contributing sponsors who fund parts of the operation and now make contributions to the building fund. A rough estimate of the total monthly budget for the project these days is about $2,500 USD. The building fund is at about $1,000 USD. Purpose of the fund is to acquire adequate land on which to relocate the existing school. Building fund is essential to improve the sustainability

of SOID by isolating it from rising rent costs. It also aims to improve the quality of physical infrastructure and to increase the capacity of SOID. Increased capacity also gives potential to offer evening programs to the adult community. (Wakeman 2010, SOID 2010.)

6 RESEARCH

6.1 Aims of the study

The aim of this study is to present the important work non-governmental organisations such as SOID does to support well-being of underprivileged children. I will focus on lives of the children living in the SOID orphanage. Following issues will be discussed in this study.

1. How SOID finances its operations?

2. How SOID arranges health care services?

3. How education is organised in Cambodia and in SOID School?

4. Social backgrounds of children

5. Future of SOID and children

6.2 Methodology

I composed a set of interview questions for first two issues above??. I use four different sectors from the Sunrise model. These sectors are economical factors, health care system, educational factors, kinship and social factors. Questions are based on these sectors. Interview questions are for the director and teachers. Questions for director (appendix 1) include all previously mentioned sectors and future prospects. Teachers answer educational factors and future prospects (appendix 2). Third study issue has empowering nature, both director and teachers answer it during interview and children from orphanage write and draw their dreams and hopes and describe their happiness. Treasure map (appendix 3) is a tool to focus on dreams. Treasure map is a window to what a child wants to be in ten years, where he wants to live, what he does for work and family. The Treasure map is a visual tool. (Nicehouse 2010). I use this method slightly adapted to suit my study.

A theme interview can be used to explain unknown phenomena. Theme interview is suitable research method when it is not known what kind of answers will be obtained and the answers are based on an individual´s own experience. A theme interview focuses on certain topics. Usually interviewees have experiences of similar situations. Semi-structured interview has more specific research agenda and is more focused. The informants describe the situation in their own words and in their own time. Key informants are persons who have special knowledge about the history and culture of a group, about interaction processes in it and cultural rules, rituals and language. As active participants in the setting, they have spent more time and have more experience of the setting than other informants. Key informants are guides to insider understanding and help researcher to become accepted in the culture. Through informal conversations, researchers can learn about the customs. Key informants have access to areas which researchers cannot reach because they live in a different location. (Holloway 1997, 94-97.) I composed questions using themes from the Sunrise Model described earlier.

Content analysis is a research method for making reliable and valid inferences from data to their context. The purpose of content analysis is to provide knowledge, new insights, a representation of facts and a practical guide to action. In inductive content analysis researchers derive themes and constructs from the data without imposing a prior framework and without counting. If there is not enough former knowledge about the phenomenon or if this knowledge is fragmented, the inductive approach is recommended. Researcher searches for general pattern and generates working hypothesis. (Holloway 1997, 34.)

6.3 Target group

The subjects of my study were children taken into SOID orphanage. There are altogether eight children aged seven to 16 years living in establishment. Two of them are girls and six boys. Except one child, all of them were found by Mr. Vanna in a Buddhist temple, a pagoda where monks provided them a shelter. These children come from bad backgrounds and they were abandoned by their parents and family. I worked as their English teacher during my stay in Cambodia. Director of SOID and English

teachers of SOID School were my key informants with in-depth information concerning lives of these orphans and the organization itself.

6.4 Data collection

In 2010 I spend three months working in SOID organization as English teacher first at the orphanage and then at the SOID Veal Village School where all the orphans attended. I was quickly accepted as a part of the community and got to observe children's daily life. To understand Cambodian culture and way of life, I had close relation to director and later on as I worked in school, to teachers. I made a lot of questions and observations in addition to questionnaires to get sufficient understanding about life in Cambodia and topics and thematic questions I had chosen to my interviews. I implemented all research questions at the end of my stay. I had requested permission for my study already when I agreed to volunteering. During my first meeting with director Mr. Vanna, I asked permission again and presented my scheme. He agreed and welcomed me to his organization and promised to assist if I need any help.

I conducted a comprehensive interview with director of SOID in one day because of his busy schedule (appendix 1). Director answered to questions concerning economics, health care, education, social and kinship factors and future prospects. I interviewed five English teachers during school days in casual circumstances (appendix 2). Questions related to education and future prospects. I had interview questions formed and categorized. I did some minor adjustments to questions to focus on subjects with higher level of importance to my studies. I organized two separate days to gather information from children. I conduct writing and drawing assignments whit eight children as a data collecting method (appendix 3). Assignment was to explain personal happiness and future dreams and hopes. English skills of children varied and were not sufficient. I had a Cambodian English teacher working as translator. I gave the children permission to write in Khmer language if they did not know how to say it in English. After everybody completed their assignment we translated texts together and let the child to explain his or her work to us.

6.5 Credibility and ethnicity

All interviews were made in English. The information must be presented in such a way that the subject can understand the object. All research jargon should be eliminated from the information given to subject. All questions should be presented in simple language and if there are words that might not be clearly understood, synonyms should be used. (Brink 1994, 206). I modified some parts of my questions before interviews. When there was a problem with understanding meaning of the question I re-phrased it. Answers were written down right after answering.

When researcher enters field where everything is new and unfamiliar, researcher must become familiar with the setting. Researcher develops deeper understanding of the culture, observations and interview data to ensure that the material is correct. (Brink 1994, 188.) If the researcher is not completely familiar with Cambodian culture there can be a possibility of misinterpret the answers. To minimize the risk of mistakes I familiarized myself with Cambodian culture, health and social services and school system by studying various orientation materials and asked questions from key informants. It was also my first time in South East Asia; I had to use more time and energy to cultural acclimatization and to study way of life in Southeast Asia.

Questions had no personal or intimate content. All teachers gave their answers anonymously therefore the results are considered truthful and reliable. (Neuman 1997, 452-453). There are always possibilities to mistakes when using foreign language. The question might get slightly misunderstood or researcher might misunderstand the answer. Faint changes in language use can be essential when a researcher tries to understand perspective of other people. (Neuman 1997, 411). None of the participants in this study were native English speakers. All members of SOID staff were Cambodians whom native language was Khmer and researcher's is Finnish. Teachers were university students of English language or students of pedagogy specializing in English. The director was fluent in English.

I decided to focus on the positive future for the children. My idea was not to ask children about their past. Director of SOID provided me all the information I needed. To prevent linguistic problems I had an interpreter who translated instructions to Khmer

language. To get more profound answers children wrote Khmer language and used pictures. Cambodian school system does not promote child to creativity and self-expression but rather to learn from example from the teacher. I had to give concrete subjects to children to focus on. While working among them I discovered that they had rather realistic views towards future. I decided to ask children to tell me about their future dreams, expectations and happiness. It is up to researcher to link answers with past and the future; and to see and understand cultural differences.

Different groups may have different interests and concerns, and their intersections may significantly shape the research design. (Neuman 1997, 411.) Research was conducted in a charitable organization highly depended on outside help. This factor can cause key informants to exaggerate or in other hand understate to get benefit. Employees may not bring up negative factors if they are worried losing their job or making harm to organization.

Target group of my study, the orphans living in SOID orphanage represent the whole population in Cambodia. Poverty is a phenomenon causing difficulties to many families and even force parents to neglect their child. My Bachelor's thesis focuses on importance of non-governmental organizations.

7 THE RESULTS OF THE STUDY

7.1 Economics

SOID, as most of non-governmental organizations does not receive funding from Cambodian government. None of the big charitable organizations are funding operation. SOID has a foreign donor, a private person who supports the organization with a large donation. Currently six out of eight orphans have a personal sponsor who donate approximately 50 euro a month per child to cover basic necessities such as food, clothes and school supplies. One part of the fundraising activities is printed publications which are being sold in the streets by dedicated fundraising staff. Printed magazine now replaces t-shirts sold before. Orphanage has received a water filter, television and a computer as donation from a private person. Recently Veal Village School received also lap-top computers and sewing machines as donation. In the beginning of summer 2010 SOID rented a large western style house to accommodate volunteers. House works as a guest house which profits are used to run SOID organization. Guest house project employs one fulltime employee. SOID is constantly looking for new ways to earn money. New plans include for example a travel agency which would be the first independent travel agency run by a charitable organization in Siem Reap.

SOID provides free English classes in its schools. Some families considered free education enough but few had to be "bought". To encourage families to send their children to SOID School rather than make them work, families received monthly small amount of rice and other food products. All orphans learn English in Veal Village School. Cambodia has numerous private education providers giving English lessons. Prices vary from just few dollars to hundreds of dollars a month and may include only one one-hour lesson per day. A higher price is not a guarantee to more intensive content. Nevertheless, poor families cannot afford to pay for education.

Cambodia is a country highly depended on tourism. Particularly many work in tourism in Siem Reap. Persons working in tourism can have better income and possibility of earning more on tips. International companies are also opening businesses in Cambodia and require good written and oral English skills. Additional language skills such as

French, Korean, Japanese and Chinese are much appreciated. It is essential to have good language proficiency to get a good job.

7.2 Health care

SOID does not provide health care services itself but it has a budget for emergencies. SOID acquires medical help if someone gets ill. The health care system in Cambodia is developing slowly and there are no resources to prevent spread of diseases or free access to public health care services. Price of a medical consultation varies from few dollars in a public hospital to hundreds of dollars in private hospitals. Siem Reap has a children's hospital free of charge but waiting times are very long there. Often a sick child is taken to a clinic rather than to queue at the Children's hospital. Cambodia has only two free hospitals dedicated only to children. People tend to come from long distances to get help and this causes overcrowding. Smaller illnesses are taken care with self acquired help from pharmacy. Self acquired help is common. Pharmacies sell all medicines without prescription and caregivers trust in expertise of pharmacist rather than prescription from a doctor. Traditional healers and healing methods are commonly used. At the moment SOID has no specific program for health promotion. A few years ago SOID acquired mosquito nets to families of school children. Plan for next year is to purchase new nets. There are no organized annual check-ups for the orphans. Public school has small scale health promotion as part of national curriculum from time to time. Health authorities arranged H1N1 vaccinations in Veal Village in 2010 free of charge and all orphans did receive this vaccination.

Orphans did not have good childhood as they were abandoned and some even abused. Some children encountered domestic violence which led to physical damage. One child suffers from liver problems. Few of them have concentration disorders and learning difficulties. Some of the orphans are also smaller in size than children of their own age because of undernourishment during early childhood. Orphans have good self confidence despite great possibility of psychological problems from childhood. Only one orphan has been bullied in school caused him to drop out. Organization has managed to get him to a different school with a child from the orphanage.

7.3 Education in Cambodia and SOID School

Excess of children and lack of funding and staff forces Cambodian school system to divide students in morning and afternoon groups. Half of the students attend school in morning and other half in afternoon. All primary, lower and upper secondary schools follow the national curriculum. Primary and lower secondary schools have grades one to nine and upper secondary schools grades ten to twelve. In primary school time allocation for the national curriculum is twenty-five 40-minute lessons in a week plus additional Local Life Skills program with two to five 40 minute lessons per week. Lower secondary and upper secondary schools have time allocation of thirty 50-minute lessons per week. Local Life Skills Program is aimed to primary school level and its purpose is to provide schools with time for extra-curricular activities such as social services and youth movement activities that will further develop student's social skills. National Curriculum includes Khmer language and literature, mathematics, sciences, social studies, foreign languages, health and physical education and sports. Two foreign Languages, English and French, are provided as part of the National Curriculum for all students from grades five to twelve. In primary level foreign languages are offered depending on the availability of school resources. Time allocation for foreign languages in lower and upper secondary school is four lessons per week. School days are from Monday to Saturday and school year is 38 weeks.

SOID school project works independently to enrich the National Curriculum. It is non-formal education provider. National Curriculum encourages private organizations and community groups to organize more education. SOID School follows schedules of the public school but only runs on five days per week. SOID School does not have own curriculum and teachers have been given freedom to provide language training suitable. Teaching is intensive and consists of two lessons called "hard teaching" and "soft teaching". First one includes vocabulary, grammar, conversations, reading and writing and the latter one consists of reading storybooks, language games and singing. School has classes on four different levels and a kindergarten. The school has created classes on levels based on skills rather than age. Kindergarten is created to teach basic Khmer and works as a day-care for youngest siblings of the children. Each student attends SOID School half a day and other half public school. It is mandatory to all children to attend public school to receive education at SOID. Director is informed if a child is

absent from public school for long periods or does not show up at SOID school. In case of long absence family is given notice and reason of absence will be investigated to ensure safety of the child. It has been rare occasions when this has happened. Children and their families seem to take a lot of responsibility to schooling and school is considered as a privilege. An interesting fact is that especially during rainy season both public and independent schools may be cancelled if it is raining. During rain going to school is inconvenient and can be dangerous. SOID School buildings are cheaply build huts with tin roofs. Classrooms get noisy when it's raining and teaching gets impossible.

7.4 Social backgrounds of children

All the orphans in SOID had the worst past one can image. Seven of them were found from a Buddhist temple, a common place to seek a shelter. One child is from Veal Village area. Three of children are siblings. Only two of children have at least one parent living but they don't have any connection to their child. Rest of them have no known members of family. SOID has published notices in newspapers and to notice boards to find any other relatives but with no results. There is very little information about their past as children were very young, but monks had some information to share. The most common known reasons for abandonment are alcohol related or parents have gone to seek work or separated. Alcohol problems have caused domestic violence and unsteady environment. Two fathers of the orphans are known to have suffered alcohol related deaths. In some cases marriage of parents has ended and father has left wife and children and remarried. In one case new wife did not want to take care of the child from previous marriage and left child without feeding. All of these children had to work since very young. Work varied from hard physical labour in rice fields to small jobs such as picking up bottles and trash and finding food from forests. To have food to eat has been comparative to amount of work and productivity. In Cambodian culture children are taught to take care of the youngest. After abandonment the oldest of the three siblings, who is now 16, has been taking care of six and ten years younger brother and sister. Eldest take care of young ones also among children who are not related.

Everyone in SOID agreed that expectancy to reasonable life is extremely low especially for an orphan living alone. Lack of social security forces people to manage their lives with little or no help from government. In recent years safety of a child has improved

as government begun reduction of child sex and human trafficking. There is no evidence of child sexual abuse with these orphans but it has not been ruled out either. It is still possible that a child can be sold and risk increases among those living in streets. People in Cambodia live close to each other and have strong connection to neighbourhood and surrounding community. All children brought out sincere happiness of having a home. Orphans have now a family and friends in same house making it a small community. Visitors and volunteers take children out and organize recreational events for them. Orphans have very close relation to director and his family and sometimes spend weekends at his house and help with babysitting.

7.5 Future of SOID and children

SOID project is constantly developing. Now oldest children are starting secondary school. Organisation has made plans for future and developed strategies for more personal approach to support each child's future. In 2010 SOID begun to organize facilities for vocational training and first provides computer and sewing classes. Hairdressing, craftsmanship and machinery repairs classes will start soon after. These new classes will teach skills for the future and this way help to get work to earn money. Children who do well in school and wish to continue to university will be helped to find a job to finance studies. Student may work as an English teacher for the organization or for example have a job in a hotel. Director of SOID has relations to many local entrepreneurs.

SOID is fund racing to buy own land to establish permanent facilities. Organization is now rents all its land and buildings. There is no certainty of renewal of lease agreements and rental prices are constantly rising. The idea is to buy own land and construct permanent buildings for 3 family-like children's homes, as many as 8 classrooms, a library and office facilities, an administrator's residence, volunteer quarters and to construct a playground and a community garden.

All staff members see positive future for the organization. They all agreed work of SOID has had positive effect on many communities. SOID will continue work to make strong influence towards developing communities. They also believed SOID will be able to expand in future to other communities. However, uncertainty of financial situa-

tion, funding and continuity of work preoccupies staff. Teachers liked working for SOID. All of them appreciated work to improve the communities and future of the children. Some of them have got help from NGO before to get higher education. Almost all of teachers are university students and teaching funds their studies and life. Teaching also gives them necessary work experience. Working for SOID organization has benefit of interaction with foreigners on daily basis. The teachers appreciate help and new ideas for teaching from volunteers. Their personal language skills have improved and they have better conversational skills to teach everyday English. Teachers were motivated to work.

Orphans are considered to be very lucky to have been taken to SOID. This has given them a change to live in a safe environment and have a normal childhood. Children receive daily meals and have people to look after them. For the moment orphans have welfare guarantee because of sponsors. All personal sponsors have met children before and regularly receive information about their well-being. Some visit orphanage regularly. Sponsors have status of godparent and are beloved amongst children. Director of SOID considers orphans to have much better changes in future than many Cambodian children. Orphans' social status has improved and they have bright future ahead. Girls have weaker position in Khmer society than boys but SOID can offer equal opportunities to each and every one. Especially girls are encouraged to educate themselves. Director and staff members believe all orphans have very good opportunities to live a normal life. Director emphasizes the importance of support from organization and progressive self responsibility in school and life.

Children expressed the importance of home strongly (Appendix 4 (1-5)). It was everyone's first answer when asked about happiness. Home was described as a concrete building and some described home specifically as orphanage. Children are proud to be Khmers and they respect history, culture and customs of Cambodia. Respect of elders and helping others appeared from their work and during conversations. All children are Buddhist and are religious like Khmers in general. Buddhist celebrations are important to all orphans. Children brought out feeling of happiness when they visit pagodas, temples and Angkor Wat. Trips and activities are appreciated and considered as special occasions. For all boys sports were important. All recreational activities had significant role in everyone's drawings. All consider school as great importance in their live. Chil-

dren appreciate education and enjoy school. Children's attitude towards both public school and English school was always positive. School was a place to spend time with friends. All different levels of school were represented in drawings and conversations and some children want to continue school all the way to university. Teenagers had already plans for the future. Two boys, who have very good grades at school, have strong intentions to become teachers. One of the girls is interested in makeup and hair and her dream is to work as a stylist. Just one child, a teenager, was talking about marrying and having a family in future. For him it was important that his children will go to school. All children were able to tell about their dream jobs and goals at school and to describe happiness. Older children believe they will achieve a good life and good job in future. Smaller children expressed happiness of life in drawings. When observing their life in general I could see that they are living a happy childhood now.

8 CONCLUSIONS

Leininger's Sunrise Model shows that every dimension of the model has its own meaning for people's health and well-being. Life of a Cambodian (Khmer) is sum of historical background of the country, religion, cultural values, politics, economics, education, health care, kinship and social factors. All the factors are connected to each other and subsequently also to life of an individual. (Leininger 1991, 49.)

Economics are directly connected to other factors studied in this Bachelor's thesis. Education and healthcare both need funding to work. In turn, education and health provides better change to cope with life and prevent risk of social exclusion. In a poor country like Cambodia vast majority of people are constantly struggling with financial situation. This creates weaknesses and threats to an organization which are funded by individuals. SOID is highly dependent on financial support from donors. Lack of support from Cambodian government and international NGOs keep SOID's growth rate low and investments minimal. SOID organization makes annual and monthly budgets and goals are based on resources available. Despite financial uncertainty organization is making long-term plans for development. Constant development and planning is a strength that reflects willingness of the organization to improve and expand its activities. There is either no concrete written agenda to present planned improvements or research to demonstrate achievements so far. One of the main problems for funding is lack of publicity. SOID is represented in Facebook but not actively. People in developed countries are more conscious these days and willing to support humanitarian relief projects. Small local organizations have to make people aware of their work. Besides donating, many volunteer in developing countries. Volunteer usually browse internet more carefully to look for possible places and possibilities in various sources. Variable amount of volunteers arrive each year to help SOID, on average one or two volunteers work in the organization each month. Volunteers bring good publicity to organization and recommend it to others. A core group of previous volunteers maintain connection to SOID and give out help. Organisation does not receive many donations from volunteers. Volunteers usually have small budgets and tend to travel. SOID is run by one man who takes care of all management of the organization. He has overwhelming amount of responsibilities like finances, donors, staff, volunteers and search for healthcare services for children. Focusing on everything is difficult under an workload.

This is part of Cambodian culture; Khmers are really hard working people and is not always appropriate to ask for help. When I observed everyday life I noticed dominant "do-it-yourself" culture. Cambodian laws can be complex and legislative matters cause problems. Legislation can change, it can be interpret in many ways and common people not always have adequate knowledge of laws. People and organizations with high status have much power in Cambodia and this can cause a negative impact to private entrepreneurs in small and medium organizations. High authorities and corporations can easily dictate rules for peoples to follow. Bribes and payoffs not seem apparent in business but bribes are in fact used. People with money and connections to authorities can go around legislation and rules. One volunteer has opened one more school for SOID working on same principles as the others. This brings out legislative problems mentioned previously as foreigner has very limited jurisdiction in Cambodia.

Every child is entitled to education. It is critical to our development as individuals and as societies, and it helps pave the way to a successful and productive future. Education enhances lives by ending generational cycles of poverty and provides a foundation for sustainable development. SOID's work emphasizes gender equality. Although SOID only provides English classes for the moment it has an active role in children's social, economic and political development. Free English education better equips poorest girls and boys with the knowledge and skills necessary for the future. SOID's intensive curriculum allows students to have equal basis. Children and staff interact with foreigners on daily basis which gives them experience of communication. Small budget not allows best premises for teaching. Classrooms are cramped with no room for more students. Currently land can be rented in five-year periods, which cause uncertainty towards future. Educational material is also limited because of resources. SOID provides students with pens and notebooks but not books. Acquiring books is families' responsibility. When an initial cost of books is compared to income of the families, it is impossible to purchase books. Few students have their own books. Students usually copy texts from whiteboard to their notebooks. Orphans have study materials they received from sponsors but these are only used in their own activities. High level of unemployment ensures qualified staff in the organization. All job openings have good turnout of candidates. Children attend school regularly and study hard but there is no research how motivated they are to learn and if all of them understand importance of English. In Cambodian culture is not appropriate to complain. Children receive a lot of attention from SOID

staff and foreigners. They enjoy many privileges than average child in Cambodia. This can lead to laziness and false expectation that everything come free and without work. Director of SOID is a strong authority to orphans and he demands achievements and progress from everyone. Part of culture is to respect elder and act as an example to younger ones. Orphans were eager to have conversations and used their language skills every time new people came to see the work of SOID. High turnover of volunteers has its ups and downs. In general a volunteer spends three weeks in organization; this may cause insecurity among children. During past years most of them have got used to this and appreciate new things they learn during volunteer's visit.

Lack of healthcare plan and plan for health promotion in the organization can cause problems. Health promotion program is not included in SOID's growth plan. People in Cambodia have no knowledge of health promotion. Fluctuating financial resources of SOID can have negative impact to healthcare access. There is no social security or healthcare plan for adults working in SOID. Previously I mentioned that SOID is run by one man. If he gets ill there is nobody to take care of the organization. Malnutrition of orphans during childhood is causing health problems today. Teenagers are smaller and weaker than children same age and puberty has not yet started. I can only make assumptions based on the answers of SOID staff and my own remarks because there is no research on this matter. Genetic and environmental factor, nourishment as well as stress and social factors influence beginning of puberty. Nutrition is now very well taken care of. Slow progress in improving healthcare in public sector gives more responsibility to private operators working in communities. In the end future is up to people if they wish to act. Social status in Khmer society is essential to have success in life and to have respect in community. Orphans have been adapted back to society and have gained equality. All orphans in SOID have really good possibilities to prosper in life.

8.1 Summary

SOID organization struggles with funding. All financial support comes from foreign donors and small scale business No international organization is funding operations. SOID is making long-term plans to grow and increase its line of activities. There is no written report yet of these plans. SOID has no health care plan and a plan for health

promotion. Currently introducing health promotion is not included in future plans. Good publicity is the key for success to a non-governmental organization. Even though SOID has a website and friends of SOID have created internet forums SOID is not well known. More publicity is essential to attract new sponsors and volunteers. Legislation in Cambodia is complex and often dictated by big organizations and high authorities. This complicates work. SOID provides gender-equal English education. Education helps to keep children out of work and gives them skills to interact with foreigners. Cambodia is highly dependent on tourism and the best job opportunities are in tourism business. Premises for teaching are cramped and there is no room for more students. Learning material is limited and there are no books. High rate of unemployment ensures qualified staff. SOID can choose the best from many candidates. All children attend school regularly and appreciate teaching and new volunteers. Orphans have gained social status and now have good basis for their future.

8.2 Recommendations for further research and activities

This Bachelor's thesis is a brief report of SOID activities and influence to the local community. Observations remain in general level and not all aspects of Leininger's Sunrise model are discussed. Further research could include different aspects not presented in this bachelor's thesis. There is already a contact to SOID and this can be used to deepen relationship. Further work could include developing SOID's new activities in partnership. Partners together with SOID could find new ways to raise funds, to support and improve existing fund-raising activities and to create publicity campaigns. I also recommend the developing health promotion programs for children. Simple ways to promote health could be used in different organisations and countries, too. SOID needs also a written plan to present its future intentions to gain reliability.

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APPENDIX 1

Interview questions for the key informant, director of SOID organisation.

Kinship and social factors:

- Can you tell me about the children attending your school and children living in orphanage?
- How did you find children to SOID School and orphanage?
- What kind of family and social backgrounds do orphans come from?
- Do these children have family members or relatives living?
- Are any of these children working now or did they work during childhood?

Economic factors:

- Can you tell me how SOID is funded?
- Are families paying for education in SOID School?
- What would be possibilities for children to study English without SOID?
- What are chances of employment after finishing school?

Educational factors:

- Are children attending to school regularly?
- What are your chances of keeping children in school?
- How many hours of education does a child receive in a day/week?
- What are chances for an orphan to apply to a higher education?

Health care

- Did orphans have any health problems during childhood?
- Does SOID organisation provide health care services?
- If a child gets ill, what are their chances to get medical help? (Orphanage, school)
- How are health care services organised?
- Do you have ways to promote health of children in orphanage and school?

Future

- How do you see future of these children? (Hopes, dreams, fears, family, work)
- How do you see future of SOID organisation?

APPENDIX 2

Interview questions for the teachers of SOID organisation.

Educational factors

- How do you feel about teaching at SOID organisation?
- Can you tell me about the National Curriculum?
- What kind of school curriculum do you have?
- Do you think the national curriculum is adequate?
- What is a daily routine in the SOID School?
- Are children attending to school regularly?
- Are children eager to learn?
- How do you rate their knowledge?

Future

- How do you see children's chances of applying to higher education?
- How do you see future of these children? (Hopes and dreams, fears, family, work)
- How do you see future of SOID organisation?

APPENDIX 3

First assignment:

Take a moment to think about your dreams and future hopes.
Make a “treasure map” using pictures, sentences and words.
You can use following themes in your work:

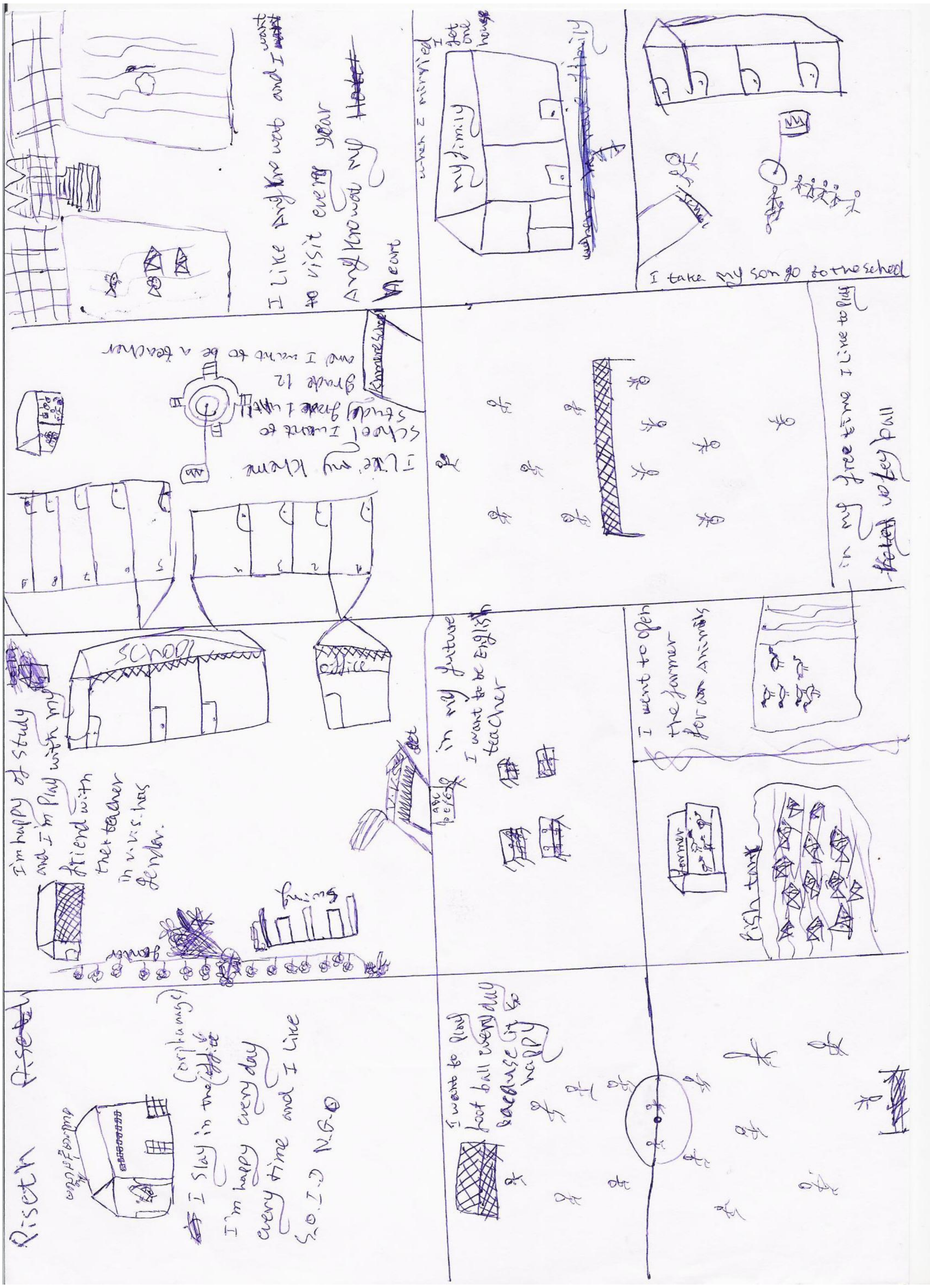
- School
- Where would you like to live?
- What do you want to be when you grow up?
- What is your dream job?

Second assignment:

Using pictures, sentences and words describe me your happiness.

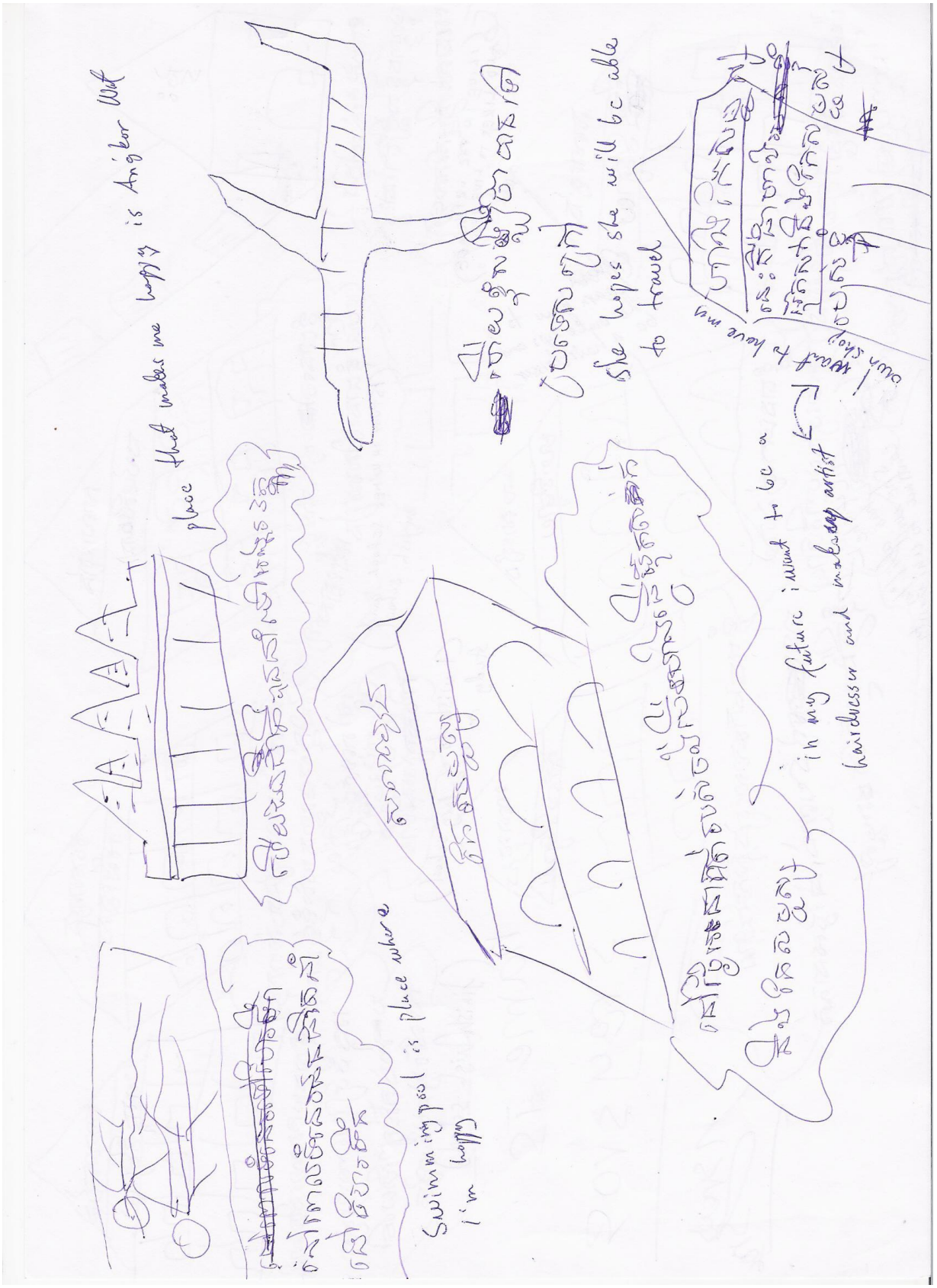
- What makes you happy?

APPENDIX 4 (1)



Piseth
I take my son go to the school
in my future I want to be English teacher
I want to open the farmer for an animals
fish tank
farmer
school
office

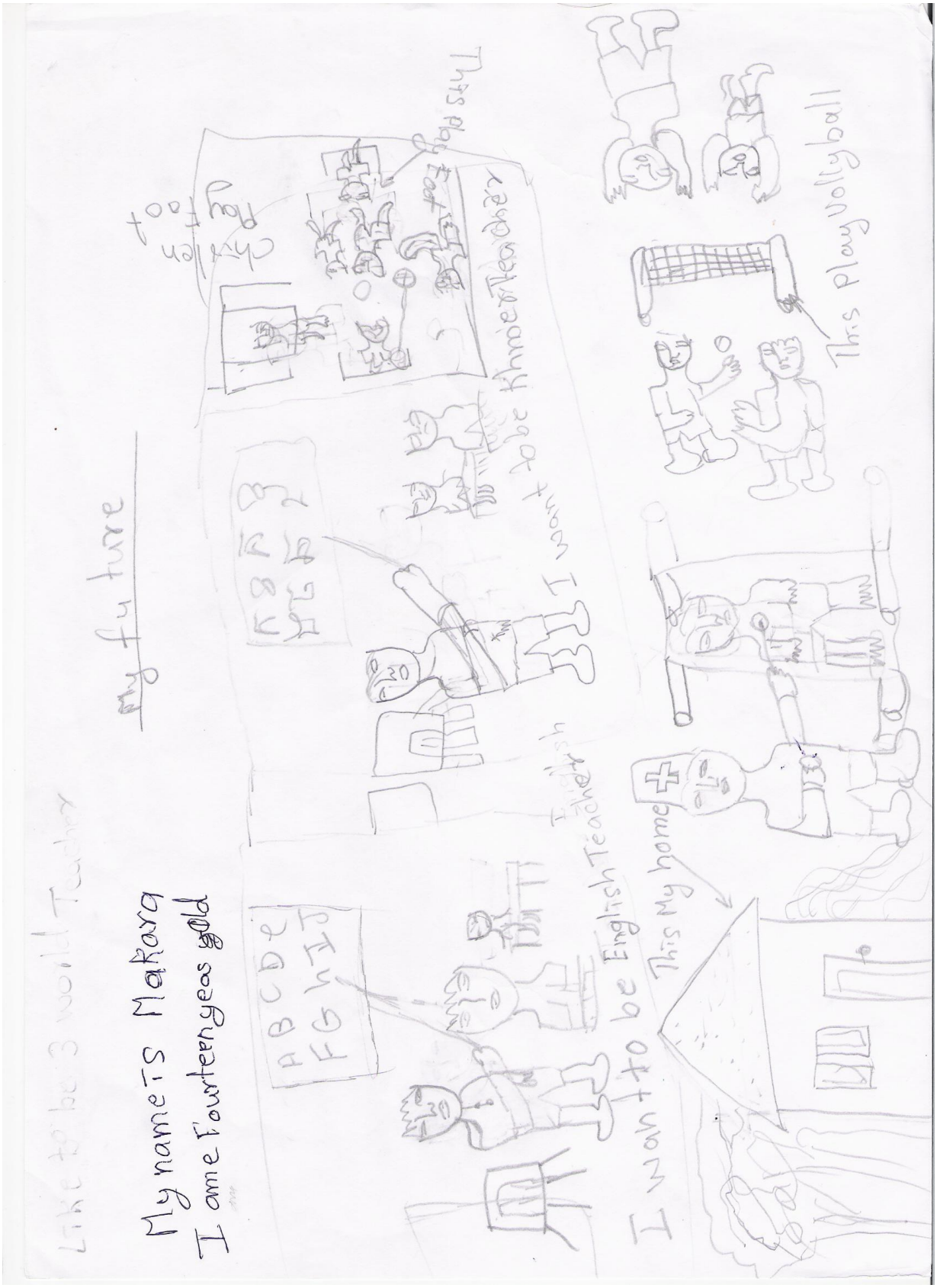
APPENDIX 4 (2)


place that makes me happy is Angkor Wat
Swimming pool is place where
i'm happy
she hopes she will be able
to travel
i'm my future i want to be a
hairdresser and makeup artist

APPENDIX 4 (3)


name is
I wish to study in secondary school
I study in
I live in the orphanage and also likes to live here

APPENDIX 4 (4)


My future
Like to be a world Teacher
My name is Makara
I ame fourteen yeas gold
I want to be English Teacher
This My home
This Playvolleyball
I want to be Hairdresser
This play football

APPENDIX 4 (5)