



# CAMBODIA 2012

Capacity Building Program

## CANISAR - CAMBODIA 2012

In May 2012, a team of volunteers will deploy to Cambodia on a 10 day trip to provide aid and training. The program will consist of 5 main components covering all aspects of a Capacity Building mission, providing different types of aid and support to a variety of communities and other in-country programs.

- 1 • Mobile Clinic (MMCU)
- 2 • SAR & Fire Training
- 3 • Water Program
- 4 • Orphanage
- 5 • Lake Education Program



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## **BACKGROUND INFORMATION**

C.A.N.I.S.A.R (Canadian International Search & Rescue) is the international arm of O.V.E.R.T operating all over the world during times of disaster. Its volunteers consist of Police Officers, Paramedics, Firefighters and Civilians. The team specializes in Search & Rescue Operations including K9 SAR, Water Purification and Medical Aid.

O.V.E.R.T is the Ontario Volunteer Emergency Response Team – a registered Canadian charity operating out of Durham region. O.V.E.R.T consists of a group of highly trained SAR personnel who at a moment's notice are deployed to any local disaster.

As part of its mandate, O.V.E.R.T through C.A.N.I.S.A.R launches non-emergency (Capacity Building) trips around the world once a year in order to train other SAR teams around the world, provide education and assist with community development and empowerment in third world nations. This also allows volunteers who normally cannot deploy on emergency missions (due to work or family) to experience an international deployment and assist their fellow world citizens.

## **TEAM LEADERS**

This program is being led by professionals in the humanitarian field, both domestically and internationally.

### **GLEN TURPIN**

A Durham Region police officer for 20 years, Glen has been leading O.V.E.R.T for the past 15 years, to this day he has led numerous Search and Rescue missions locally and as part of C.A.N.I.S.A.R he has led several international programs including: *Haiti (Cholera Outbreak 2011)* – *Indonesia (Earthquake 2009)* – *Peru (Earthquake 2007)*.

Glen is an expert in many aspects of humanitarian work including Search and Rescue, Water, Logistics and security.

### **AMIR AZIMI**

With over 8 years of experience in the field in dozens of countries, Amir brings a lot of knowledge and useful resources to the program. In the past he has acted as a media specialist, logistical officer and team leader in the field during international programs such as: *Haiti (Cholera Outbreak 2011)* - *Haiti (Earthquake Response 2010)* - *Cambodia Capacity Building (2003, 2005, 2006, 2010)* – *Bangladesh (Cyclone 2007, Flooding 2007)* – *Pakistan (IDP crisis 2009, Earthquake 2008)* – *Guatemala (Landslides 2006)* – *Indonesia (Earthquake 2009, Floods 2007)* – *Mexico (Floods 2007)* – *Sri Lanka (Complex Emergency 2007, Capacity Building 2005)* – *China (Earthquake 2008)* – *Gaza Strip (Crisis 2009)*

Amir has worked directly with several major international humanitarian agencies which has gained him astonishing experience and an extensive list of contacts.

## CAMBODIA AND ITS PROBLEMS

To this day, Cambodia is still struggling from its dark past. Just 30 years ago the world stood by and watched as over 1.5 million Cambodians were brutally murdered (21% of the country's population) under the Khmer Rouge Regime headed by Pol Pot. This was one of the worst human tragedies of the last century.

As in the Ottoman Empire during the Armenian genocide, in Nazi Germany, and more recently in East Timor, Guatemala, Yugoslavia and Rwanda, the Khmer Rouge regime combined extremist ideogoly with ethnic animosity and a diabolical disregard for human life to produce repression, misery and murder on a massive scale.

### The Beginning

Cambodia is located very close to Vietnam. During the time of the war in Vietnam, Lon Nol (a rebel politician and soldier) took power of Cambodia. He was backed by the United States. United States air power came more and more present in the country, leaving an estimated 750,000 Cambodians dead. This was the mainly a result of Vietnamese soldiers fleeing into Cambodia. A relatively small guerrilla movement in Cambodia, called the Khmer Rouge, was led by Pol Pot; who had been a student in France and later a school teacher in Cambodia. With time, the Khmer Rouge had a surge in their numbers, as the increased American bombing infuriated the population against Lon Nol. Cambodia fell to the Khmer Rouge practically overnight. The same year that Saigon fell to Northern Vietnam; 1975.

### The Genocide Begins



After taking power, Pol Pot started a campaign to rebuild Cambodia similar to Communist China. This meant that people had to leave the cities, and were forced to work on large, government farms. Education and healthcare was shut down; children were separated from their parents and put into work camps as well.

### The Genocide

Year Zero was declared. All Professionals were targeted and killed, including doctors, lawyers, teachers and engineers. Their extended families were also killed. All of the leading Buddhist monks were killed; and religion was banned. Citizens were shot and killed for many things, including but not limited to wearing glasses, laughing, crying, and even for knowing how to speak another language. Those not killed became slave labourers for the government. They worked very long hours, with very little food. Sickness had only one cure: death.



## The End of Genocide

The genocide stopped when Vietnam invaded Cambodia in 1978. The Khmer Rouge were overthrown, and were sent into a retreat. They received aid from the U.S; as well as held on to the official Cambodian seat in the United Nations. The Khmer Rouge fought against the newly appointed government with the help of U.S and U.K training, funds and weapons. These were offered because of the shared hostility towards Vietnam.



## 30 Years after

Mass graves are still being found in Cambodia. Estimates say that at least 20,000 mass graves are in the country. Bones are removed and put on display as a tribute and memorial to the genocide

Land Mines and Unexploded Ordnances (UXO) also still exist in some rural parts of Cambodia. Many international land mine removal agencies are estimated to be working in Cambodia for years to come. Annually hundreds of people are injured or killed as a result of landmines. During the Khmer Rouge regime and the Vietnam war, hundreds of thousand landmines were air dropped onto Cambodian soil. Many of them targeting children. Russian made mines were constructed to look like toys. As they hit the ground they would activate and wait until a child picked one up.

Cambodia is still recovering from its horrific past. A generation is missing. People who visit Cambodia notice that void.

Lack of education, poverty, corruption, human trafficking and HIV are still big issues being battled by the locals who are trying to rebuild their country. In the past 10 years, the tourism industry in Cambodia has boomed. This is bringing much needed money for better infrastructure to the country.

*“To spare you is no profit, to destroy you is no loss.”* Khmer Rouge slogan

## **MOBILE CLINIC**

*The following program will not be fully launched during this trip. Research and meetings with medical and government officials will take place during this trip to finalize the plan and set a target budget and launch date for the following year. Nurses on this trip will be sent out to rural villages to do a needs-assessment.*

### **OUTLINE**

We do not believe in Band-Aid solutions when it comes to medical clinics. This is why CANISAR is working closely with local hospitals and medical professionals in Cambodia to set up an effective Mobile Medical Clinic Unit (MMCU).

The team will organize and bring to life a Mobile Clinic which will consist of three vehicles, medical equipment and local medical personnel. Our goal is to empower the local community to reach out and help each other in the long run.

Many people in Cambodia don't have access to medical care like we do. There are subsidized hospital for children which are operating successfully, but a lot of people in rural areas do not have the luxury of transportation to get to hospitals in the larger cities.

### **HOW THE M.M.C.U WILL OPERATE**

There will be three vehicles dedicated to the mobile clinic. First vehicle will act as transport for the doctors and nurses. Second vehicle will be transporting medical supplies and medicines and the third vehicle will act as an ambulance.

Local doctors will scout and select four rural villages at a time. The mobile clinic will visit the first village and be stationed for 2 days (depending on the patient volume).

Then the mobile clinic will move to the second, third and fourth village. Once all four villages have been visited and patient care has been provided the mobile clinic team will visit the first village again to see if there are any new patients. This rotation will go on until the patient volume has significantly decreased.



Not only will medical care be offered at these villages during the visit, councilors will also be on hand to speak to children or women who suffer abuse.

Hygiene and safe sex practices will also be thought and condoms will be available for free.

This program can be adopted in the future to other countries such as Haiti which to this day has no ambulances or emergency medical care. Especially in rural areas.

## **SAR & FIRE TRAINING**

Paramedics, Firefighters and SAR personnel will be providing extensive refresher training to the firefighters at the Siem Reap International Airport. These firefighters also respond to emergencies throughout the city and need constant training.

### **INITIATIVE:**

SAR training will also be provided in case of natural disaster in Cambodia or in case the Cambodian government deploys their team to other emergencies in Asia.

The goal is to create an excellent Cambodian SAR team so they can be deployed to assist their neighbours in times of need.

Cambodia will become a “hub” for C.A.N.I.S.A.R’s South East Asia programs. By taking advantage of our in-country partners’ resources, the team will aim at setting up a field office in the future to oversee distribution of aid and personnel in the region.

Members of O.V.E.R.T/C.A.N.I.S.A.R will be donating Search and Rescue gear alongside Ottawa Fire Department which will be donating Firefighting equipment.

*An extensive list of donated items is attached in the Packing List section*



## ORPHANAGE



Chres Orphanage (pronounced Shrey) is located 15 minutes outside of Siem Reap in the village of Chres. [://www.cambodianorphanage.org.uk](http://www.cambodianorphanage.org.uk)

At any time it houses over 50 children – all between the ages of 3 and 18. It is a wonderful place ran by a local young man who started the orphanage with his father.

In 2010, with the financial support of friends and family – a CANISAR member built a new classroom on the grounds for the kids.

The orphanage is slowly expanding with the support of international travelers who visit this humble place.

### **INITIATIVE:**

Our goal is to build 2 dormitories for the kids with proper beds and mattresses. Currently the kids sleep on the floor of their library on old dirty sheets.

Volunteers on this trip will assist with fundraising to cover the costs of the new building and the sleeping materials and also will physically assist in construction.



## **FLOATING VILLAGES**

Much is studied and written about the unique aspects of the Tonle Sap Lake and its surrounding region: its exquisite beauty; the area's biodiversity and the unique hydrodynamics that lead to the Tonle Sap providing roughly a third of the protein (from fish) for more than half of Cambodia. Little, however, is said about the people who live upon the lake in "floating villages" and along its shores.

They are an ethnically diverse population of Khmers, Cham, and Vietnamese who experience a life isolated from both the modern world and the progress that is happening in much of Cambodia. Many communities are hours or even more than a full day away from any medical care or expertise. There are over 170 floating villages throughout the lake.

Majority of the Vietnamese people living on the floating villages are refugees who do not have land in their own country or have been forced to leave. Many of the Khmer people have had their homes taken away by the government to be replaced by commercial buildings.



Floating church on Tonle Sap

## **WATER PURIFICATION**

Due to the large number of people living on water, the quality of the river water is extremely bad. Residence defecate and bathe within a few meters from each other. The water is used for consumption and for cooking. This causes a large number of different gastric disorders. It also affects the rest of the country as the fish from this river is consumed all over Cambodia.

The program will allow the team to hand out water filter units to families and educate them on the importance of clean drinking water and the operation of the filter units.



"Floating village" resident and her children

## **EDUCATING MOTHERS**

Much like the poor uneducated people from the rural areas throughout the country, many of these families rely on their young children to be the breadwinners. Often they are sent walking for hours every day to the bigger cities in order to act as “street kids” to beg for money. Some of the kids “rent” newborn babies from other financially distraught families in order to use the baby as a prop for when they are begging.

Some families send their children to work as sex workers, servicing thousands of sex tourists who visit South East Asia every year. Some of the kids are sold to human traffickers who take them to Thailand and Japan. Some are forced to work locally servicing tourists in hotels across Cambodia. Girls as young as 9 years old end up in the trade.

These unfortunate realities are resulted from lack of education.

It is our goal to set up a permanent program to educate mothers in making better choices in life for their families. Teaching them about the dangers that their children face every day working as street beggars. Teaching them about the physical and mental abuse that their children go through working in the sex industry and the high risk of sexually transmitted diseases. The goal is to teach them that it is not ok to sell their child as a sex worker. That putting their children through school will benefit the whole family in the long run.

The program will also educate them on some basics in everyday living: hygiene, safe sex, detecting certain emotional problems within family, identifying abusive behavior and also water purification. Families will be given water filters and be thought on how to operate them and use them.

## **MOBILE MEDICAL CLINIC**

The MMCU program will also be adopted on the lake. Through our partner TLC (Tonle Sap Clinic) our team will deploy a speed boat as an emergency vehicle to travel along with TLC staff as they visit the floating villages assessing patients.

During the 2012 program, nurses and paramedics will accompany TLC in order to provide medical care to the current floating villages that the organization supports.

The long term goal is to combine the water mobile medical clinic with the one on land. If the patients are in need of care which can only be provided in hospitals, they will be transported to land and taken to a hospital by our land mobile medical clinic unit.



A child entertaining tourists with a snake around his neck

## TO DO

- Finalize donated items for SAR training
- Finalize donated items for Firefighters
- Secure Ambulance donation
- Secure Medical Item donations
- Secure mattresses for dormitory
- Secure toys and school items for orphanage
- Secure container shipment
  
- Load and ship container
- Book airline tickets
  
- **Partnerships to finalize**
  - o Partnership letter with the Ottawa Fire Department
  - o Partnership letter with Durham EMS & Police
  - o Partnership with Southlake Regional Health Centre
  - o Partnership with marketing agency: Saachi Saachi or JWT
  
- **Announcements**
  - o Notify CIDA about program
  - o Press release announcing fundraiser and program
  - o Social Networking page setup
  - o Website finalization
  - o Notification to Durham Police, EMS, Fire, OPP, RCMP, Ottawa Fire, EMS, Police
  
- **Fundraiser**
  - o Set date
  - o Find Venue
  - o Secure MC
  - o Secure Kardinal, Rich Franklin, Jessica Tyler (other acts – Drake, etc.)
  - o Secure Erica skyhigh
  - o Secure catering
  - o Secure silent auction items
    - Darko Photos
    - Kiarash Art
    - Las Vegas Cirque du Soleil package
    - Niagara falls package
    - Other items
  
- Setup pitch meetings for TV Documentary
  - o TVO / CBC / MUCH

## **CANADIAN PARTNERS (to be confirmed)**

### **Durham Regional Police**

Allow for paid time off for its members to travel to Cambodia and be part of this program. Its members will take active part in training the local SAR team and also provide assistance in construction of the dormitory at the orphanage.

In exchange, Durham Regional Police will receive recognition in all press releases for its contribution towards the CANISAR Cambodia program.

### **Durham Regional EMS**

Allow for paid time off for its members to travel to Cambodia and be part of this program. Its members will provide training for the local SAR team, take part in reconnaissance for the MMCU program and be the medical support personnel for the CANISAR volunteers.

In exchange, Durham Regional EMS will receive recognition in all press releases for its contribution towards the CANISAR Cambodia program.

### **Ottawa Fire Department**

Allow for paid time off for its members to travel to Cambodia and be part of this program. Its members will provide training for local SAR and Fire teams and assist in the construction of the dormitory at the orphanage. Ottawa fire will also donate used supplies to be shipped to Cambodia and donated to the Siem Reap Fire department.

In exchange, Ottawa Fire will receive recognition in all press releases for its contribution towards the CANISAR Cambodia program.

### **Southlake Regional Health Centre**

Allow 4 nurses for paid time off to travel to Cambodia and be part of this program. The hospital will also allow for posters to be placed inside of the hospital for fellow staff members to donate towards this cause. The hospital will also donate medicines and used medical equipment to be shipped to Cambodia and donated to the Siem Reap Regional Hospital. All medicines and equipment will be checked over and approved by a licensed Canadian physician who will provide the Cambodian government with a certificate for the donated items.

In exchange, Southlake Regional Health Centre will receive recognition in all press releases for its generous contribution towards the CANISAR Cambodia program.

### **SAACHI & SAACHI / WJT**

Both marketing firms will be approached to provide assistance for the promotion of our fundraising and also the documentary.

Both firms will also address the importance of the assistance received from our other partners.

## CELEBRITY ASSISTANCE

### Kardinal Offishall

Kardinal will be representing the people of Canada in Cambodia. Speaking about the generosity of the Canadian public, the emergency workers and the entertainment industry who all came together to make this program happen.

Kardinal will take part in a documentary which talks about the hardship which the people on the floating villages go through. He will assist in distributing water filters and educating the locals about the importance of clean water and also listen to stories of families who have lost children in the sex trade.

Kardinal will also take part in the construction of the dormitory at Chres Orphanage and during the opening ceremony put on a performance while the children do a traditional "Apsara" Dance to his latest track.

## DOCUMENTARY

A 90 minute documentary will be produced during this trip.

*"A young girl with the spirit of Mother Theresa travels alongside a group of rugged rescuers to Cambodia in order to start a charity which will save thousands of lives and change the future."*

A look at the history of CANISAR. A group of rugged, larger than life rescuers who volunteer their time in order to save complete strangers around the world in their hour of need. They have found a need greater than any of our needs. Education for mothers living on Tonle Sap lake. Mothers who almost never can set foot on dry land. Living in poverty their whole lives they are faced with poor choices and even worse amenities.

A friendly female face with an exceptional education background in humanitarian assistance is brought on board. This will be Sophie's second time in the field. After completing a successful program in Africa, she is taking on this new challenge to set up her own charity in Cambodia in order to provide education to "Mothers on the lake."

**MAY 2012  
CAMBODIA PROGRAM**

| SUN  | MON                                     | TUE   | WED  | THU  | FRI   | SAT  |
|--|---|---|--|--|---|--|
|  |   | <b>1</b>  | <b>2</b>   | <b>3</b>   | <b>4</b>  | <b>5</b>   |
| <b>6</b>   | <b>7</b>                                | <b>8</b>  | <b>9</b><br>Fly out of Toronto   | <b>10</b><br>Arrive Bangkok @ night  | <b>11</b><br>Bangkok  | <b>12</b><br>Fly to Siem Reap  |
| <b>13</b><br>Visit Orphanage   | <b>14</b><br>Day off to see Angkor Watt | <b>15</b><br>Team A,B @ Airport<br>Team C @ Orphanage<br>Team D @ Tonle Sap | <b>16</b><br>A - Firefighter Train 1<br>B - Construction Dorm 1<br>C - Construction Dorm 1<br>D - WATSAN 1<br>E - meeting MMCU 1 | <b>17</b><br>A - Firefighter Train 2<br>B - Construction Dorm 2<br>C - Construction Dorm 2<br>D - WATSAN 2<br>E - Recon MMCU 3 | <b>18</b><br>B - SAR Train 1<br>A - Construction Dorm 3<br>C - Construction Dorm 3<br>D - WATSAN 3<br>E- Recon MMCU 3 | <b>19</b><br>B - SAR Train 2<br>A - Construction Dorm 4<br>C - Construction Dorm 4<br>D - WATSAN 4 |
| <b>20</b><br>B - SAR Train 3<br>A - Construction Dorm 5<br>C - Construction Dorm 5<br>D - WATSAN @ Orphanage | <b>21</b><br>Wrap up day                | <b>22</b><br>Depart Siem Reap   | <b>23</b>  | <b>24</b>  | <b>25</b>   | <b>26</b>  |
| <b>27</b>  | <b>28</b>                               | <b>29</b>   | <b>30</b>  | <b>31</b>  |   |  |

**Team A** –Firefighter trainers - **Team B** – SAR trainers - **Team C** – Orphanage construction - **Team D** – Floating Village Watsan team - **Team E** – Glen / Amir organizing MMCU

**TARGET DATES**

FUNDRAISING: TBA

CONTAINER LOADING DAY: TBA

CONTAINER SHIPPING: TBA

CONTAINER ARRIVAL PHNOM PENH: TBA

CONTAINER PORT TO SIEM REAP: TBA

## **BUDGET**

### INDIVIDUALS' EXPENSES:

|   |                      |
|---|----------------------|
| Return Flight: Toronto – Bangkok              | \$1200 (aprx)        |
| Return Flight: Bangkok – Siem Reap            | \$355 (aprx)         |
| Cambodia Visa                                 | \$25                 |
| Accommodations                                | \$144 (average)      |
| Meals   | \$240 (average)      |
|   |                      |
|   |                      |
| <b>TOTAL PERSONAL EXPENSES FOR OPERATIONS</b> | <b>\$1964 (aprx)</b> |

**Please consider other personal expenses such as visiting tourists sites or if you wish to take a vacation on the beaches of Cambodia or Thailand after the project is completed.**

### **PROGRAM BUDGET (Minimum)**

|   |                 |
|---|-----------------|
| Medical supplies for TLC                    | \$1000          |
| 100 Water Filters for the Floating Villages | \$5600          |
| 100 Buckets for the Floating Villages       | \$200           |
| Dormitory 1 Construction                    | \$9800          |
| Dormitory 2 Construction                    | \$9800          |
| Beds for both dormitories                   | \$2900          |
| Hygiene kits for Orphanage                  | \$500           |
| Van & Driver                                | \$700           |
|   |                 |
|   |                 |
|   |                 |
|   |                 |
|   |                 |
| <b>TOTAL OPERATIONAL COSTS</b>              | <b>\$30,500</b> |