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**United Nations Children's Fund**  
Executive Board  
**First regular session 2006**  
16-20 and 23 January 2006

## **Revised country programme document**

### **Cambodia**

#### *Summary*

The Executive Director presents the revised country programme document (CPD) for Cambodia for final approval by the Executive Board. At the annual session of 2005, the Board commented on the draft CPD and approved the aggregate indicative budget for the country programme. In accordance with decision 2002/4 (E/ICEF/2002/8), the draft CPD has been revised, taking into account, as appropriate, comments made by delegations during that session, and a summary results matrix has been added.

Decision 2002/4 also states that the present document will be approved by the Executive Board at the first regular session of 2006 on a no objection basis, unless at least five members have informed the secretariat in writing, by 9 December 2005, of their wish to bring the country programme before the Board.

*Basic data<sup>†</sup>**(2003 unless otherwise stated)*

|   |                            |
|---|----------------------------|
| Child population (millions, under 18 years)                                 | 7.0                        |
| U5MR (per 1,000 live births)  | 140                        |
| Underweight (% , moderate and severe, 2000)                                 | 45                         |
| Maternal mortality ratio (per 100,000 live births, 1994-2000)               | 440                        |
| Primary school attendance/enrolment (% , net, male/female, 2000, 2003-2004) | 66/65 <sup>a</sup> , 92/89 |
| Primary school children reaching Grade 5 (% , 2000-2001)                    | 70 <sup>b</sup>            |
| Use of improved drinking water sources (% , 2002)                           | 34                         |
| Adult HIV prevalence rate (% , 15-49 year-olds, end 2003)                   | 1.9                        |
| Child work (% , children 5-14 year-olds)                                    | ..                         |
| GNI per capita (US\$)   | 310                        |
| One year-olds immunized against DPT3 (%)                                    | 69                         |
| One year-olds immunized against measles (%)                                 | 65                         |

<sup>†</sup> More comprehensive country data on children and women are available at [www.unicef.org](http://www.unicef.org).

<sup>a</sup> Demographic Health Survey 2000 attendance data.

<sup>b</sup> UNESCO Institute for Statistics.

## The situation of children and women

1. Considerable progress has been made for children and women in Cambodia over the last decade, but their situation still remains precarious.

2. **Survival.** In 2000, Cambodia had the highest infant mortality rate (IMR) and under-five mortality rate (U5MR) in the East Asia and Pacific Region, with no obvious decline in either rate for more than 10 years. The IMR among families in the poorest economic quintile (110 per 1,000 live births) was more than twice that of those in the richest quintile (50 per 1,000 live births). The status of key indicators of child survival remains unsatisfactory, with antenatal care attendance at 33 per cent, and routine measles immunization at 65 per cent in 2003; 11 per cent exclusive breastfeeding for six months in 2000; and safe water supply at 34 per cent and sanitation at 16 per cent in 2002. The prevalence of HIV in the age group of 15 to 49 years was reduced from three per cent in 1997 to 1.9 per cent in 2003 but is still among the highest in Asia. Several social groups are particularly vulnerable to HIV infection, including 250,000 young women working in Cambodia's garment industry.

3. **Development.** The proportion of children under five years of age who were underweight was 45 per cent in 2000 as was the percentage of those stunted — the highest in the region. Anaemia affected 63 per cent of children aged six to 59 months and 58 per cent of women aged 15 to 49 years (2000). The production of iodized salt increased from 20 per cent of the estimated national requirement in 2003 to more than 100 per cent in 2004. Primary school enrolment rates have improved substantially and show diminishing gender disparity. However, retention is low, partly because there are few opportunities for early childhood development, and also because education quality is poor. In secondary education, only around 20 per cent of girls and 23 per cent of boys of eligible age are enrolled.

4. **Protection.** Reported casualties from landmines and unexploded ordnance (UXO) decreased from 4,318 in 1996 to 891 in 2004. However, there remain other serious child protection issues, including trafficking and sexual exploitation, children without primary caregivers, children in conflict with the law, and accidents and injuries. Mortality from AIDS increased the estimated overall number of orphaned children from 560,000 in 1990 to 670,000 in 2003 – a figure that represents 9 per cent of the child population. Only 22 per cent of births were registered in 2000, but systems are being strengthened.

5. **Participation.** There are good examples of children expressing their views and opinions through surveys, representation at international/national conferences, youth television programmes, and child-to-child peer education on HIV/AIDS. However, much remains to be done to promote children's rights to participate in decisions that affect their lives.

## Key results and lessons learned from previous cooperation 2001-2005

### Key results achieved

6. Implementation of the 2003 Mid-Term Review (MTR) recommendations transformed the *Seth Koma* (Community Action for Child Rights) Programme from a nutrition-based community development programme to one that facilitates the addressing of priority issues for children and women by the newly elected Commune Councils. This new approach has already resulted in the training of more than 850 Commune Council members in 130 communes to include actions for children and women in annual Commune Development Plans.

7. The delivery of selected basic health services has expanded, reducing the incidence of some diseases. **The number of measles cases was** reduced by 95 per cent between 2000 and 2003 as a result of intensive immunization campaigns. Polio-free status has been maintained since 1997. **The coverage of the national programme for vitamin A prophylaxis** increased from 57 per cent in 2000 to 70 per cent in 2004. The number of health centres providing a minimum package of primary **health care services** increased from 386 in 1998 to 823 in 2003. Since 2003, UNICEF, together with WHO, UNFPA and other partners, helped the Government develop the sector-wide management of health services.

8. The introduction of legislation on iodized salt in 2003 and the formation of a salt producers association in 2004 led to a rapid increase in the production of iodized salt. The full national requirement was produced in 2004, paving the way for Universal Salt Iodization by the end of 2005.

9. UNICEF actively participated in the development and management of the education sector-wide approach (SWAp) **started** in 2001, both through its own programme activities and by facilitating SWAp coordination among the Government and donors. The net primary enrolment rate increased from 84.2 per cent for girls and 89.8 per cent for boys in the academic year 2001/2002 to 88.6 per cent and 91.5 per cent, respectively in 2003/2004 **with diminishing gender disparity**.

10. Support has been provided to the Government to enforce legislation against the trafficking and sexual exploitation of children. UNICEF helped the national police to establish an Anti-Human Trafficking and Juvenile Protection Department in 2002, supported the capacity development of police officers and legal professionals and helped to generate national and international awareness

about the issue. From 2001 to 2004, 1,884 cases of sexual exploitation and trafficking were reported and 1,099 offenders were arrested. Annual arrests increased from 82 in 2001 to 401 in 2004. UNICEF supported landmine and UXO education as well as monitoring and assistance for victims, and contributed to the substantial reduction in landmine/UXO casualties mentioned above.

11. UNICEF assisted the Government in scaling up services to provide voluntary and confidential counselling and testing (VCCT) and prevention of mother-to-child transmission (PMTCT) of HIV. As a result, VCCT services are now provided by 80 per cent of national and 75 per cent of provincial hospitals in 2005 compared with 75 per cent and 15 per cent in 2001. PMTCT services are being expanded and are now available in 25 per cent of all national and provincial hospitals. UNICEF also worked with the Government and non-governmental organizations (NGOs) to scale up community-based care for people affected by HIV/AIDS.

12. UNICEF engaged with a wide range of media partners to induce positive behaviour change for better survival, development, protection and participation of children and women, helping to produce over 80 television and radio spots. UNICEF also collaborated closely with the BBC World Service Trust to produce 60 television spots, 60 radio spots and 60 episodes of a television drama encouraging HIV/AIDS prevention and maternal and child health care.

### Lessons learned

13. Evaluation of growth monitoring and promotion conducted under the *Seth Koma* Programme showed that the **growth monitoring activity without much systemic back-up** had made little impact over the last decade. It was therefore decided during the MTR in 2003 to shift the focus of the programme to mobilizing local governments to take concrete actions for children in collaboration with the providers of existing “mainstream” government social services. Malnutrition will be addressed through other interventions, such as the promotion of exclusive breastfeeding **and appropriate supplementary feeding**, improvement of maternal nutrition and prophylaxis for micronutrient deficiencies.

14. Despite a notable reduction in the incidence of diseases such as measles and neonatal tetanus, overall IMR and U5MR have not fallen, mainly because of **high** prevalence of other major childhood diseases such as diarrhoea and acute respiratory infections. These diseases will be intensively addressed under the Child Survival Partnership launched in 2004.

15. UNICEF introduced the concept of “Child-Friendly Schools” in selected schools in six priority provinces, and valuable experience and lessons were obtained. **Based on them**, a “provincial model” **will be pursued to** expand this concept to scale, working with a whole province rather than individual schools.

16. There has been a substantial increase in the international attention on major child protection issues in Cambodia, which has helped to highlight and facilitate national actions. They include **drafting of an** inter-country adoption law, the progress on which was greatly facilitated after embassies of concerned countries placed a moratorium on inter-country adoption from Cambodia until proper legislation is introduced.

## The Country Programme 2006-2010

### Summary budget table

| <i>Programme</i>                 | <i>(In thousands of United States dollars)</i> |                        |               |
|----------------------------------|--|------------------------|---------------|
|                                  | <i>Regular resources</i>                       | <i>Other resources</i> | <i>Total</i>  |
| <i>Seth Koma</i>                 | 4 800  | 11 500                 | 16 300        |
| Child Survival                   | 5 900  | 12 220                 | 18 120        |
| Expanded Basic Education         | 2 200  | 23 500                 | 25 700        |
| Child Protection                 | 1 700  | 13 900                 | 15 600        |
| HIV/AIDS Prevention and Care     | 2 200  | 7 200                  | 9 400         |
| Advocacy and Social Mobilization | 1 700  | 650                    | 2 350         |
| Cross-sectoral costs             | 5 050  | --                     | 5 050         |
| <b>Total</b>                     | <b>23 550</b>                                  | <b>68 970</b>          | <b>92 520</b> |

### Preparation process

17. During 2004, a Country Programme Evaluation and a Situation Analysis were conducted. In June 2004, the Government launched the Child Survival Partnership, and the subsequent planning for and identification of low-cost, high-impact interventions to reduce child mortality provided valuable inputs to the child survival component of the new Country Programme. In September 2004, following initial discussion with the Ministry of Planning, sectoral consultations were held with the concerned Government ministries and partners. In October, the United Nations Country Team (UNCT) drafted the United Nations Development Assistance Framework (UNDAF) **to which the new Country Programme is closely aligned**. A multi-sectoral team from the UNICEF regional office provided valuable inputs to the Country Programme, and the organizational priorities of the 2006-2009 Medium-Term Strategic Plan (MTSP) of UNICEF were duly incorporated.

18. Observations and recommendations of the Committee on the Rights of the Child on the Initial Report of Cambodia (CRC/C/15/Add.128, dated 28 June 2000) were also carefully reviewed and applied. They include systematic capacity building of key duty bearers on child rights; promotion of the rights to survival and development; achievement of Universal Primary Education; the addressing of key issues on child protection (e.g., trafficking and sexual exploitation, legal protection, children without primary caregivers, childhood disabilities); support for children affected or infected by HIV/AIDS; and child rights advocacy, information and monitoring. **Observations and recommendations made by the Executive Board in its June session were also duly addressed in the final version of the CPD – among them the primacy of child survival; strengthening of gender perspective; importance of systematic monitoring and evaluation; and the need to document the lessons learned at the provincial level and ensure that these are fed back to and incorporated in policies at national level.**

### Goals, key results and strategies

19. The overall goal of the Country Programme of Cooperation 2006-2010 is to support Cambodia in promoting and ensuring the full realization of child rights. Outlined below are the key results expected to be achieved by 2010 with counterparts and partners.

20. In the six priority provinces implementing the *Seth Koma* Programme, simple and measurable actions for children and women will be taken in 75 per cent of communes in collaboration with sectoral ministries, provincial governments and the Commune Councils, to ensure that (a) 60 per cent of births are registered; (b) 90 per cent of children under one year of age **are immunized against seven vaccine preventable diseases**; (c) 50 per cent of children aged three to five years attend early child development programmes either at home, in community or at school; (d) 95 per cent of children enter Grade 1 at the age of six; (e) 96 per cent of children aged six to eleven years are enrolled in primary schools; (f) 55 per cent of households use safe drinking water and 25 per cent use improved sanitation; (g) the proportion of schools having access to safe drinking water and improved sanitation is increased by 50 per cent and 25 per cent, respectively; and (h) 50 per cent of families living in high-risk areas are informed of arsenic contamination and 30 per cent of them use household arsenic mitigation systems.

21. **At the national level and** in six priority provinces supported under the **Child Survival** Programme, several expected results will contribute to the achievement of the Cambodian Millennium Development Goals, specifically Goal 1 (Eradicate Extreme Poverty and Hunger), Goal 4 (Reduce Child Mortality) and Goal 5 (Improve Maternal Health), and will also contribute to the Health Sector Strategic Plan (2003 -2007). One set of results will be to achieve coverage of 90 per cent for the following **with no gender disparity**: (a) infants are given colostrum within one hour after delivery, exclusively breastfed for six months and provided appropriate complementary food thereafter; (b) children under one year of age are immunized against seven vaccine-preventable diseases; (c) children under five years of age are protected from deficiencies of vitamin A, iron and iodine; (d) children under five years of age are protected from intestinal worms; (e) children under five years of age with severe diarrhoea receive oral rehydration therapy **and continued feeding**; (f) children under five years of age with acute respiratory infections are properly cared for at home and through formal health care services; (g) families in malaria-endemic areas sleep under **insecticide-treated nets**; (h) households consume iodized salt produced through commercially viable iodized salt production; (i) pregnant women receive 120 iron folate tablets before and after delivery; (j) mothers in the post-partum period receive vitamin A supplementation within eight weeks of delivery; (k) pregnant women and women of child-bearing age are immunized against tetanus toxoid; and (l) women of child-bearing age are provided with weekly iron folate supplementation. In addition, it should be ensured that (m) 80 per cent of communes have a transport system for emergency referral to the nearest **health facility for emergency obstetric care**; and (n) 70 per cent of couples planning to get married are provided with the “wedding gift” package consisting of iron folate tablets, **insecticide-treated net** (in malaria-endemic areas), and **information materials** on primary health care and VCCT.

22. At the national level **or** in six priority provinces implementing the **Expanded Basic Education** Programme, the following expected results will contribute to the achievement of Cambodian Millennium Development Goal 2 (Universal Nine-year Basic Education) and the Education Strategic Plan 2006-2010 with no gender disparity: (a) enhanced national capacity to manage the education SWAp accompanied by a gradual decrease of external technical assistance, resulting in tangible improvement in the access to and quality of basic education in line with the goals set in the Education Strategic Plan **2006-2010**; (b) 50 per cent of children aged three to five years attend early child development programmes organized either at home, in the community or at school; (c) 95 per cent of children enter Grade 1 at the age of six; (d) 96 per cent of children aged six to eleven years are enrolled in primary schools; (e) repetition and dropout rates at Grade 1 are

reduced by 50 per cent compared with 2005 levels; and (f) 75 per cent of children complete six years of primary education and achieve 70 per cent of established learning standards.

23. The **Child Protection** Programme will help attain the following results to contribute to the achievement of the targets of the Millennium Declaration on “Protecting the Vulnerable” and Cambodia’s unique ninth Millennium Development Goal (De-mining, UXO and Victim Assistance) **with due consideration to gender equity**: (a) the National Plan of Action against Trafficking and **Sexual Exploitation of Children 2006-2010** is fully implemented with regular monitoring, review and follow-up; (b) **of cases reported to local authorities, 80 per cent of the victims of exploitation and sexual abuse receive proper attention and follow-up**; (c) the National Policy and minimum standards on alternative care for children without primary caregivers are fully implemented with regular monitoring, review and follow-up; (d) **35 per cent reduction in the number of children living in institutional care from the 2006 level**; (e) **Inter-country Adoption Law is in force and appropriate mechanisms are established to regulate inter-country adoption, ensuring it is a measure of last resort**; (f) national law and regulatory frameworks on juvenile justice are established and **child-friendly justice systems are in place in five provinces**; (g) a nationwide data collection and monitoring mechanism on accidents and injuries is established, and the incidence of accidents and injuries among children is reduced by 35 per cent compared with the 2006 level; (h) casualties of landmines/UXO are reduced by 50 per cent compared with 2005 levels; and (i) 60 per cent of landmine/UXO victims are assisted with rehabilitation and reintegration into society.

24. The following results are expected to be achieved under the **HIV/AIDS Prevention and Care** Programme with due consideration to gender equity, which will contribute to the achievement of Cambodian Millennium Development Goal 6 (Combat HIV/AIDS, Malaria and Other Diseases): (a) at least 95 per cent of male and female out-of-school children and youth aged 15 to 24 years and 80 per cent of pre-marital couples in twelve provinces, and 80 per cent of all garment factory workers have comprehensive knowledge of HIV/AIDS; (b) minimum 30 per cent of male and female out-of-school children and youth aged 15 to 24 years in twelve provinces receive at least one life skills training; (c) at least 32 per cent of individuals aged 18 years and above are tested for HIV; (d) at least 35 per cent of all HIV-positive pregnant women receive ARV for PMTCT, and minimum 80 per cent of those who have started with PMTCT services reach the stage of receiving ARV; (e) at least 15 per cent of the individuals on anti-retroviral therapy (ART) through the national programme are children and the proportions of people receiving ART matches the gender and age group-wise distribution of the epidemic in Cambodia; (f) all government health care facilities at the national, provincial and district levels provide VCCT services, and all referral hospitals and at least 70 per cent of health centres that are able to access VCCT facilities also provide PMTCT services; (g) at least 30 per cent of people living with HIV/AIDS and their families in twelve provinces receive psycho-social support; (h) at least 30 per cent of orphans including those who are affected by HIV/AIDS in twelve provinces receive alternative care meeting the established minimum standards; (i) at least 30 per cent of female and male orphans aged 10 to 14 years attend school in twelve provinces.

25. All programmes will increase opportunities for the participation of children and young people as a way of promoting their right to express their views and be involved in decisions affecting their lives.

26. The following are the strategic priorities of the Country Programme:

(a) **Primacy of child survival.** While continuing to promote **the rights to survival, development, protection and participation of children**, the Country Programme will accord the topmost priority to ensuring child survival. The reduction of unacceptably and persistently high infant and child mortality rates will be pursued under the Child Survival and other programmes.

(b) **Contribution to decentralization and deconcentration process** (transfer of political and administrative powers **from the central to local levels of government**). **UNICEF will support key social service providers, locally elected representatives (Commune Council members) and provincial administration in jointly pursuing simple and measurable actions for children and women with a view to demonstrating tangible benefits of collaboration among them.** For this purpose, UNICEF will continue to work closely with the *Seila* Programme — a nationwide government initiative to facilitate decentralization and deconcentration supported by the UNDP and other donors.

(c) **Human rights-based approach to programming.** The above-mentioned actions **under the *Seth Koma* Programme** are also an attempt to help clarify and reinforce the relationship of **mutual accountability among different duty bearers and rights holders and strengthen their capacities to contribute to the realization of child rights.** **In addition, particular** consideration will be given to the issue of disparities and the situation of disadvantaged and socially excluded groups through measures such as the promotion of access by the poor to essential health services; a strong emphasis on girls' access to education; actions for various categories of children in need of protection including orphaned and vulnerable children; actions for children infected or affected by HIV/AIDS; and the promotion of health for **disadvantaged** ethnic minorities.

(d) **Results-based programming.** Results and evidence-based programming will be strengthened by clearly defining of the expected results; systematic monitoring and use of the results achieved to positively influence government policies, decisions and public opinion. Monitoring, evaluation, **documentation** and knowledge-generation will form the core of this strategy.

(e) **Two-tier interventions.** UNICEF will continue a two-tier system of national and provincial level interventions. At the national level, UNICEF will support capacity building of counterparts; formulation of policies, legislation and regulatory frameworks; **implementation of national programmes**; and advocacy with high-level decision makers and the public. In six priority provinces, UNICEF will support capacity building of counterparts; intensive implementation of policies, **programmes**, legislation and regulatory frameworks; delivery of selected social services; social mobilization; decentralized planning; and trials of innovative models. This two-tier system will encourage an iterative process, i.e. implementation **of the existing** national policies, **programmes**, legislation and regulatory frameworks will be supported with particular intensity in selected priority provinces together **with trial of innovative approaches and models, and experiences gained from them will** in turn inform and encourage further improvement of the former.

(f) **Building on progress made.** This Country Programme will build on progress made during the period of 2001 to 2005 and continue with established programme priorities with changes made in emphasis and specific project focus based on the new MTSP, Situation Analysis, Country Programme Evaluation and programme experiences. The **programmes** will continue to be implemented nationally and in six established priority provinces so that existing investments are fully exploited to achieve tangible results.

## Relationship to national priorities and the UNDAF

27. In concert with the UN Country Team, the Government and other major donors, UNICEF will contribute to the formulation of the National Strategic Development Plan 2006-2010, which will serve as **Cambodia's** medium-term plan to achieve the Cambodian Millennium Development Goals. The Country Programme details the contribution of UNICEF to the UNDAF, which in turn **will guide** the UN's contributions to the achievement of **national development** goals to be set in the NSDP.

28. UNICEF will contribute to the four strategic results areas of the UNDAF 2006-2010 in the following ways:

(a) For **governance and human rights**, UNICEF will provide support to Commune Councils to initiate simple and measurable actions for children and women; formulation and implementation of legislation and regulatory frameworks for the protection and promotion of child rights and related monitoring and information dissemination; and promotion of the human rights-based approach to programming.

(b) For **agriculture and rural poverty**, UNICEF will support promotion of better health, nutrition and education of the rural population as the basis for poverty alleviation; the prevention and victim assistance efforts related to landmine/UXO; and disaster preparedness and response.

(c) For **capacity building and human resource development for social sectors**, UNICEF will **support key interventions for child survival; better access to and completion of quality basic education**; multi-sectoral response for prevention and care of HIV/AIDS; improved gender-responsiveness of social services; and actions to end violence against children and women.

(d) For **formulation of the National Strategic Development Plan**, UNICEF will support the development, implementation and monitoring of the Plan as a member of the UNCT including the use of CamInfo (DevInfo technology) to monitor progress towards goals.

## Relationship to international priorities

29. This Country Programme will contribute to the achievement of the Millennium Development Goals of eradicating extreme poverty and hunger; universal primary education; promoting gender equality and empowering women; reducing child mortality; improving maternal health; combating HIV/AIDS, malaria and other diseases; and ensuring environmental sustainability. The programme will also contribute to the goal of "Protecting the vulnerable" in the Millennium Declaration and the goals of A World Fit for Children by promoting healthy lives, providing quality education, supporting protection against abuse, exploitation and violence, and combating HIV/AIDS. The programme is consistent with the proposed 2006-2009 MTSP priorities.

## Programme components

30. The **Seth Koma** Programme will contribute to the realization of child rights by working closely with Commune Councils, provincial administrations and service providers in six priority provinces. The programme has two projects. *The Local Governance for Child Rights Project* will facilitate collaboration among provincial administrators, Commune Council members and local social service providers (schools and health centres) to promote **positive** behaviour changes in communities and improve the delivery and utilization of basic social services for children and women. *The Water and Environmental Sanitation Project* will increase access to safe drinking water and environmental sanitation in rural areas, thereby improving child survival.

31. The **Child Survival** Programme will improve access to and utilization of key low cost, life-saving interventions with proven effectiveness for enhancing child survival. The programme consists of three projects. *The Promoting Child Survival Project* will contribute to the **nation-wide** expansion of key child survival interventions relating to immunization, control of diarrhoeal diseases and acute respiratory infections, and malaria prevention. *The Improving Maternal Health and Newborn Care Project* will nationally promote access to antenatal care provided by skilled health personnel; iron supplementation; immunization with tetanus toxoid; promotion of clean delivery and referral for emergency obstetric care; knowledge and skills for exclusive breastfeeding; and vitamin A supplementation for lactating women. *The Health Behaviour Change Communication Project* will promote key health and nutrition practices for child survival and development by strengthening the capacity of national, provincial and district **health staff and other relevant actors** to induce positive behaviour changes. While national in scope, the project will provide particularly intensive support to six priority provinces.

32. The **Expanded Basic Education** Programme will enable national counterparts to independently manage the SWAp at the national level. It will also provide intensive support to six priority provinces to achieve Universal Primary Education. Coverage of early childhood development will also be substantially increased in homes, communities and schools to facilitate psychosocial development and timely entry into primary school and retention thereafter. The programme consists of three projects. *The Capacity Building for Sector-wide Education Reform and Decentralization Project* will assist national and provincial counterparts to effectively manage the SWAp with decreased reliance on external technical assistance. *The Improving Equitable Access and Quality of Basic Education Project* will improve the quality of education in primary schools particularly in six priority provinces and in primary teacher training colleges nationwide. The project will promote child-friendly teaching and learning methods through both pre-service and in-service teacher training, providing a regular teacher support mechanism through the cluster school system and the promotion of skills-based health and hygiene promotion. *The Expanded Learning Opportunities for Disadvantaged Children and Youth Project* addresses the specific needs of disadvantaged children without access to formal pre-schools or basic education by supporting community or home-based pre-schools; a school readiness programme at the beginning of Grade 1; life skills education for in- and out-of-school youth; multi-grade teaching and bilingual education for hard-to-reach and ethnic minority areas; and development of an inclusive education policy.

33. The **Child Protection** Programme will help raise national awareness, understanding and capacity to protect children at risk. The programme consists of three projects. *The Social Protection Project* will support actions to protect, care, rescue and rehabilitate children without primary caregivers and children subject to violence, abuse, trafficking and sexual exploitation. *The*

*Legal Protection Project* will strengthen legislation to protect the rights of children in need of protection and will enhance government capacity and system to develop and enforce legislation, particularly with regard to trafficking, sexual exploitation and abuse; alternative care including inter-country adoption; children in conflict with the law; and birth registration. *The Accidents, Injuries and Disabilities Project* will support actions to prevent, care for and rehabilitate children affected by landmines and UXO as well as by other accidents, injuries and disabilities.

34. The **HIV/AIDS Prevention and Care** Programme consists of three projects. *The HIV and Life Skills Project* will help prevent HIV/AIDS through the promotion of social communication and life skills education. *The VCCT, PMTCT and the Continuum of Care Project* will contribute to providing wider access to VCCT, PMTCT and care services including ARV treatment and treatment of opportunistic infections with particular focus on pregnant women and mothers, infants and children and youth. *The Children Affected by HIV/AIDS Project* will support family- and community-based approaches to protecting and caring for families and children affected by HIV/AIDS.

35. The **Advocacy and Social Mobilization** Programme will help increase awareness of and action on child rights at all levels of society and build the capacity of communities and families to provide for the improved survival, development, protection and participation of children **under two projects**. *The Behaviour Change Communication Project* will facilitate the adoption of positive behaviours through the use of mass media, social marketing and inter-personal communication. *The Advocacy and Mobilization for Rights and Goals Project* will promote positive action for ensuring child rights through targeted advocacy and social mobilization.

36. **Cross-sectoral Support** will provide the means for coordinating the entire Country Programme and its planning, monitoring and evaluation and operational support.

### Major partnerships

37. This Country Programme has been designed in close partnership with **member agencies of the UN Development Group Executive Committee** and in close consultation with the UN Country Team. As a member of the UN Country Team, UNICEF will continue to cooperate in the “quadripartite” partnership with the World Bank, the Asian Development Bank and the United Kingdom Department for International Development (DfID) to coordinate and harmonize development efforts with the Government while reducing transaction costs.

38. For decentralization and deconcentration, the national *Seila* Programme supported by UNDP and other donors will continue to be the main partner. UNICEF will also continue to work closely with WHO, UNFPA, the United States Agency for International Development, Japan, the European Commission Humanitarian Office, the Canadian International Development Agency and other partners to implement the Child Survival Partnership. UNICEF will develop its existing partnership with the BBC World Service Trust and local media to introduce a major capacity building effort with the Ministry of Health on behaviour change communication to improve child survival with support from the European Union. Existing partnerships with Australia will be developed to include drinking water. In education, the strong partnership with the Swedish International Development Agency will continue.

39. In coordination with other partners and as part of the contribution of UNICEF to the Joint United Nations Programme on HIV/AIDS, UNICEF will contribute to the planning, implementation and monitoring of the funding from the Global Fund to Fight AIDS, Tuberculosis and Malaria. The aim is to ensure that the substantial funds available are appropriately applied particularly in support of women and children including orphans affected by HIV/AIDS. UNICEF will coordinate with DfID on direct support to orphans affected by HIV/AIDS and will work with CARE, ILO and other partners to ensure widespread awareness of the risk of HIV infection among young female garment-factory workers.

40. Long-established partnerships will continue with other UN agencies (e.g. UNESCO in the education SWAp, WHO in child survival and WFP in the school feeding programme), bilateral agencies and NGOs.

### **Monitoring, evaluation and programme management**

41. The Ministry of Planning is the focal point for coordination of the Programme of Cooperation between the Royal Government of Cambodia and UNICEF. The concerned line ministries and NGOs will plan and implement the programmes and projects in collaboration with UNICEF. A five-year Country Programme Action Plan will be developed jointly to operationalize the Programme of Cooperation. Annual Project Plans of Action will be developed based on the objectives of the Programme of Cooperation and on recommendations from annual reviews. The annual review of 2008 will be a Mid-Term Review to consider relevant course corrections in the programmes and to suggest future cooperation.

42. An Integrated Monitoring and Evaluation Plan (IMEP) for 2006-2010, supported by annual IMEP, will be developed **before the end of 2005**. Requirements for research, studies, surveys and evaluations will be identified **in them** according to programme objectives and indicators, **and baseline data will be systematically collected**. Emphasis will be placed on strategically using **evidence from programme implementation** to influence national **policies** and decisions to better realize child rights. UNICEF will contribute to strengthening national capacity for monitoring the poverty-related indicators included in the existing sectoral plans and the forthcoming National Strategic Development Plan 2006-2010 through further operationalization of *CamInfo*.

43. Within UNICEF, the Country Programme will be coordinated by the country office in Phnom Penh, with teams of field-based staff located in **selected** priority provinces.

## Summary Results Matrix

| UNICEF<br>MTSP<br>Priority Area                     | Key results expected in this<br>priority area   | Key Progress Indicators   | Means of<br>Verification   | Major Partners,<br>Partnership<br>Frameworks and<br>Cooperation<br>Programmes  | The expected key<br>results in this Priority<br>Area will contribute to   |
|---|---|---|--|--|---|
| <b>Young Child<br/>Survival and<br/>Development</b> | 9) 90% of infants are exclusively breastfed for six months and provided appropriate complementary food thereafter   | <ul style="list-style-type: none"> <li>% of infants exclusively breastfed up to six months of age and provided complementary food thereafter</li> </ul>   | Cambodia Demographic and Health Survey (CDHS) 2005 and 2010  | <u>Major partners:</u><br>WHO, UNFPA and other partners in Health Sector-Wide Management (SWiM) and Child Survival Partnership                       | <u>UNDAF expected outcome:</u><br>Capacity Building and Human Resource Development for Social Sectors   |
|   | 1) 90% of children under one year of age are immunized against seven vaccine preventable diseases   | <ul style="list-style-type: none"> <li>% immunization coverage of children under one year of age</li> </ul>   | Reports of the National Immunization Programme and the Health Information System (HIS), CDHS 2005 and 2010   | <u>Partnership framework:</u><br>Child Survival Partnership, Health SWiM and the Technical Working Group for Government-Donor Coordination on Health | <u>WFFC goal:</u><br>Promoting Healthy Lives<br><br><u>MDGs:</u><br>Eradicate Extreme Poverty and Hunger (MDG1/Nutrition), Reduce Child Mortality (MDG4), Reduce Maternal Mortality (MDG 5), Ensure Environmental Sustainability (MDG7/Water and Sanitation)    |
|   | 1) 90% of children under five years of age are protected from deficiencies of vitamin A, iron and iodine, and those with severe diarrhoea and acute respiratory infections receive adequate treatment and care. | <ul style="list-style-type: none"> <li>% of children aged six to 59 months who received at least one dose of vitamin A capsule and iron supplements in the past six months</li> <li>% household use rate of iodized salt</li> <li>% of children under five years of age with severe diarrhea who received ORT and continued feeding</li> <li>% of children under five years of age with ARI in the last two weeks taken to an appropriate health care provider</li> </ul> | Reports of the National Nutrition Programme and the HIS, Ministry of Health (vitamin A, iron); CDHS (iodized salt)<br><br>HIS, CDHS 2005 and 2010<br><br>HIS, CDHS 2005 and 2010 |  | <u>Cambodia MDGs:</u> Eradicate Extreme Poverty and Hunger (CMDG 1), Reduce Child Mortality (CMDG 4), Improve Maternal Health (CMDG 5), Combat HIV/AIDS, Malaria, and Other Diseases (CMDG 6), Ensure Environmental Sustainability (CMDG7/Water and Sanitation) |
|   | 1) 90% of households consume iodized salt produced through commercially viable iodized salt production.   | <ul style="list-style-type: none"> <li>% of iodized salt produced vis-à-vis the annual national requirement of edible salt</li> <li>% share of the costs of salt iodization borne by salt producers</li> </ul>  | Report of the National Sub-Committee on Iodine Deficiency Disorders, CDHS  |  | <u>National Plans:</u><br>Health Sector Strategic Plan 2003-2007, Cambodia Nutrition Investment Plan 2003-2007, National Strategic Development Plan 2006-2010, Cambodia Fit   |

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|  | 1) 90 %of pregnant women, women in post-partum period and women of child bearing age are protected from iron deficiency anaemia, vitamin A deficiency and tetanus toxoid.   | <ul style="list-style-type: none"> <li>• % of women who received 120 iron folate tablets before and after delivery</li> <li>• % of mothers in the post-partum period who received one dose of vitamin A capsule within eight weeks of delivery</li> <li>• % of pregnant women and women of child-bearing age immunized against tetanus toxoid</li> <li>• % of women of child-bearing age who are provided with weekly iron folate supplementation</li> </ul> | <p>CDHS 2005 and 2010</p> <p>Reports of the National Nutrition Programme and the Health Information System (HIS), Ministry of Health; CDHS 2005 and 2010</p> <p>Reports of the National Immunization Programme and HHS, Ministry of Health; CDHS 2005 and 2010</p> |   | For Children   |
| <b>Basic Education and Gender Equality</b> | 9) Enhanced national capacity to manage the education SWAp accompanied by a gradual decrease of external technical assistance, resulting in tangible improvement in the access to and quality of basic education in line with the goals set in the Education Strategic Plan (ESP) 2006-2010 | <ul style="list-style-type: none"> <li>• % reduction of the total number of person months of external technical assistance provided to the Ministry of Education, Youth and Sports, and % of sector performance targets set out in the ESP 2006-2010 achieved as planned</li> </ul>  | Annual Education Sector Support Programme (ESSP) review  | <p><u>Major partners:</u><br/>UNESCO, Sida, EU, ADB, World Bank and other partners participating in Education SWAp</p> <p><u>Partnership framework:</u><br/>Education SWAp and Technical Working Group for Government-Donor Coordination on Education</p> | <p><u>UNDAF outcomes:</u><br/>Capacity Building and Human Resource Development for Social Sectors</p> <p><u>WFFC goal:</u><br/>Providing Quality Education</p> <p><u>MDGs:</u><br/>Achieve Universal Primary Education (MDG2), Promote Gender Equity and Empower Women (MDG3)</p> <p><u>Cambodian MDGs:</u><br/>Achieve Universal Primary Education (CMDG 2)</p> <p><u>National Plans:</u><br/>Education Strategic Plan 2006-2010, National Strategic Development Plan 2006-2010, Education for All National Plan 2003-2015, Cambodia Fit For Children</p> |
|  | 9) 50 %of children aged three to five years attend early child development programmes organized either at home, in the community or at school   | <ul style="list-style-type: none"> <li>• % of children aged three to five years attending early childhood development programmes</li> </ul>  | Education Management Information System (EMIS) and separate studies  |   |  |
|  | 10) 95% of children enter Grade 1 at the age of six and repetition and drop out rates in Grade 1 are reduced by 50% compared to 2005 levels   | <ul style="list-style-type: none"> <li>• % of children entering Grade 1 at the age of six</li> <li>• % of students repeating or dropping out in Grade 1</li> </ul>   | EMIS<br><br>EMIS   |   |  |

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|                              | 11) 96 % of children aged six to eleven are enrolled in primary schools   | <ul style="list-style-type: none"> <li>% of children aged six to eleven enrolled in primary schools</li> </ul>  | EMIS   |   |  |
|                              | 12) 75 % of children complete six years of primary education and achieve 70 % of established learning standards   | <ul style="list-style-type: none"> <li>% of children completing six years of primary education with achievement of 70 % of established learning standards</li> </ul>  | EMIS   |   |  |
| <b>HIV/AIDS and Children</b> | 13) Comprehensive knowledge of HIV/AIDS and improved life skills among: <ul style="list-style-type: none"> <li>95% of out-of-school children and youth in twelve provinces</li> <li>80% of pre-marital couples in twelve provinces</li> <li>80% of garment factory workers</li> </ul> | <ul style="list-style-type: none"> <li>% of those with comprehensive knowledge on HIV/AIDS in the following population – male and female out-of-school children and youth aged 15 to 24 years and pre-marital couples in twelve provinces; and garment factory workers</li> <li>% of out-of-school youth aged 15 to 24 years who received at least one life skills training (30% as target)</li> <li>% of individuals aged 18 years and above who have been tested for HIV (32% as target)</li> </ul> | <p>Youth Risk Behaviour Survey 2009, assessments of interventions for garment factory workers; CDHS 2005 and 2010</p> <p>Youth Risk Behaviour Survey 2009, reports from the Ministry of Rural Development and NGOs</p> | <p><u>Major partners:</u><br/>Members of the UN Theme Group on HIV/AIDS, bilateral and multilateral agencies of the Technical Working Group for Government-Donor Coordination on HIV/AIDS, Garment Factory Association, local and international NGOs, and the Global Fund</p> <p><u>Partnership framework:</u><br/>UN Theme Group on HIV/AIDS, Technical Working Group for Government-Donor Coordination on HIV/AIDS, Country Coordinating Committee (CCC) of the Global Fund in Cambodia</p> | <p><u>UNDAF outcomes:</u><br/>Capacity Building and Human Resource Development for Social Sectors</p> <p><u>WFFC goal:</u><br/>Combating HIV/AIDS</p> <p><u>MDGs:</u><br/>Combat HIV/AIDS, Malaria and Other Diseases (MDG6)</p> <p><u>Cambodian MDGs:</u><br/>Combat HIV/AIDS, Malaria and Other Diseases (CMDG6)</p> <p><u>National Plans:</u><br/>National Strategic Plan for Comprehensive and Multi-Sectoral Response to HIV/AIDS 2006-2010, National Strategic Development Plan 2006-2010, Cambodia Fit For Children</p> |
|                              | 14) 35% of HIV-positive pregnant women receive ARV for PMTCT, and 80% of those who have started PMTCT reach the stage of receiving ARV  | <ul style="list-style-type: none"> <li>% of HIV-positive pregnant women receiving ARV for PMTCT against the estimated total number of HIV-positive pregnant women</li> <li>% of pregnant women enrolled in PMTCT services and receiving ARV</li> </ul>  | <p>Quarterly data collection of PMTCT clients from the National Maternal and Child Health Centre (NMCHC)</p>   |   |  |
|                              | 15) All government health care facilities provide VCCT services, and all referral hospitals and at least 70 % of health centres with access to VCCT facilities also provide PMTCT services  | <ul style="list-style-type: none"> <li>% of health facilities providing VCCT and PMTCT services at respective levels</li> </ul>   | <p>Quarterly data collection from the National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases and the NMCHC</p>  |   |  |
|                              | 16) At least 15 per cent of the   | <ul style="list-style-type: none"> <li>% of children among the</li> </ul>   |  | Routine reports   |  |

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|                         | individuals on anti-retroviral therapy (ART) through the national programme are children   | individuals on ART and male-female proportion of people receiving ART   | on PMTCT and VCCT from the NMCHC and NCHADS   |   |  |
|                         | 17) In twelve provinces, at least 30 %of people living with HIV/AIDS and their families receive psycho-social support, 30% of orphans receive alternative care, and 30% of orphans aged 10 to 14 years attend school | <ul style="list-style-type: none"> <li>• % of people living with HIV/AIDS in twelve provinces receiving psycho-social support</li> <li>• % of orphans including those affected by HIV/AIDS in twelve provinces receiving alternative care meeting the established minimum standards</li> <li>• % of orphans aged 10 to 14 years attending school in twelve provinces</li> </ul> | Report on the Buddhist Leadership Initiative (BLI) and NGO programmes<br><br>CDHS 2005 and 2010   |   |  |
| <b>Child Protection</b> | 18) The National Plan of Action against Trafficking and Sexual Exploitation of Children 2006-2010 is fully implemented with regular monitoring, review and follow-up   | <ul style="list-style-type: none"> <li>• % action points in the National Plan of Action actually implemented</li> <li>• % of child victims of reported cases assessed by district social workers (80% as target)</li> </ul>   | Annual review of the National Plan of Action<br><br>Report by the Anti -Human Trafficking and Juvenile Protection Unit, database on reintegration | <u>Major partners:</u><br>International Organization for Migration (IOM), NGOs, ILO-IPEC, UN Inter-Agency Project on Trafficking of Women and Children (UNIAP), Cambodia Criminal Justice Assistance Project (CCJAP), Cambodian Mine Action Centre(CMAC), Cambodian Red Cross, Handicap International | <u>UNDAF expected outcome:</u><br>Governance and Human Rights<br><br><u>WFFC goal:</u><br>Protecting Against Abuse, Exploitation and Violence<br><br><u>MDGs:</u><br>Protecting the Vulnerable (Millennium Declaration)  |
|                         | 19) The National Policy and Minimum Standards on Alternative Care for Children without Primary Caregivers are fully implemented with regular monitoring, review and follow-up  | <ul style="list-style-type: none"> <li>• % of registered alternative care providers monitored by MoSVY twice annually</li> <li>• % reduction in the number of children transferred from institutional care to family/ community-based care arrangements compared with 2006 level (35% as target)</li> </ul>   | Annual programme review with the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MOSVY) and alternative care database              | <u>Partnership framework:</u><br>UNIAP, Technical Working Group for Government-Donor Coordination on Legal Reform and on Mine Action, Advisory Committee on Alternative Care, Cambodia Mine   | <u>Cambodian MDGs:</u><br>Promote Gender Equality and Empower Women (CMDG 3), De-mining, UXO and Victim Assistance (CMDG 9)<br><br><u>National Plans:</u><br>Strategic Plan 2005-2009 of the Ministry of Social Affairs, Veterans Affairs and Youth Rehabilitation, National Strategic Development Plan 2006-2010, Cambodia Fit for Children |
|                         | 20) Appropriate mechanisms to regulate inter-country adoption are established to ensure it is a measure of last resort   | <ul style="list-style-type: none"> <li>• Existence of the Inter-Country Adoption Law</li> <li>• % of children placed in inter-country adoption properly screened by competent authorities</li> </ul>  | Annual programme review with MOSVY  |   |  |
|                         | 21) National law and regulatory framework on   | <ul style="list-style-type: none"> <li>• % criminal justice institutions with a designated child focal</li> </ul>   | Annual programme  |   |  |

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|  | juvenile justice are established and child-friendly justice systems are in place in five provinces.   | <p>point trained on the juvenile justice regulatory framework</p> <ul style="list-style-type: none"> <li>• Existence of child-friendly justice systems in five provinces</li> </ul>   | review with the Ministry of Justice (MOJ); database on child justice, MOJ  | Action Authority  |  |
|  | 22) A nationwide data collection and monitoring mechanism on accidents and injuries, including those caused by landmines and UXOs, is established, and the incidence of accidents and injuries among children is reduced by 35 % compared with the 2006 level                                       | <ul style="list-style-type: none"> <li>• Existence of a nationwide data collection and monitoring mechanism on accidents and injuries</li> <li>• Incidence of accidents and injuries among children</li> </ul>  | Regular programme review, survey on accidents and injuries 2006 and regular database (to be established), Cambodia Mine/UXO Victims Information System |   |  |
| <b>Analysis, Advocacy and Partnerships</b> | 23) Development, implementation and monitoring of the National Strategic Development Plan 2006-2010 covering issues and actions related to children and women based on the MDGs   | <ul style="list-style-type: none"> <li>• Existence of the NSDP based on the MDGs and use of <i>CamInfo</i> for its monitoring</li> </ul>  | Annual programme review  | <u>Major partners:</u><br>UN Country Team, donors/partners supporting the national <i>Seila</i> Programme | <u>UNDAF expected outcome:</u><br>National Strategic Development Plan 2006-2010<br><br><u>WFFC goal:</u><br>All the goals mentioned above.   |
|  | 24) In the six priority provinces implementing the <i>Seth Koma</i> (Community Action for Child Rights) Programme, measurable actions for children and women are taken in 75% of communes through collaboration among the social service providers, commune councils and provincial administration* | <ul style="list-style-type: none"> <li>• % and sex of births registered (60% as target)</li> <li>• % of households using safe drinking water and improved sanitation (55% and 25% as targets)</li> <li>• % of schools having access to safe drinking water and improved sanitation (increase by 50% and 25% as targets)</li> <li>• % of families living in high-risk areas informed of the</li> </ul> | Report of the Ministry of Interior, Commune Profile, CDHS 2005 and 2010<br><br>EMIS<br><br>Evaluation of Water and Sanitation                          |   | <u>Partnership framework:</u><br>Technical Working Group for Government-Donor Coordination on Poverty Monitoring and Planning, Consultative Group (CG) meeting, Technical Working Group for Government-Donor Coordination on |

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|  |  | risk of arsenic contamination, and using household arsenic mitigation systems (areas with high risk of arsenic contamination including those which are outside the six provinces) (50% and 30% as targets) | Project in 2010; Commune Profile<br><br>EMIS<br><br>Evaluation of Water and Sanitation Project in 2010; Commune Profile | Decentralization and Deconcentration, national <i>Seila</i> Programme, National Decentralization and Deconcentration Programme |  |
|  | 25) Increased opportunities for the participation of children and young people to promote their right to express their views and be involved in the decisions affecting their lives under all the programmes | <ul style="list-style-type: none"> <li>• % of the projects having substantial child and youth participation components/activities</li> </ul>   | Annual programme review   |  |  |

\* Seth Koma will also provide support to achieve the following objectives at the local level in six provinces:

- 90 % of children under one year of age are immunized against seven vaccine preventable diseases
- 50 % of children aged three to five years attend early child development programmes organized either at home, in the community or at school
- 95 % of children enter Grade 1 at the age of six
- 96 % of children aged six to eleven years are enrolled in primary schools