



KINGDOM OF CAMBODIA
Nation Religion King

"Plus 5" review of the 2002 Special Session on Children
and
World Fit for Children Plan of Action

Cambodia Nation Progress Report

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Contents

1-	Introduction -----	1
2-	Major National Actions taken for Children and towards the WFFC targets since 2002 -----	1
	Promoting Healthy Lives-----	2
	Providing Quality Education -----	3
	Protecting Against Abuse, Exploitation and Violence -----	3
	Combating HIV/AIDs -----	4
3-	Resource trends for children-----	4
	Promoting Healthy Lives-----	4
	Providing Quality Education -----	5
	Protecting Against Abuse, Exploitation and Violence -----	5
	Combating HIV/AIDs -----	5
4-	Development and use of monitoring instruments to track WFFC/MDG targets-----	6
	Promoting Healthy Lives-----	7
	Providing Quality Education -----	7
	Combating HIV/AIDs -----	7
	Protecting Against Abuse, Exploitation and Violence -----	8
5-	Enhancing partnerships, alliances for children and participation -----	8
	Promoting Healthy Lives-----	9
	Providing Quality Education -----	9
	Protecting Against Abuse, Exploitation and Violence -----	9
6-	Achievement of WFFC Plan of Action and related MDG targets -----	10
	Promoting Healthy Lives-----	10
	Providing Quality Education -----	11
	Combating HIV/AIDs -----	11
	Protecting Against Abuse, Exploitation and Violence -----	12
7-	Summary of lessons learned and initiatives undertaken since 2002-----	12
	Promoting Healthy Lives-----	13
	Providing Quality Education -----	13
	Combating HIV/AIDs -----	14
	Protecting Against Abuse, Exploitation and Violence -----	14
	Challenges and Future initiatives -----	14
	Annex 1 -----	15-18

List of Abbreviations

AHTJP	Anti-Human Trafficking and Juvenile Protection
BCC	Behavioral Change Communication
CCWC	Commune Council for Women and Children
CDHS	Cambodia Demographic and Health Survey
CFPWC	Commune Focal Point for Women and Children
CFS	Child Friendly Schools
CLTC	Community Led Total Sanitation
CMAC	Cambodian Mine Action Centre
CMDG	Cambodia Millenium Development Goals
CMVIS	Cambodian Mine Victims Information System
CNCC	Cambodian National Council for Children
CPS	Community Pre-Schools
DfID	UK Department for International Development
EBEP	Expanded Basic Education Programme
ECHO	European Commission Humanitarian Office
EMIS	Education Management Information System
ESP	Education Strategic Plan
ESSP	Education Sector Support Programme
GFATM	Global Fund for AIDS, Tuberculosis and Malaria
IDD	Iodine Deficiency Disorder
MOEYS	Ministry of Education Youth and Sports
MOH	Ministry of Health
MOI	Ministry of Interior
MOJ	Ministry of Justice
MOP	Ministry of Planning
MOSAVY	Ministry of Social Affairs, Vocational Training and Youth Rehabilitation
MOWA	Ministry of Women's and Affairs
NIS	National Institute of Statistics
NSDP	National Strategic Development Plan
OVC	Orphans and Vulnerable Children
PLWHA	People living with HIV and AIDS
PMTCT	Prevention of Mother-to-Child Transmission
RGC	Royal Government of Cambodia
SWAp	Sector Wide Approach
SWIM	Sector-Wide Management
TWG	Technical Working Group
UNDAF	United Nations Development Assistance Framework
USI	Universal Salt Iodization
VCCT	Voluntary and Confidential Counseling and Testing

1. Introduction

The preparation of the “Plus 5” review of the 2002 UN General Assembly Special Session on Children (UNGASS) and A World Fit for Children (WFFC) Plan of Action was spearheaded by the Cambodian National Council for Children (CNCC), an interagency government body which coordinates the implementation, monitoring and reporting on policies and programmes related to the rights of children.

The “Plus 5” review also incorporates the Royal Government of Cambodia’s assessment of its progress against “Cambodia Fit for Children” (CFFC), its statement of commitment on children as a follow up to the UNGASS, WFFC and regional goals and targets. In reviewing progress against WFFC, monitoring and evaluation frameworks of existing sectoral plans, the Cambodia Millennium Development Goals (CMDGs) and the National Strategic Development Plan were analysed.

Ongoing data collection activities are being coordinated through the National Institute of Statistics (NIS) and conducted by relevant line ministries. There were two major data collection exercises used to measure progress, namely the 2003/2004 Socio-Economic Household Survey and the Cambodia Demographic Health Survey 2005. CAMInfo, the national socio-economic database managed by the National Institute of Statistics, has also been utilized extensively to measure and update progress against WFFC and the MDGs.

The progress report was drafted in consultation with representatives from line ministries, child rights NGOs and UNICEF. In an effort to reflect children’s voices into the report, the outcome of the children’s workshop on the Convention on the Rights of the Child, held in January 2007, has also been incorporated into this report. The final report was reviewed and approved by the Council of Ministers in April 2007.

2. Major National Actions taken for Children and towards the WFFC targets since 2002

The RGC decided to integrate WFFC commitments into existing mechanisms rather than develop a separate National Plan of Action. This is captured in “A Cambodia Fit for Children” (CFFC), which was launched by the Prime Minister in June 2004 as a follow up to the UNGASS and the Sixth Ministerial Consultation on Children held in Bali, Indonesia in 2003. CFFC links RGC’s priorities and goals in the National Poverty Reduction Strategy (NPRS) 2003-2005 to the Cambodia Millennium Development Goals (CMDGs) and WFFC. It provides a snapshot of how the WFFC priorities are part of the existing plans, frameworks and strategies and in particular how the NPRS has integrated WFFC goals, targets and actions (annex 1).

Furthermore, WFFC and MDG targets are featured prominently in the following key national strategies launched since 2002:

- a) Second five year Socio Economic Development Plan 2001-2005
- b) National Strategic Development Plan (NSDP), 2006-2010
- c) The Rectangular Strategy for Growth, Employment, Equity and Efficiency, 2004-2008
- d) National Poverty Reduction Strategy, 2003-2005
- e) Education Strategic Plan/Education Sector Support Programme 2001-2005 and 2006-2010
- f) Health Sector Strategic Plan, 2003-2007
- g) National Strategic Plan of Action for a Comprehensive and Multi-sectoral Response to HIV/AIDS, 2001-2005
- h) National Plan of Action Against Trafficking and Sexual Exploitation of Children, 2000-2004, 2006-2010
- i) Cambodia Nutrition Investment Plan, 2003-2007
- j) National Population Policy, 2003
- k) Cambodia Millennium Development Goals, 2003
- l) Cambodia Child Survival Strategy, 2006-2015

The United Nations Development Assistance Framework (UNDAF) and RGC’s five year National Strategic Development Plan (NSDP), both spanning the period of 2006-2010, provide the framework to achieve the

Cambodia Millennium Development Goals (CMDGs). NSDP's key indicators are in line with WFFC goals, particularly in the areas of poverty eradication and hunger, health including HIV/AIDS, education, rural development (access to safe water and improved sanitation), gender equity, de-mining and mine victim assistance.

In terms of international conventions, Cambodia ratified the Conventions on the Rights of the Child (CRC) as well as the Conventions on the Elimination of Discrimination Against Women (CEDAW) in 1992. The Optional Protocol on Children in Armed Conflict was ratified in 2004 and the Optional Protocol on the Sale, Prostitution and Pornography of Children in 2002.

At the sub-national level, the 'Advocacy for Decision Makers' initiative conducted a series of workshops nationwide to highlight and discuss the importance of taking simple and measurable actions for children and women through collaboration among provincial government, key social service providers and commune council members. Special emphasis was made on making progress in birth registration, full immunization before one year of age, and school entry at the age of six (right age entry). The Ministry of Interior issued guidelines to district and provincial governors requesting that women and children's issues be prioritised in their meeting agendas, and that progress on key interventions be reported periodically.

Since the commune elections in 2002, all Commune Councils in the country have selected a Commune Focal Point for Women and Children (CFPWC) to ensure that women and children's issues are included in planning and decision making at the decentralized (commune) level. In addition, Commune Committees for Women and Children (CCWC) were established in 203 communes since 2005 in the six provinces supported by UNICEF. The committees act as advisory bodies to democratically-elected Commune Councils on all women and children-related issues. The initiative is currently under consideration for nation-wide adaptation.

Training modules on child rights, health, education and child protection, supported by UNICEF, were developed to train commune council members to deepen their understanding on the rights of the child, essential services provided by the government and how commune councils can contribute to improving the delivery and utilization of these services. The modules were launched nationwide in 2006 following a successful piloting in 130 communes.

Promoting Healthy Lives

To improve the nutritional status of children, RGC issued the Sub-Decree on the Management and Exploitation of Iodized Salt in October 2003, stipulating that all salt produced, imported and used for human and animal consumption must be iodized. As a result, iodization of edible salt increased from 20 percent in 2003 to over 100 percent in 2005. In 2005, the salt producers' community signed the Core Commitments to Children to prevent and eliminate child labour in the salt production sector. Further, the Sub-Decree on Marketing of Products for Infant and Young Child Feeding was adopted in November 2005 to promote breastfeeding, and follow up actions for implementation are underway.

Several interventions to promote child survival were intensified in geographical scope and programme coverage between 2002 and 2006. A 'Score Card' of indicators on key child survival interventions was agreed upon by members of the international child survival partnership (UNICEF, WHO, USAID, WB, EC, ADB, JICA and DFID) in a high-level meeting in June 2004. The score card will allow regular monitoring of key child survival indicators to ensure that the key interventions are prioritized and are on track to meet the targets. Importantly, breastfeeding was adopted by health partners as one of the highest priorities for child survival, and all partners in the maternal and child health areas, including 140 NGOs, have integrated breastfeeding promotion activities into their action plans. To address the major child killers, namely pneumonia and diarrhoea, the child survival working group adopted integrated management of childhood illnesses (IMCI) as the main strategy of the Ministry of Health. Accordingly, the implementation of IMCI has expanded seven fold, from 45 health centres in 2002 to 322 health centres by end of 2005. The plan is to reach all 832 health centres and provincial/municipal referral hospitals by 2010.

RGC also launched the following national policies, guidelines and strategies reflecting MDG and WFFC goals related to maternal and child health:

- National Safe Motherhood Action Plan, 2001-2005

- IMCI Case Management Guidelines and Feeding Recommendations defining the Minimum Package of Activities (MPA 10), 2002
- National Treatment Guideline for Malaria, 2004
- National Policy on Behaviour Change Communication, August 2004
- Revised guidelines for outreach services from Health Centre, May 2004
- National Communication Strategy on Infant and Young Child Feeding, 2005-2007

To ensure increased access to safe water and adequate sanitation, RGC developed a National Water Supply and Sanitation Policy in 2004 to facilitate the development of the rural water supply and sanitation sector prioritizing poor people. The policy emphasizes the role of communities in managing their water and sanitation facilities and services. In response to the recent discovery of arsenic in groundwater, RGC also established a national arsenic testing and education programme (2004-2006) to assess the extent of contamination and provide alternative safe water sources to affected communities.

Providing Quality Education

RGC embarked on a pro-poor education sector-wide reform to achieve more equitable access to basic education as embodied in the Education Strategic Plan (ESP) and the Education Sector Support Programme (ESSP) 2001-2005, which have been updated for the period of 2006-2010. Under the ESP and ESSP, pro-poor policies have been implemented to reduce barriers to universal enrolment and completion of primary education, such as: i) abolition of illegal school fees in 2001; ii) provision of lower secondary scholarships for poor and ethnic minorities beginning in 2002; and iii) completion of incomplete primary schools.

New initiatives have also been implemented to improve the quality of basic education, including the following:

- Revision of the curriculum from Grades 1-12 and adoption of a new curriculum policy in 2005;
- Pilot implementation of child friendly schools in 2000 and expansion beginning in 2003;
- Pilot implementation of school readiness in Grade 1 programme in 2004 to ease children's transition from home to school;
- The education law, which was approved by the Council of Ministers, will be submitted to the National Assembly for processing and fast track enactment
- Formulation and adoption in 2003 of the long-term Education For All National Plan for Action 2003-2015.

Protecting Against Abuse, Exploitation and Violence

In an effort to protect children from abuse, sexual exploitation and violence, the RGC took the following key actions between 2002 and 2006:

- A Memorandum of Understanding was signed between the RGC and the Government of the Kingdom of Thailand on Bilateral Cooperation for Eliminating Trafficking in Children and Women and Assisting Victims of Trafficking, 2003
- A Memorandum of Understanding on Cooperation against Trafficking in Persons in the Greater Mekong Sub-Region was signed with China, Lao, Myanmar, Thailand and Vietnam, 2004
- An agreement was formed between the RGC and the Government of the Socialist Republic of Vietnam on Bilateral Cooperation for Eliminating Trafficking in Women and Children and Assisting Victims of Trafficking, 2005
- The Law on Prevention of Domestic Violence and Protection of the Victims was adopted in 2005
- The Convention on the Worst Forms of Child Labour was ratified in 2006
- The Palermo Protocol to Prevent, Suppress and Punish Trafficking in Persons, especially Women and Children, supplementing the UN Convention against Transnational Organized Crime, was ratified in 2005
- Adoption of the minimum standard on Care for Children, 2006

- Ratification to the Hague Convention on Protection of Children and Cooperation in Respect of Inter-country Adoption in 2006
- National Plan of Action on Trafficking and Commercial Sexual Exploitation 2006-2010 is currently being drafted and is expected to be finalized in January 2007.

Combating HIV/AIDS

The following laws, national plans and policies have been enacted and implemented to meet the MDG and WFFC targets for HIV/AIDS:

- The Law on the Prevention and Control of HIV/AIDS, which outlines the measures for the prevention and control of the spread of HIV/AIDS in Cambodia, was enacted in 2002.
- The National Task Force on Orphans and Vulnerable Children was established to coordinate, advocate for and ensure quality protection, care and support services for orphans and vulnerable children.
- The National Strategic plan for a Comprehensive & Multi-Sectoral response to HIV and AIDS 2001-2005 and 2006-2010 were developed and disseminated.
- Policy on the Prevention of Mother to Child Transmission of HIV was developed by the Ministry of Health in 2005
- Life-Skills Policy was developed by the Ministry of Education Youth and Sports in 2006
- National Policy on the Religious Response to HIV/AIDS and as well as the National Policy for women, the girl child and HIV/AIDS were developed in 2002.
- Operational Framework for the Continuum of Care for People Living with HIV/AIDS was launched in 2003
- National Strategic Plan for HIV/AIDS and sexually transmitted infections treatment and care 2001-2005 has been updated to cover the period of 2004-2007.

3. Resource trends for children

Recovering from the Pol Pot genocide regime and decades of conflict, Cambodia progressively re-established peace and economic recovery and overcame natural shocks such as the heavy floods and drought in 2000-2002. RGC has achieved strong economic growth in the last decade and steadily increased investment in the social sector to promote the wellbeing and development of children.

Cambodia receives official development assistance (ODA) relative to an average of 13 per cent of national GDP and little under half of the government budget. Over recent years, increased budget allocations and disbursements in the social sectors have enabled improvements in the delivery of health and education services. However, levels of health and education spending per capita remain extremely low and the flow of funds is back-loaded, making it difficult to manage available funds in an efficient and effective manner.

Promoting Healthy Lives

The Health Sector Strategic Plan and the CMDGs provide a roadmap to guide the allocation of human and financial resources within the health sector. Approximately 80 per cent of all donor funds were allocated to CMDG targets, namely malaria, tuberculosis, HIV/AIDS, maternal mortality and child mortality.

In 2005, 1.26 per cent of GDP was allocated to the health sector. While budget allocation to the health sector has been steadily increasing since 2002, the share of the total government budget to the sector in 2005 was only 7.4 percent, falling short of the 12 percent target.

Indicator	2002	2003	2004	2005	2006
Health budget					
Health budget in million US\$ (recurrent costs)	56.29	50.50	56.20	58.25	62.89
Health budget per capita in US\$ (recurrent costs)	4.5	3.95	4.24	4.27	4.48
%of nominal GDP (in US\$)	1.2%	1.21%	1.24%	1.26%	1.08%
%of total government budget	6.41%	6.66%	7.41%	7.37%	6.84%

National Health current expenditure					
Health expenditure in million US\$ (recurrent costs)	53.89	41.96	46.84	46.27	59.74
Health expenditure per capita in US\$ (recurrent costs)	4.32	3.28	3.53	3.39	4.26
%of nominal GDP (in US\$)	1.15%	1%	1.03%	1.00%	1.02%
%of total government budget	6.24%	5.54%	6.18%	5.85%	6.50%
Sources: Approved budget from MEF, 2002- 2006					

Funds provided by external financing sources exceed funds from government revenues; therefore, donors have a major influence on the development of health sector. In the last few years, USAID, DFID, ADB, World Bank and the Global Fund for AIDS, Tuberculosis and Malaria (GFATM) have become major players along with UN agencies in funding health sector priorities. ADB, World Bank and DFID committed US\$ 72 million over five years (2002-2007) in grants to implement the health sector strengthening project while the GFATM committed US\$ 22.3 million over three years (2003-2005), and GAVI committed US\$ 10.3 million over five years (2002-2007).

Providing Quality Education

Education expenditure more than doubled from 0.9 percent of GDP in 1997 to 2 percent in 2002, and has remained at this level until 2006. The share of education in the Government's recurrent budget also rose from 13.9 per cent in 2000 to 18.2 per cent in 2002 and then 18.5 per cent in 2006. The proposed target for 2006 is 22.2 per cent. RGC continued to increase funds allocated to the education sector Priority Action Programme (PAP) from US\$ 18.7 million in 2002 to US\$29.1 million in 2006 - a 55 per cent increase. The cost of education to households was thereby reduced. Of the combined resources of government and household, the household share of education expenditures has decreased from 76.9 per cent in 1997/1998 to 55.6 per cent in 2004. Despite the decline, the household share of education expenditure is still relatively high compared to other countries at a similar level of development.

Protecting Against Abuse, Exploitation and Violence

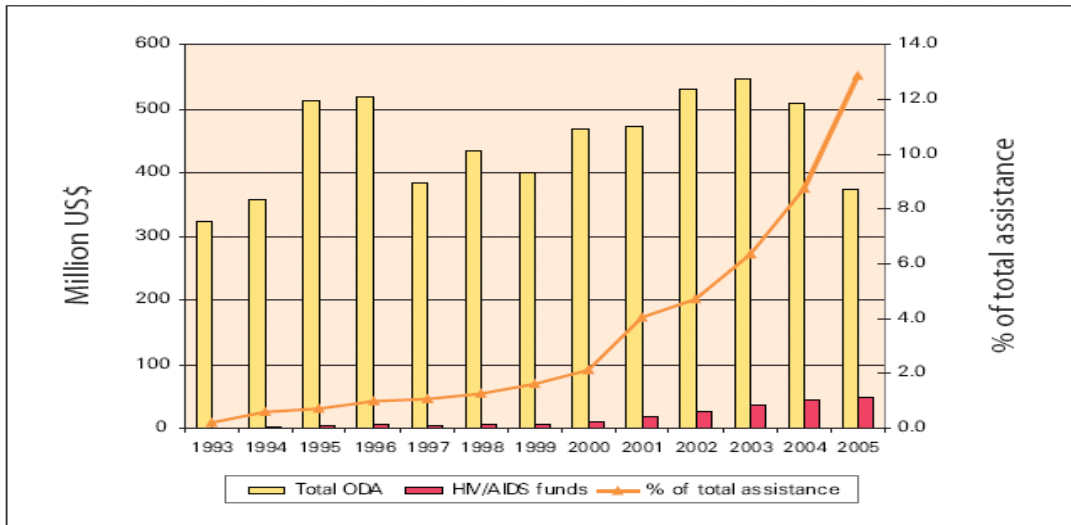
The national budget allocation to MoSVY for assisting vulnerable persons, including orphans in state orphanages and the disabled, increased from 3.9 per cent of the total national budget in 2003 to 6.7 per cent in 2006.

The RGC has increased its national budget for gender mainstreaming considerably; its allocation to the Ministry of Women's Affairs jumped increased by 20 percent between 2000 and 2006 for strengthen programmes on women's capacity building and promoting their participation in decision making at all levels.

Combating HIV/AIDS

The development of policies and framework related to HIV and AIDS prevention, care and support enabled donors to increase their financial contributions substantially, from US\$10 million in 2000 to US\$48 million in 2005. During this period, the weight of individual donors to the response also changed considerably. While USAID remains the single largest donor, GFATM has been increasing its share of the response since 2003 among other bilateral donors.

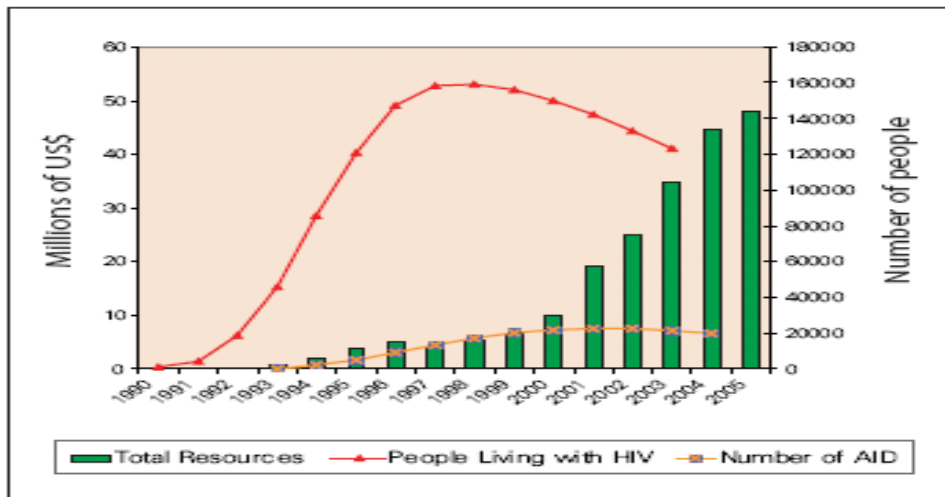
Graph 1 - Share of HIV and AIDS Resources to total ODA in Cambodia 1993-2005:



Source: Turning the Tide, Cambodia’s Response to the HIV & AIDS 1991-2005, UNAIDS, 2006

Graph 2 – People living with HIV, number of AIDS cases, and total resources, 1990-2005:

Major investments in HIV/AIDS arrived well after the peak in prevalence. The peak in incidence occurred even earlier. The prompt and effective allocation of resources available at that time, while limited, contributed significantly towards the turn around in the epidemic.



4. Development and use of monitoring instruments to track WFFC/MDG targets:

CAMInfo, a locally adapted version of Devinfo, was launched in March 2004 by the National Institute of Statistics. CAMInfo is a national socioeconomic indicator database designed to monitor progress towards the CMDGs as well as other national, regional and global goals including WFFC. CAMInfo includes data at national and sub-national levels, down to the commune level, allowing local-level monitoring of indicators. All major household survey data, routine surveillance data, administrative data and the commune database are incorporated into CAMInfo, and updated twice yearly. CAMInfo was utilized to for the drafting of Cambodia’s Country Report for the 7th East Asia and Pacific Ministerial Consultation on Children, to update the Cambodia MDG report in 2005, and for the Government’s periodic report to the Committee on the Rights of the Child.

The national Commune Database, developed in 2002 by the Ministry of Planning, was updated in 2004/2005 to improve data quality and to revise existing indicators as well as to add indicators on health, education, protection and water and sanitation. Data for the Commune Database is collected annually from villages and communes, and are used as a planning and decision-making tool for the local commune investment process.

The CMDG report in 2003 was prepared under the overall coordination of the Cambodia Development Council in consultation with line ministries, NGOs, donors and UN agencies. The progress report on the CMDGs was prepared in 2005 under the coordination of the Ministry of Planning following consultation with development partners. RGC is supported by a UN advisory committee on MDGs in monitoring its progress towards the CMDG goals and targets.

The following national household surveys carried out in recent years provide key data to measure progress towards WFFC and MDG targets at national and sub-national levels:

The Cambodia Demographic and Health Survey (CDHS), conducted every five years, provides essential impact-level data on a broad range of demographic, health, and social issues such as household characteristics, utilization of health services, maternal and child health, early childhood mortality, maternal mortality, nutritional status of women and young children, birth registration, awareness and behaviour regarding AIDS and other sexually transmitted infections, and water and sanitation. In 2005, for the first time in Cambodia and in the region, data on national HIV prevalence rate was also collected through DHS. The results of CDHS have shown that infant and under-five mortality rates have declined significantly in the last five years.

The Cambodia Inter-Censal Population Survey was conducted in 2004 to update demographic and household information between the censuses, and have been used as a main source of data on population growth, access to safe water and improved sanitation, fertility rates and child mortality.

The Cambodia Socio-Economic Survey (CSES), previously conducted every two to three years, provides data on Cambodia's economic and social development, especially on those related to poverty and inequality. CSES will be conducted annually from 2006 as a small-scale area survey to enable annual monitoring of key socio-economic indicators.

Promoting Healthy Lives

Child survival interventions in Cambodia are monitored by a common set of indicators under the “score cards” adopted by the Child Survival Committee of the Ministry of Health and detailed in the Cambodia Child Survival Strategy 2006-2010. They are being monitored and reported annually through the Joint Annual Health Sector Performance Review and every three to five years through the review of the Health Sector Strategic Plan.

The annual National Health Statistics Report reviews the progress of the public health sector at the national and provincial levels, including the utilisation of preventative and curative health services, the main health problems, and resources allocated to the health sector.

Providing Quality Education

The joint annual review among donors, government and NGOs of education sector performance against ESP/ESSP targets has been taking place since 2002, focusing on a range of sector performance targets and indicators including enrolment, completion, policy implementation, budget, expenditures and gender. The Education Management Information System (EMIS) at MoEYS produces comprehensive gender-disaggregated education statistics, allowing annual monitoring of education-related indicators relevant to the MDGs and WFFC.

Combating HIV/AIDS

HIV Sentinel Surveillance, Sexually Transmitted Infections Prevalence and Behaviour Survey, and the Behavioural Surveillance Survey are used to monitor the trends in HIV prevalence and behaviours in Cambodia annually. Routine data collection systems have been put in place to monitor the number of beneficiaries of the various HIV services, including the number of adults and children receiving anti-

retroviral treatment disaggregated by gender as well as the number of pregnant women counselled and tested for HIV.

Protecting Against Abuse, Exploitation and Violence

Data management systems have been established at government ministries to enable routine collection of data related to child protection, including alternative care and sexual exploitation of children. The Alternative Care Database system has been created at the Ministry of Social Affairs, Veterans and Youth Rehabilitation (MoSVY) to collect data on children living in residential care facilities and to generate regular reports on children in residential care. Most recent statistics collected by social workers indicate a total of 7,203 children currently residing in long-term residential care in a total of 177 institutions, of which 20 are state-run centres and 157 are NGO centres. A National Sex Crimes Database was established in 2004 under the Ministry of Interior (MoI) to improve police capacity to provide statistics on suspects and victims and to equip police with tools to assist their investigations and follow-up. The database and corresponding data collection forms collate information on child sexual abuse, exploitation and trafficking cases and contain details of cases, victims and suspects, which can also serve as a case management tool.

The Cambodian Mine Victim Information System (CMVIS) has been improved and updated since 2002 and is currently the primary source of annually updated information on landmine/UXO accidents and victims.

5. Enhancing partnerships, alliances for children and participation

Various partnerships have been formed among civil society, government and donors to promote meaningful participation of children and to provide opportunities for them to express their views. An increasing number of partnerships have been formed between the government and civil society/NGOs to implement and monitor the CRC, and child participation is increasingly becoming part of the government's programming process. However, there is still a need for sustained effort to ensure that child participation becomes central to the government, donor and civil society's planning and programming process in order to give 'a child's face' to development.

In March 2005, Cambodia hosted the 7th East Asia and Pacific Ministerial Consultation on Children, with participants from 26 countries in the East Asia and the Pacific region. The Siem Reap-Angkor Declaration "Towards a Region Where Every Child Counts", was adopted at the Consultation and agreed to focus on reducing disparities and inequity, promoting adolescent development, and improving child survival, growth and development. The consultation was held in parallel to the Regional Children and Young People's Forum, in which 40 young people from 19 countries including Cambodia called for expanding educational opportunities, strengthening HIV/AIDS prevention programmes, increased child involvement in the decision making process both within the family and at school, steps to address the negative impact of cultural change and the media, and increasing employment opportunities for young people.

Youth Star Cambodia, a NGO providing volunteers to work with rural communities, has begun working with Commune Councils in Prey Veng Province to facilitate effective participation of young people in local decision making processes, and to give young people a voice in local development by organizing youth councils and facilitating partnerships with commune councils. The volunteer programme aims to expand opportunities for youth and adolescents to acquire basic life skills and to promote civic values and a culture of volunteerism among young people.

In partnership with UNICEF and the youth NGO CAMP, a core group of young people from four provinces was trained as peer educators on the CRC to improve young people's understanding of child rights and mobilization skills in four provinces. The peer educators conducted 10 workshops in each province to train another 800 children from local communities on child rights and how to work toward their fulfilment in their communities. They received support to develop and implement their plans in their communities with participation of the village chief.

Collaboration with media has been particularly notable, including the Youth TV Bureau initiative, which provides young people the opportunity to have their voices widely heard through the production and airing of news programmes. Under the project, young people between the ages of 18 and 20 received intensive training on child rights, basic journalism and video production techniques to build their capacity to produce

regular television programmes, which resulted in the production of a regular 15-minute news magazine called “Youth Today”. Youth TV Bureau has produced more than a hundred video segments on topics such as working children, child trafficking, HIV/AIDS, health, nutrition, decentralization and disparity.

UNICEF and BBC World Service Trust also partnered to produce TV spots and radio spots promoting positive health behaviours for a Khmer language drama series. The TV and radio spots were broadcast also in partnership with the Behaviour Change Communication project supported by the European Commission and implemented by the National Centre for Health Promotion to provide intensive health promotion messages in six provinces.

Promoting Healthy Lives

To address the high infant and under-five mortality rates in Cambodia, a high-level consultation on the reduction of child mortality, attended by Prime Minister Hun Sen, was held in June 2004 between the Government and members of the international Child Survival Partnership. The partners monitor indicators related to essential health and child care interventions, such as exclusive breastfeeding and complementary feeding; control of diarrhoeal diseases and pneumonia; use of insecticide-impregnated bed nets; immunization and safe and clean delivery.

A partnership between the government and private sector in piped water systems has proven to be a very effective alliance to provide safe drinking water to rural villages in high-risk arsenic contaminated areas although coverage is still limited. Participation of the private sector in arsenic database management, design and data entry has improved the effectiveness of the use and management of the national arsenic database.

Providing Quality Education

Sector-wide approach mechanisms and structures have been in place in the education sector since 2001 to facilitate effective coordination between RGC and development partners, including NGOs, on the implementation of sector-wide reform and joint annual review of sector performance. Government-NGO-donor coordination was further enhanced with the creation of the Joint Technical Working Group on Education in 2005.

Protecting Against Abuse, Exploitation and Violence

The Coordinated Mekong Ministerial Initiative Against Trafficking (COMMIT) process was initiated by the governments of Cambodia, China, Lao PDR, Myanmar, Thailand and Vietnam in 2004 to counter human trafficking in the region. Under the framework of COMMIT, Cambodia signed the regional Memorandum of Understanding in October 2004 with five other countries in the region. The MoU expresses a joint commitment for action and cooperation in synchronising policy and cooperation at the national and international levels; legal frameworks, law enforcement and criminal justice; protection, recovery and reintegration of victims; and preventive measures. The MoU is being complemented by the Sub-Regional Plan of Action against Trafficking in Persons 2005-2007, which includes action to synchronise policy and strengthen cooperation at the national and international levels; improve legal frameworks, law enforcement and criminal justice; protection, recovery and reintegration of victims; and preventive measures.

The RGC in 2006 established a National Task Force on Orphans and Vulnerable Children (OVC) to strengthen the national multi-sectoral response to promote and protect the rights of OVC. Chaired by the MoSVY, the OVC Task Force brings together the National AIDS Authority, the Ministries of Health, Women’s Affairs, Education and Cults and Religion and external development partners including UNICEF, UNAIDS, DFID and NGOs. It will lead a Situation Analysis on OVC, develop a strategic Framework and a five-year action plan for protecting, caring and supporting OVC. The establishment of the task force will strengthen the coordination of the national response for caring and supporting orphans and vulnerable children including children affected by HIV/AIDS.

In October 2004, a nation-wide mobile civil registration campaign was launched by the Ministry of Interior in partnership with Plan Cambodia, the Asian Development Bank and UNICEF. To date, over 90 percent of Cambodians have been issued with birth certificates and 2,180 district and commune officials have been sensitized about birth registration, and trained on conducting community awareness-raising.

6. Achievement of WFFC Plan of Action and related MDG targets

Promoting Healthy Lives

Notable progress has been made in reducing child mortality and improving child health and Cambodia is on track to achieve the CMDG targets. The preliminary results of the Cambodia Demographic and Health Survey (CDHS) show sharp declines in infant and under-five mortality rates, from 95 in 2000 to 65 in 2005 and from 124 in 2000 to 83 in 2005, respectively.

Exclusive breastfeeding is becoming a more common practice, with 60 per cent of children under six months being exclusively breastfed in 2005, compared with 11 per cent in 2000. Children aged 12-23 months fully immunized increased from 40 per cent in 2000 to 66 per cent in 2005. Polio free status certified in 2000 has been maintained with increased routine immunization coverage, supplementary immunization activities and special high-risk campaigns backed up by a quality sentinel surveillance system.

There has been a 40 per cent increase in children aged 12-23 months who were fully vaccinated between 2000 and 2005. In 2005, at least nine out of ten children received BCG, DPT and Polio while nearly eight in ten received measles and the third dose of DPT/Polio. By end of 2005, the number of measles cases significantly decreased by over 98 per cent from 2002. Polio free status certified in 2000 has been maintained with increase in routine immunization coverage, supplementary immunization activities, and special high-risk campaigns, backed up the quality sentinel surveillance system. The nationwide deworming programme has resulted in Cambodia becoming the first country in the world to protect 75 per cent of its primary school children from worm infestation.

Cambodia is on track towards achieving CMDG Goal 1, particularly the targets related to poverty reduction¹. Poverty rate decreased from an estimated 47 per cent to 35 per cent (based on a national poverty line of US\$0.45) between 1997 and 2004, and poverty reduction has been experienced across the population. The rates of such improvement have not been uniform, however, and the standards of living in the rural population and the poorest quintile grew the slowest, and inequality has increased across the country, most notably within the rural area.

The nutritional status of children has improved, albeit slowly, between 2000 and 2005, with the stunting rate decreasing from 45 to 37 per cent, and wasting decreasing by half, from 15 per cent to 7 per cent. The overall prevalence of underweight children has decreased from 45 per cent to 36 per cent, meeting the target for 2005. The household usage of iodized salt has increased dramatically from 14 per cent in 2000 to 73 per cent in 2005.

There is no recorded improvement in maternal mortality, which remains the highest in the region with 472 deaths per 100,000 live births. However, there has been a decline in total fertility rate from 4.0 in 2000 to 3.4 in 2005 and an increase in the proportion of deliveries attended by skilled health personnel from 32 per cent in 2000 to 44 per cent in 2005. Ante-natal care is now provided to 69 per cent of pregnant women compared to 38 per cent in 2000 and more pregnant women are receiving at least one tetanus toxoid injection, up from 14 per cent in 2000 to 76 per cent in 2005.

From 2000 to 2004 access to safe water increased from 60 per cent to 76 per cent and from 24 to 42 per cent for urban and rural populations respectively, exceeding the CMDG targets set for 2005. Access to improved sanitation also increased, from 9 per cent in 2000 to 16 per cent in 2004 among the rural population and from 49 per cent to 55 per cent in the urban areas during the same period. A review of the rural water and sanitation sector commissioned by DFID in 2006, however, indicates challenges in reaching the CMDG target for rural sanitation.

Providing Quality Education

Cambodia's goal is to achieve universal nine-year basic education by 2015. Although the country has made progress in increasing access to basic education in recent years, there is still a long way to go to reach the targets set under the CMDGs. For example, the literacy rate for 15-24 year olds has remained largely

¹ Achieving the Cambodia Millennium Development Goals - 2005 Update, Ministry of Planning, 2005.

unchanged in recent years. In 2005, the rate was 83 per cent compared with 82 per cent in 1999, short of 90 per cent target for 2005.

The net admission rate has increased from 81 percent in 2001 to 82.6 per cent in the 2005/2006 school year, against a target of 93 per cent. The survival rate from grade 1 to grade 9 has actually fallen from 33 per cent in 2001 to 26.5 per cent in the 2004/2005 school year, against a target of 73 per cent. Other survival rates – from grade 1 to grade 5 and to grade 6 - have shown only marginal improvement. In 2005/2006, the net enrolment ratio in primary education is reported at 91.3 per cent as against the target of 92 per cent and 87 per cent in 2001. A greater shortfall - as in the case of lower secondary education where the net enrolment ratio increased to only 31.3 per cent in 2005/2006 from 19 per cent in 2001/2002, against the target of 40 per cent in 2005. This leaves a big gap in achieving universal nine-year basic education, and implies low efficiency in the education system in Cambodia.

In 2005, more than 28 per cent of 6-14 year olds remained out of school against the target of 22 per cent and 35 per cent in 1999. Reports indicate that there are many over-aged children stuck at the primary level, which creates disincentives for parents to send their children to school. Improving the quality of education with more trained teachers and better educational materials can help counter these disincentives. Creating better employment opportunities for graduates from lower and higher secondary schools are also important factors to enhance the demand for secondary education.

Another major concern is the issue of bridging the gender gap in basic education. Although the target is to achieve full gender equality at both levels by 2010, actual performance in 2005 shows large shortfalls, especially in lower secondary education. The ratio of girls to boys in primary education increased from 87 per cent in 2001 to 89 per cent in 2005. In lower secondary education, the ratio of girls to boys increased from 63 per cent to 72 per cent over the same period.

Gender disparity at upper secondary and tertiary education declined over the past few years. In 2005, the gender ratio at the upper secondary level increased from 48 per cent in 2001 to 57 per cent in 2005, while at the tertiary level it increased from 38 per cent to 45.6 per cent over the same period. However, these are short of the 2005 targets of 59 per cent and 50 per cent, respectively. The ratio of literate females males aged 15-24 years old is estimated at 94 per cent in 2005, a little below the target of 95 per cent. However, the ratio of literate women to men 25-44 years old has increased rapidly from 92 in 1999 to 95 per cent in 2005, and exceeded its targeted value of 85 per cent in 2005.

Combating HIV/AIDS

The HIV prevalence rate among adults (15-49 years old) decreased steadily since the peak of 3.0 per cent in 1997 to 1.9 per cent in 2003, beyond the target for 2005 (2.3 per cent). Decrease in HIV prevalence among initial high-risk groups (commercial sex workers, military and police) mainly attributed to aggressive and focused interventions targeting high-risk groups, such as the promotion of condom use in brothels, peer education, condom distribution and advocacy among uninformed groups.

There has been a marked change in the pattern of HIV transmission from one sub-population to another, with an increased proportion of new cases happening from mother to child. There are also some emerging high-risk groups that have not received adequate attention so far, such as injecting drug users and men having sex with men. According to the Cambodia Demographic and Health Survey 2005, 42 per cent of males aged between 15 and 24 years old, and 2.2 per cent of females in the same age group reported condom use with any partner during their last sexual encounter.

HIV counseling and testing services have expanded rapidly from 35 sites in 2002 to 106 functioning sites at the end of 2005. Centres offering prevention of mother to child transmission services increased from just two health facilities in 2002 to 54 sites as of mid 2006. However, still only less than 5 per cent of all pregnant women are being tested for HIV annually. Coverage of prevention of mother to child transmission could be improved by increasing the number of health centres offering the services but also through introducing an opt-out approach and targeting high-risk groups.

The number of adults and children on anti-retroviral therapy (ARV) has increased steadily, with 66 per cent of the adults and half of children requiring ARV receiving the therapy as of mid 2006. The percentage of people with advanced HIV infection receiving ARV in 2002 was 3 per cent.

Approximately 57,000 orphans were receiving some kind of support (material or psychosocial) as of mid 2006. This represents only 8 per cent of the number of orphans of all causes estimated in *Children on the Brink, 2004*.

Protecting Against Abuse, Exploitation and Violence

Birth registration remained high on RGC agenda in recent years, with support from Plan International, the Asian Development Bank and UNICEF. Thanks to the mobile civil registration campaign, spearheaded by Plan and the Ministry of Interior in October 2004, over 90 percent of Cambodians have been issued with birth certificates and 2,180 district and commune officials have been sensitized about birth registration, and trained on conducting community awareness-raising.

Annual reports of rape, debauchery, trafficking and sexual exploitation have increased dramatically from 276 reports in 2001 to 665 reports in 2005. The increase in the number of reports can be attributed to the vigorous campaign against trafficking and sexual abuse and exploitation as well as the police hotline service. In the same vein, annual arrests of suspected sex offenders increased progressively from 82 arrests in 2001 to 431 arrests in 2005, representing a remarkable leap of more than 400 per cent. The number of victims rescued annually increased from 348 in year 2001 to more than 600 in 2005. From years 2002 to 2005, a total of 2,248 victims were rescued by the police and referred for rehabilitation and reintegration, out of which 1,270 were minors. Children victimized by abuses and exploitation have been provided protection, rehabilitation, psychosocial support and legal representation in accordance to relevant laws and the CRC.

Rape continues to be the most common offence committed against women and children in Cambodia. Among the cases investigated and arrests made by the police Anti-Human Trafficking and Juvenile Protection Unit in Cambodia during the period 2002-2005, rape accounted for 75 per cent of the cases, followed by human trafficking, sexual exploitation and child debauchery. From 2002 to 2005, a total of 1,047 arrests were made for offences related to rape. The number of arrests made in connection with rape increased significantly from 25 arrests in 2001 to 157 in 2002 to 266 in 2005.

Relevant trainings have been carried out on staff from line ministries on the prevention of human trafficking, including provincial government staff. The Ministry of Women's Affairs (MoWA) and IOM conducted trainings and disseminated information on the prevention of trafficking to all 24 provincial officers down to the village level.

Landmine/UXO casualties previously remained at approximately 850 per year between 2000 and 2005. The number of casualties in 2002 was 847 (280 children) and there were 855 casualties in 2005 (267 children). Progress was seen in 2006, with only 450 casualties, which is nearly 50 percent less than the same period in 2005.

7. Summary of lessons learned and initiatives undertaken since 2002

There has been significant progress since 2002 in implementing actions towards achieving the CMDGs and WFFC goals, as reflected in Cambodia's national and sectoral plans, and consolidated in *Cambodia Fit for Children (CFFC)*. Although Cambodia is on track to achieve several CMDG and WFFC targets, it continues to face challenges in areas related to food security, poverty reduction, education, gender mainstreaming and child protection. Cambodia will not be able to achieve the CMDGs by 2015 and realize CFFC unless national efforts are strengthened and accelerated.

Local-level efforts to realize CFFC and the MDGs were made through increased attention to priorities related to women and children at the commune level in the appointment of Commune Focal Points for Women and Children (CFPWC). An evaluation on gender-mainstreaming activities carried out by the Ministry of Women's Affairs have shown that CFPWCs and female councillors in six provinces trained on leadership

skills to represent women and children in their communities have worked actively in line with their mandate as advocates for women and children. As a result of this finding, province and district-level Women's Affairs staff from the remaining 18 provinces in the country will be trained on the organisation of such trainings in 2007, and the Asian Development Bank also plans to replicate these experiences in another six provinces around Tonle Sap Lake between 2007 and 2009 to increase the capacity of female councillors and Commune Focal Points.

The Ministries of Planning, Women's Affairs, Interior and UNICEF contributed to the gender mainstreaming of the guidelines for the Commune Investment Planning Process. Orientation and training on the guidelines were conducted on relevant provincial departments and CFPWCs nationwide. In 2005, there was an increase in the number of projects concerning women and children's issues which were discussed in the commune planning process compared to the previous year. RGC recognizes that it is crucial to develop sub-national targets linked to national targets, and

Promoting Health Lives

The decline in poverty during the past decade, and the return of security and stability, and improvements in the infrastructure of the country have all positively impacted the situation of children and women in Cambodia. Accordingly, relevant child survival indicators, notably those related to poverty and hunger, have improved dramatically. Although one in three children is still underweight as of 2005, this marks an improvement from 45 per cent in 2000. On the basis of this performance, Cambodia has made progress towards the first of the CMDGs which commits the RGC to halve the proportion of people living below the national poverty line between 1993 and 2015, and reduce the prevalence of underweight children from 45 per cent in 2000 to 36 per cent in 2005.

Since 2003, continuous efforts have been made to bring together all stakeholders in the health sector under the Ministry of Health-led sector-wide integrated management strategies in the form of a Technical Working Group. The Government commitment to reform the institutions and procedures through the public financial management reform process shows its commitment to tackle the constraints on improving service delivery.

Donors are increasingly coordinated through UN and donor coordination mechanisms, providing aid within the framework of the health sector strategic plan. The Health Sector Strategic Plan (2007-2010), Cambodia Child Survival Strategy (2006-2010) and the National Reproductive Health Strategy (2006-2010) will guide the provision of health services to women and children to promote healthy lives.

Finally, Cambodia's health NGOs have become increasingly capable partners in service delivery and as institutions for channeling innovative ideas to government policy makers, and will play an important role in achieving the CMDGs.

Promoting Quality Education

Phasing and sequencing of education reform activities will need to consider foremost the capacity of the sector to absorb the changes and human resources as well as the technical capacity of the Ministry of Education to manage the change processes at all levels of the system. In this way, targets and expectations are more realistic. The Government's own capacity - not donor funding or preference - should dictate the phasing of sector-wide reform.

There is a need for stronger inter-ministerial coordination and cooperation to implement education sector reform successfully to improve delivery of education services. This especially concerns the ministries responsible for the larger governmental reforms, such as the Ministry of Economy and Finance and Council of Administrative Reform.

Predictability of the budget disbursement is critical to sustaining the momentum of education sector reform. The continued delays in the Priority Action Plan budget release has undermined the reform process and led to loss of momentum and commitment to improve the education sector.

Combating HIV/AIDS

Cambodia is one of the few developing countries on track to meet MDG Goal 6 – to halt and begin to reverse the spread of HIV/AIDS by 2015. *Turning the Tide: Cambodia's Response to HIV&AIDS 1991-2005* attributes Cambodia's success to:

- Early initiation of surveillance, research and analysis
- Evidence-based programming targeting key populations
- Dynamic condom social marketing and distribution
- Good collaboration between government and civil society
- Enabling institutional and political environments
- An emerging civil society response coupled with strong civil society advocacy
- Early piloting of care, support and treatment projects by NGOs
- Government responsiveness in assuming ownership and facilitating scale-up
- Financial resources mobilized at the right time

Protecting Against Abuse, Exploitation and Violence

Progress over the past five years has shown that sustained government commitment to address child protection issues does result in positive change for children. Particular examples of such positive changes are the birth registration campaign and the law enforcement against trafficking and sexual exploitation activities. A more multi-disciplinary approach is necessary in the future, as the solutions to most child protection issues cannot be found in one sector alone. The law enforcement, judicial, social work and health sectors will need to work much more closely together to ensure that children subjected to violence, abuse or exploitation receive the proper care and support.

Interventions on landmines and UXOs have demonstrated the effectiveness of a multi-pronged strategy, which includes national mine risk education, risk reduction coordination, and promoting the roles and responsibilities of affected communities in providing risk education and risk reduction. The recent dramatic decrease in the number of casualties of landmine/UXO accidents requires detailed analysis into the approach needs to review contributing factors and to further reduce the number of victims. Future approach will also need to address the issue of continuous human settlement in the contaminated areas as well as the increasing incidence of accidents caused by deliberate tampering of landmine/UXOs.

Challenges and Future initiatives

Challenges remain in the capacity of government and stakeholders to fully harmonise and integrate WFFC into existing mechanisms given various agendas and mandates. Also, ensuring that integration of goals and targets moves beyond planning and leads to implementation, monitoring and reporting still require close follow up. Although the Cambodian National Council for Children proposed an annual "Report Card" on CFFC priorities to highlight progress on indicators specific to women and children, this has not yet been implemented.

RGC has begun implementing the National Strategic Development Plan 2006-2010, which is integrated with the CMDGs and is an important platform to prioritise activities to achieve its goals and targets. The RGC is committed to creating A Cambodia Fit for Children, and is striving to develop a broader constituency to achieve the CMDGs through knowledge sharing, awareness raising and strong partnership with all stakeholders. Cambodia is likely to remain dependent upon flows of ODA for several years to come, and as such, the relevance, efficiency and the effectiveness of aid becomes critically important to achieve the CMDGs and WFFC goals through the NSDP. Cambodia can achieve the CMDGs provided that bold initiatives are taken by the development partners to complement its pro-CMDG national strategy with financial and technical resources targeting priority actions.

Annex 1

Progress Towards Cambodia Millennium Development Goals and WFFC

Cambodia Millennium Development Goals (CMDGs) and WFFC Goals		Indicators	CMDG progress				
			Baseline	Year	2005 Target	2005 Actual	
Goal 1 Eradicate Extreme Poverty and Hunger WFFC: Promoting Healthy Lives	Target 1: Halve, between 1993 and 2015, the proportion of people whose income is less than the national poverty line	Proportion of people whose income is less than the national poverty line (%)	39 ¹	1993	31	35 ² (2004)	
		Share of poorest quintile in national consumption (%)	8.5 ¹	1993	9	7.0 ² (2004)	
		Proportion of working children aged 5-17 years old (%)	87.2 ³	2001	13	N/A	
	Target 2: Halve, between 1993 and 2015, the proportion of people who suffer from hunger	Prevalence of underweight children (<2SD) under five years of age (%)	45 ⁴	2000	36	36 ⁵	
		Proportion of population below the food poverty line (%)	20 ⁴	1993	16	20 ² (2004)	
		Prevalence of stunted (<2SD) children under five years of age (%)	45 ⁴	2000	35	37 ⁵	
		Prevalence of wasted (<2SD) children under five years of age (%)	15 ⁴	2000	13	7 ⁵	
		Proportion of Households using iodized salt (%)	14 ⁴	2000	80	73 ⁵	
	Goal 2 Achieve Universal Nine-Year Basic Education	Target 3: Ensure all children complete primary schooling by 2010 and basic schooling by 2015	Net admission rate (%)	93 ⁶	2001	95	82.6 (2005/6) ⁶
			Net enrolment ratio In primary education (%)	87 ⁶ 90(M) 84(F)	2001	95 96 (M) 94 (F)	91 93(M) 90(F) (2005/6) ⁶
Net enrolment ratio In lower secondary Education (%)			19 ⁶ 21(M) 16 (F)	2001	50 51 (M) 49 (F)	31 32(M) 30(F) (2005/6) ⁶	
Proportion of 6-14 year olds out of school (%)			35 ⁶	1999	22	28 ⁶	
Survival rate from grade 1 to 6 (%)			58 ⁶	2001	73	48 ⁶	
Survival rate from grade 1 to 9 (%)			51 ⁶	2001	52	27 ⁶	
Literacy rate of 15-24 year olds (%)			82 ⁶	2001	90	88 ⁶ (2004)	
Target 4: Eliminate		Ratio of girls to boys in primary education (%)	87 ⁶	2001	98	89.6 (2005/6) ⁶	

Cambodia Millennium Development Goals (CMDGs) and WFFC Goals		Indicators	CMDG progress			
			Baseline	Year	2005 Target	2005 Actual
	gender disparity in basic schooling by 2010	Ratio of girls to boys in lower secondary education (%)	63 ⁶	2001	96	81.5 (2005/6) ⁶
Goal 3 Promote gender equality and empower women	Target 5: Reduce significantly gender disparities in upper secondary education and tertiary education	Ratio of girls to boys in upper secondary education (%)	48 ⁶	2001	59	57 ⁶
		Ratio of literacy rates females to males 15-24 years old (%)	38 ⁶	2001	95	94 ⁶
	Target 8: Reduce significantly all forms of violence against women and children	Percentage of the Population aware that violence against women is wrongful behaviour and a criminal act (%)	N/A	-	25	4.5 ⁷
		Laws against all forms of Violence Against women and children developed and implemented according to international standards	N/A	-	Yes	N/A
Goal 4 Reduce Child Mortality	Target 9: Reduce the under-five mortality rate	Under-five mortality rate (per 1,000 live births)	124 ⁴	1998	105	83 ⁵
		Infant mortality rate (per 1,000 live births)	95 ⁴	1998	75	65 ⁵
		Proportion of children under 1 year immunized against measles (%)	41 ⁴	2000	80	77 ⁵
		Proportion of children Aged 6-59 months receiving Vitamin A capsules (%)	57 ⁸	2002	70	71 ⁹ (2006)
		Proportion of children under 1 year immunized against DPT 3 (%)	43 ⁴	2000	80	78 ⁵
		Proportion of infants exclusively breastfed up to 6 months of age (%)	21 ⁴	2000	20	60 ⁵
		Proportion of mothers who start breast-feeding newborn child within 1 hour of birth (percent)	11 ⁴	2000	28	N/A
Goal 5 Improve Maternal Health	Target 10: Improve Maternal Health	Maternal mortality ratio (per 100,000 live births)	437 ⁴	1997	343	N/A
		Total fertility rate	4.0 ⁴	1998	3.8	3.4 ⁵
		Proportion of births attended by skilled health personnel (%)	32 ⁴	2000	60	44 ⁵
		Proportion of married women using modern birth spacing methods (%)	19 ⁴	2000	30	27 ⁵
		Percentage of pregnant women with 2 or more ANC consultations from skilled health personnel (%)	38 ⁴	2000	60	67 ⁵
		Proportion of pregnant women with iron deficiency	66 ⁴	2000	50	N/A

Cambodia Millennium Development Goals (CMDGs) and WFFC Goals		Indicators	CMDG progress			
			Baseline	Year	2005 Target	2005 Actual
		anaemia (%)				
		Proportion of women aged 15-49 with BMI <18.5 kg/sqm (%)	N/A	2000	17	N/A
		Proportion of women aged 15-49 with iron deficiency anaemia (%)	58 ⁴	2000	45	43
		Proportion of pregnant women who delivered by Caesarean section (%)	0.8 ⁴	2000	2	N/A
Goal 6 Combat HIV/AIDS, Malaria and Other Diseases WFFC: Promoting Healthy Lives, Combating HIV/AIDS	Target 11: Decreasing the spread of HIV/AIDS	HIV prevalence rate among adults 15-49 (%)	3.3 ⁹	1997	2.3	1.9 ⁹ (2003)
		HIV prevalence rate Among pregnant women aged 15-24 visiting ANC (%)	2.8 ⁸	1998	2.4	2.1 ⁸
		Percentage of young people aged 15-24 reporting the use of condom during sexual intercourse with a non-regular sexual partner (%)	82 ¹⁶	2002	85	N/A
		The proportion of condom use reported by married women who identified themselves at risk (%)	¹ Error! Boo defined.	2000	2	N/A
		Percentage of HIV infected Pregnant women attending ANC receiving a complete course or antiretroviral prophylaxis (%)	2.7 ⁸	2002	50 (2015)	2 ⁸
		Percentage of people with Advanced HIV infection receiving antiretroviral combination therapy (%)	3 ¹⁶	2002	25	45 ¹⁶
	Target 12: Decrease the incidence of malaria, dengue fever and TB	Malaria case fatality rate reported by public health sector (%)	0.4 ¹⁰	2000	0.3	0.36 ¹⁰
		Proportion of population at high risk who slept under insecticide-treated bed nets during the previous night (%)	24 ⁴	1998	80	49 ⁵
		Number of malaria cases treated in the public health sector per 1000 population	11.4 ¹⁰	2002	9	7.3 ¹⁰
		Proportion of public health facilities able to confirm malaria diagnosis according to national guidelines with 95 % accuracy (%)	60 ¹⁰	2002	70	N/A
		Number of dengue cases treated in the public health sector per 1000 population	1 ¹⁰	2001	0.8	0.84 ¹⁰
		Dengue case fatality rate reported by public health facilities (%)	1.5 ¹⁰	2003	1	0.74 ¹⁰
		Prevalence of smear-positive TB per 100,000 population	428 ¹⁰	1997	321	N/A
		TB deaths rate per 100,000 population	90 ¹⁰	1997	68	N/A

Cambodia Millennium Development Goals (CMDGs) and WFFC Goals		Indicators	CMDG progress			
			Baseline	Year	2005 Target	2005 Actual
		Proportion of all estimated new smear-positive TB cases detected under DOTS (%)	57 ¹¹	2002	70	61 ¹¹
		Proportion of registered smear-positive TB cases successfully treated under DOTS (%)	89 ¹¹	2002	>85	N/A
Goal 7 Ensure Environmental Sustainability WFFC: Promoting Healthy Lives	Target 14: Halve by 2015 the proportion of people without sustainable access to safe drinking water	Proportion of rural population with access to safe water sources (%)	24 ¹²	1998	30	42 ¹³ (2003/4)
		Proportion of urban population with access to safe water sources (%)	60 ¹²	1998	68	76 ¹³ (2003/4)
	Target 15: Halve by 2015 the proportion of people without access to improved sanitation	Proportion of rural population with access to improved sanitation (%)	9Error! B not defined	1998	12	16 ¹³ (2003/4)
		Proportion of urban population with access to improved sanitation (%)	49 ¹²	1998	59	55 ¹³ (2003/4)
Goal 9 De-mining, UXO and Victim Assistance WFFC: Protecting Against Abuse, Exploitation and Violence	Target 17: Moving Towards zero impact from landmines and UXOs by 2012	Annual number of civilian casualties recorded	863 ¹⁴	2000	500	797 ¹⁴
		Percentage of suspected Contaminated areas cleared (%)	10 ¹⁵	1995	51	50 ¹⁵

Note: Indicators most relevant to children have been selected

¹ Cambodia Socio-Economic Survey 1993-1994, National Institute of Statistics 1994

² Cambodia Socio-Economic Survey 2003-2004, National Institute of Statistics, 2004

³ Child Labour Survey, National Institute of Statistics, 2001

⁴ Cambodia Demographic and Health Survey 2000, National Institute of Statistics, 2000

⁵ Cambodia Demographic and Health Survey 2005, National Institute of Statistics 2007

⁶ Education Management Information System, Ministry of Education, 1999/2000-2005/2006

⁷ Violence Against Women – A Baseline Survey, Ministry of Women's Affairs, 2005

⁸ National Maternal and Child Health Center, Ministry of Health

⁹ HIV Sentinel Survey, NAA, 1997 and 2003

¹⁰ National Health Statistics Report, Ministry of Health, 1997- 2006

¹¹ Department of Health Planning and Health Information, Ministry of Health, 2002 and 2005

¹² General Population Census, National Institute of Statistics, 1998

¹³ Cambodia Inter-Censal Population Survey, National Institute of Statistics, 2004

¹⁴ Cambodia Mine/UXO Victims Information System, Cambodia Red Cross and Handicap International Belgium, 2000 and 2005

¹⁵ Cambodian Mine Action and Victims Assistance Authority, 1995 and 2005

¹⁶ National AIDS Authority (NAA), 2002
