National Report of Cambodia

on the

Follow-up to the World Summit for Children

KINGDOM of CAMBODIA
Nation- Religion –King

Ministry of Planning
Royal Government of Cambodia
February 2001
A. Introduction and Background

According to the General Population Census held in March 1998, the total population of Cambodia was 11.4 million, of which 52.4 percent were female. Children aged 18 and under represented more than 50 percent of the total population, while 23.5 percent of households were headed by women.

The World Summit for Children

The political conditions concerning Cambodia in the late eighties and early nineties prevented the country’s participation in the World Summit for Children in September 1990 and, at least initially, left Cambodia trailing in the Child Rights arena.

Although it was not until 1998 that Cambodia’s National Programme of Action was introduced, in order to gather momentum in Child Rights and to catch up with global developments, Cambodia undertook steps to make progress in its commitment to children.

Cambodia ratified the Convention on the Rights of the Child (CRC) in 1992 and subscribed to the Summit Declaration and Plan of Action in February 1993, making Cambodia accountable for implementation of the CRC and the global Plan of Action for Children. The 1993 Constitution of the Kingdom of Cambodia, hailed as the most progressive in the region, specifically protects and promotes the right of women and children.

The global goals for children were adopted for inclusion in First Five Year Socio-economic Development Plan (1996-2000). Many global goals were adopted as national goals, but, where appropriate, overly-ambitious global goals were adapted to national goals in line with developmental realities.

The ultimate goal of the First Socio-economic Development Plan of the Royal Government of Cambodia is to increase the living standards of the Cambodian people, economically, socially, and culturally.

The challenge faced by the Government to reach this goal is enormous. The infant and under-five mortality rates are among the highest in the world, while the maternal mortality rate indicates that every time a Cambodian woman becomes pregnant, her risk of death is at least five times greater than a pregnant women in any country in the region.
With the objective of creating a permanent body to act as a focal point for children, the 
Cambodian National Council for Children (CNCC) was established by Government Sub-
degree No 83 dated 20th November 1995. The CNCC is mandated as the coordinating 
body for advocacy, monitoring and implementation of the Convention on the Rights of 
the Child. Also established was a unit on Child Labor as a part of an International 
Programme for the Elimination of Child Labor (IPEC), as well as a Youth Rehabilitation 
Institute to care for children aged seven to 17 who come into conflict with the law. In 
January 1996, the National Assembly adopted a law against the trafficking of children 
and women.

Since the 1993 election, Government Ministries have also been encouraged to integrate 
and give high priority to the principles of the CRC within national policies. In this 
respect, creative strategies that are socially and culturally appropriate and which comply 
with Cambodia’s obligations towards the Convention are encouraged. This is no easy 
task for Cambodia, which continues to experience rapid social and economic change and 
is increasingly confronted by complex social issues.

Many positive commitments have been undertaken by government ministries, non-
governmental organizations and multi- and bi-lateral bodies, to improve the welfare, 
protection and development of Cambodian children.

Among action taken to strengthen Child Rights in Cambodia has been that of identifying 
and analyzing the causes of high mortality rates, and determining the steps needed to 
address the situation of Cambodian families, communities, and the society as a whole. 
The challenges are to mobilize the nation and its resources behind the common objective 
of reducing child and maternal deaths and promoting wellbeing for all. For children, 
these basic standards include the right to:

- survival
- protection from neglect, exploitation and abuse
- healthy development
- participation in society.

A review of conditions affecting the rights and lives of Cambodian children is not 
complete without an examination of the factors affecting women in the country. 
Therefore, the status and role of women as daughter's sibling, mothers, care givers, 
economic actors and decision makers are also part of the analysis.
## Targets for Key Social Indicators to be achieved by the year 2000 as formulated in the First Socio-economic Development Plan and the National Programme of Action for Children in Cambodia

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<tr>
<td><strong>Infant mortality</strong></td>
<td>115/1,000 live births</td>
<td>90/1000 live births</td>
<td>80/1000 live births</td>
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<td><strong>Under 5 mortality</strong></td>
<td>181/1,000 live births</td>
<td>149/1000 live births</td>
<td>120/1000 live births</td>
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<td><strong>Maternal mortality</strong></td>
<td>650/100,000 live births</td>
<td>475/100,000 live births</td>
<td>300/100,000 live births</td>
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<tr>
<td><strong>Children’s nutrition</strong></td>
<td>40-50% of under fives malnourished</td>
<td>50% of under fives malnourished</td>
<td>25% of under fives malnourished</td>
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### Education

- Children will become functionally literate and numerate through completing primary school
- Enrolment of female students in first grade of higher secondary education
- Net primary enrollment ratio
- Net lower secondary ratio
- Net upper secondary enrollment ratio
- Female enrollment in upper secondary school

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<td>13% of primary school students complete grade 5 in five years</td>
<td>67% (CSES) 1997</td>
<td>65% of 12 year-olds to complete Grade 5 and become functionally literate and numerate</td>
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<tr>
<td>19% of students in higher secondary education are female</td>
<td>14%</td>
<td>50% of 16 years-old girls to be enrolled in Grade 10</td>
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### Access to Health Services

- Births attended by trained midwife or nurse
- Access to birth spacing information
- Access to birth spacing services

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<td>&gt; 90% rural births at home, most attended by traditional midwives</td>
<td>&gt;80% of rural births at home, most attended by traditional midwives.</td>
<td>70% of births attended by a trained health person.</td>
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<td>Services available only in urban areas</td>
<td>Service available only in urban areas.</td>
<td>All referral hospitals and health centers to provide birth spacing information services.</td>
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<tr>
<td>Contraceptive prevalence rate 7%</td>
<td>Contraceptive prevalence rate 20%</td>
<td>Contraceptive prevalence rate 20%</td>
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### Child vaccination

- Polio
- Tuberculosis (BCG)
- DPT3
- Measles

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<td>One year-old vaccinated 54%</td>
<td>100%</td>
<td>Over 80% of one year old vaccinated with all antigens</td>
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<td>78%</td>
<td>69%</td>
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<tr>
<td>53%</td>
<td>38%</td>
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<tr>
<td>62%</td>
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### Access to safe water

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<td>65% of urban population 26% of rural population have access to safe water</td>
<td>65% of rural population to have access to safe water</td>
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### Improved sanitation

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<td>74% of urban population 6% of rural population have access to improved sanitation facilities</td>
<td>100% of urban population to have access to improved sanitation facilities.</td>
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Preparation of the National Plan of Action

Government ministries provided their own specific goals, and these were compiled by the CNCC into the three-year National Programme of Action for Children, covering the period 1998 to 2000. This document formed the basis for reviewing and monitoring progress towards the attainment of the goals.

The priority policies adopted for the National Programme of Action for Children include the following:

- Early childhood development and basic education
- Maternal and child health
- Nutrition
- Water and sanitation
- Protection of vulnerable children

These are the policy areas on which progress in meeting the mandates of the CRC will be reported. They also provide a child-centered focus by which all ministries are able to identify their commitments to promoting specific policies for children. Within each of these policy areas, special attention will be paid to the needs of children living in difficult circumstances or with special needs. These include children who are homeless, abused, orphaned, disabled or are the victims of violence.

For each policy area, implementation of the NPA will be guided by the following components:

1. Goals (with attention to the World Summit Goals for the year 2000)
2. Relevant articles of the UN Convention on the Rights of the Child
3. National strategies
4. Responsible lead and supporting sectors

Mechanisms Established for Periodic Progress Reviews

Although time-bound objectives and development schedules were drafted in the pre-UNTAC period, the lack of political stability and resources prevented Cambodia from accelerating its development and improvement of the situation of children and women. Prior to 1993, the availability of reliable information about the situation of women and children is scarce and since no baseline exists for the majority of indicators, it is thought that progress was only realized in the second half of the decade.

A series of surveys and a census was undertaken as a means of periodic monitoring of progress made.

1. The National Institute of Statistics of the Ministry of Planning carried out the first socio-economic survey of Cambodia in 1993-94 (SESC 1993/94), with technical
assistance provided by the Asian Development Bank and UNDP. The SESC covered 32,079 people in 5,578 households. The survey was administered over four periods to capture seasonal patterns in consumption. The first round of the survey was conducted in the third-quarter of 1993, with the remaining three rounds in the succeeding three-quarters of 1994. The survey distinguished three main strata: Phnom Penh, Other Urban Centers and the Rural Areas.

The geographic coverage of the survey was limited to 15 of Cambodia's 21 provinces. Within those provinces, selected villages were excluded for security reasons. All 496 villages in Phnom Penh, plus 566 or 84 percent of other urban villages and 6459 or 56 percent of rural villages were included in the sampling frame.

The 1993-94 Survey collected data on:
- Demographic characteristics of household population
- Economic characteristics of household population 10 years old and over
- Housing characteristics
- Household income
- Household expenditure

The primary objective of the SESC was to obtain expenditure data to derive weights for the development of a Consumer Price Index. Other objectives were to provide information needed for the country's reconstruction and rehabilitation programmes, as well as for addressing human development issues, such as women in development.

2. With technical and financial support from ADB and in collaboration with UNICEF, UNDP/CAREERE and ILO; a Multiple Indicator Cluster Surveys (MICS) (also known as the Socio-economic Survey of Cambodia 1996) was conducted in 1996.

This survey has collected the data on:
- Schooling
- Economic activities
- Health and Fertility
- Nutritional status and micro-nutrients
- Housing and environment (safe water and sanitation)
- Child care and Disability

Although this survey took place half way through the decade and could be considered as the mid-decade assessment, for Cambodia it provided the baseline for many indicators. The trends from the 1996 survey and the 2000 Demographic and Health survey will form the backbone of the statistical review.

3. The Cambodia Socio-economic Survey (CSES 1997) is the first of two surveys sponsored by the project Capacity Development for Socio-economic Surveys and Planning, with UNDP and SIDA financing the project and WB acting as the project-executing agency.
CSES 1997 collected data on the living standards of Cambodians, needed for monitoring and analyzing poverty trends, as well as for establishing and updating socio-economic indicators. This survey used four questionnaires to collect a variety of data concerning the socio-economic situation of the Cambodian population. For the first time, a village questionnaire was used to collect community level information. The survey focused on the social sector and collected detailed information on education and health service utilization and related expenditure. The comprehensive questionnaires coupled with the magnitude of the survey, which canvassed data from 6010 households and 474 villages, made CSES 1997 a statistically complex undertaking.

4. In 1998, the National Institute of Statistics carried out a census with technical and financial support from UNFPA. As the last census had been held in 1962, the 1998 Census provided much needed detailed information on population size and composition, fertility, mortality, nuptiality, housing and employment. The information is accessible in detail in printed format, but also in various computerized media, including the Internet. Also in 1998, a National Health Survey collected information on many Health Indicators, including the first-ever assessment of Infant and Child Mortality Rates. The information is distributed in print, but can also be downloaded from the Internet.

5. The CSES 1999 is the second multi-objective of the two surveys of the project capacity development for socio-economic surveys and planning sponsored by UNDP and SIDA and executed by WB. The survey was designed to collect information to measure living standards, analyze poverty and also meet the data needs of government and non-government data users. In addition to collecting village level information on economy and infrastructure, and household level information on the demographic, economic and social aspects of the population, CSES 1999 focussed on income and employment, topics which have not been covered in any depth in previous surveys.

6. The first ever Cambodia Demographic and Health Survey, jointly sponsored by UNFPA, UNICEF and USAID, was conducted in the year 2000. Fieldwork for the CDHS took place from early February to end July 2000 and covered a sample of about 13,000 households and 15,300 women aged from 15 to 49 years old. Preliminary findings were made available in November and the final report will be released in April 2001 in print form and on the Internet.

The primary objective of the 2000 CDHS was to obtain current information on demography, family planning, infant and child mortality, domestic violence and health related information, such as breastfeeding, antenatal care, children's immunization, childhood diseases and knowledge and attitudes regarding HIV/AIDS. The questionnaires were also designed to evaluate the nutritional status of mothers and children and to measure the prevalence of anemia in them.

The Ministry of Education, Youth, and Sport and the Ministry of Health each established a Management Information System, EMIS and HMIS respectively. The EMIS provides detailed, gender disaggregated sets of information on an annual basis. This covers enrolment, promotion, repetition, drop-out, teaching staff and classes and classrooms for
the entire educational infrastructure. While the system has weaknesses, the quality of information provided is generally good and is available in printed format, as well as in user-friendly computerized media, including the Internet. The EMIS greatly facilitates regular monitoring of the quantitative and qualitative performance of the educational system. The Education for All Assessment provided a further in-depth analysis of the educational situation in the country.

The HMIS provides important data on the delivery and use of health care services. Information is made available on intra- and extra-mural use of health care, disaggregated by age and sometimes by gender. Ante-natal care and vaccination services are reported in detail. Similar to the education sector, the HMIS is struggling with problems regarding identification of correct denominators for different target groups. The 1998 Census provided much needed information on this, although continuing uncertainty about size of the youngest age-groups is hindering accurate computations of many health indicators.

Cambodians living in the provinces are just beginning to have access to the world wide web, whereas those in Phnom Penh have easy, if expensive, access. In this context, much of the information recently generated by the Government and donors on the situation of children and women is now available via the web. This has been a great step forward, and in a very short time span, in accessibility of the continuously expanding information base and is very helpful in the complex issue of monitoring progress towards the Year 2000 goals.

Periodic reviews of bi- and multi-lateral development assistance provided essential information on the effectiveness and appropriateness of the many programmatic interventions implemented in Cambodia. The short time span of the National Plan of Action, 1998-2000, did not allow for a Mid-term Review.

**Mid-decade Review**

The eventful period of the early Nineties, with the Paris Peace Accord, the UNTAC presence and the formation of a new coalition government, left no opportunity to dedicate resources to the assessment of a baseline for the majority of the Year 2000 goal indicators. The first socio-economic survey of acceptable quality was carried out in 1993 and 1994, producing estimates for basic indicators such as adult literacy, and access to water and sanitation. The next socio-economic survey was undertaken in 1996, with UNICEF participation. Several modules of the standard mid-decade MICS survey format were incorporated into this survey, such as salt iodization, anthropometrics, school attendance, vaccination, breastfeeding and birth attendance. Although an increasing number of gaps were filled in the availability of child and women oriented indicators, important information about infant and child mortality and maternal mortality were still unavailable or were based on sub-national assessments. At the time when other countries in the region were carrying out their Mid-decade Reviews, Cambodia was getting itself organized to establish the baseline for most of the indicators and to develop the **First Socio-economic Development Plan 1996-2000**, which was synchronized with the Programme Cycle of many of the UN agencies, including UNICEF.
Reports submitted under Article 44 of the Convention on the Rights of the Child

The initial report of Cambodia (CRC/C/11/Add.16) was submitted to the Committee on the Rights of the Child on 18 December 1997 for its 629th and 630th meeting which was held on 24 May 2000.

Issues highlighted in the report and/or by the Committee on the Rights of the Child

The following issues were highlighted by the Committee on the Rights of the Child:

1. Factors and difficulties impeding progress in the implementation of the Convention.

2. General measures of implementation:
   - Legislation
   - Coordination
   - Monitoring
   - Data collection
   - Budget allocations (Art. 4 of the Convention)
   - Dissemination of the Convention
   - Training for professionals

3. Civil Rights and Freedoms
   - Birth registration
   - Nationality
   - Participatory rights of children

4. Family environment and Alternative Care:
   - Children deprived of their environment
   - Adoption
   - Child abuse and ill-treatment

5. Basic Health & welfare
   - Right to survival and development
   - Children affected or infected by HIV/AIDS
   - Children with disabilities
   - Right to health and health services

6. Special Protection Measures
   - Refugee Children
   - Children affected by armed conflicts
   - Economic exploitation
   - Sexual exploitation and trafficking.
Concluding observations by the Committee

The Committee recommended as follows:

Existing laws needs to be reviewed to be brought into conformity with all the provisions of the Convention, in particular Articles 2, 3, 6, and 12, with special attention to birth registration, family and alternative care and juvenile justice. Technical assistance from, inter-alia, the COHCHR and UNICEF is encouraged.

The role of CNCC needs to be strengthened to ensure coordination in the implementation of the Convention at the national, regional, and local levels and with NGO’s working in the field of Child Rights.

An independent mechanism (e.g., an Ombudsperson for children) needs to be established to monitor implementation of the Convention.

The data collection system needs to be strengthened, with a view to including all areas covered by the Convention.

Priority needs to be given to ensure that maximum available resources are allocated to health, education and social services for children, particularly for the protection of children belonging to vulnerable and marginalized groups. Cooperation with the international community needs to be fostered.

Efforts needs to be strengthened to disseminate the principals and provisions of the Convention as a measure to sensitize society about Child Rights by seeking technical assistance from, inter alia, UNICEF and the COHCHR.

Systematic education and training programmes on the provisions of the Convention for all professional groups working for and with children need to be continued.

The definition of a child needs to be included in all relevant legislation. The minimum age for criminal responsibility and sexual consent should be taken into consideration when new legislation is drafted. The law on the minimum age for marriage needs to be enforced.

The general principles of the Convention (Arts. 2 and 3), the right to life, survival and development (Art. 6) and the right of the child to have his/her views respected (Art. 12.), should be included in all relevant legislation affecting children, as well as in all administrative and judicial decisions and in all policies and programmes related to children. Awareness raising among the public about these principles needs to be reinforced in order to change the traditional perceptions that children are objects and not subjects of rights. All rights enshrined in the Convention should be enjoyed by every child, without distinction. Discrimination against girls needs to be eliminated, particularly regarding access to education. Discrimination needs to be eliminated against children living and/or working on the streets and children belonging to minority groups.
Domestic legislation needs to be reviewed in accordance with the principles and provisions of the Convention with a view to making birth registration compulsory for all children without any type of discrimination. The existing sub-decrees related to the Resident Book (No 73) and the Family Book (No 74) both of 1997 need to be enforced, so as to ensure the registration of all children not registered at birth. Awareness raising campaigns need to be conducted to encourage registration of all children at birth. International cooperation from, inter alia, UNICEF and other international organizations, should be considered.

The Government's Law on Nationality needs to be reviewed in accordance with the Convention so as to eliminate any grounds of possible discrimination and to prevent stateless children.

Articles 12 to 17 need to be implemented to promote the participation of children in the family, schools and other institutions, so as to enable them to enjoy their fundamental freedoms. Public awareness of the participatory rights of children in families, communities, institutions and schools needs to be increased.

The Government should enact special legislation for Article 17, so as to ensure children have access to appropriate information. The Committee's recommendations for a General Discussion Day (1996) on “the Child and the Media” (CRC /C/57) should be taken into consideration.

Effective measures are needed to promote, through counseling and community-based programmes, the family as the best environment for the child, and to empower parents to take care of children in order to avoid placement in child welfare centres.

Policies and programmes regarding children's institutions and other forms of alternative care need to be developed. Financial and human resources should be allocated for these purposes, and international technical and financial assistance is also recommended.

The process of enacting legislation on inter-country adoptions and legislative reform on domestic adoptions needs to be continued. International assistance could be sought from, inter alia, UNICEF.

Concerning Articles 19 and 39, effective measures are needed to prevent and combat child abuse and ill-treatment within the family and other institutions.

To address the issues of childhood morbidity and mortality, an efficient primary health care system needs to be established through continuing collaboration with international agencies.

Effective measures to prevent the spread of HIV/AIDS should continue to be taken, with international technical assistance from, inter alia, UNICEF, WHO and UNAIDS.
Access to health care services and medicines need to be improved and extended, particularly for children belonging to poor families.

Effective measures need to continue to make primary education free and compulsory for all children. Enrolment rates should be increased, and drop-out and repetition rates decreased. Access to schools should be improved for poor children, girls and minority groups. The budget allocation for education needs to be increased. Opportunities for vocational training and non-formal education are needed. An evaluation system to measure the effectiveness of the education system needs to be developed.

The provisions of the Labour Law regarding the minimum age for access to employment need enforcing. The new ILO Convention No 182 concerning the Prohibition and Immediate Action for the Elimination of the Worst Forms of Child Labour (1999) should be ratified.

The current legislation against sexual exploitation needs to be enforced. Technical assistance from, inter alia, the COHCHR and UNICEF, should be sought.

A Juvenile Justice system needs to be established for Articles 37, 39 and 40, and other relevant UN standards in this field.

Finally, concerning Article 44 paragraph 6 of the Convention, the Committee recommends that the initial report and written replies submitted by the Government be made widely available to the public.

**B. Process Established For the End-Decade Review**

Progress and timing of the National Review

- September 1992 - Cambodia acceded to the CRC and CEDAW.
- 1996 - a Multiple Indicator Cluster Surveys (MICS) was conducted, with technical and financial support from UNICEF. The survey collected data on:
  - Schooling
  - Economic activities
  - Health and fertility
  - Nutritional status and micro-nutrients
  - Housing and Environment (safe water and sanitation)
  - Child Care and Disability.

Although this is a Mid-decade assessment for Cambodia, it became the baseline for many indicators.
• Year 2000 - a Demographic and Health Survey has collected data on all World Summit Goals, plus information on fertility and HIV/AIDS.

These two surveys became the main source for assessing progress in the situation of children and women. Where appropriate, additional national and sub-national surveys and studies are taken into consideration.

Under the leadership of the Ministry of Planning, a Team was set-up and made responsible for coordinating contributions to the review from national and international non-governmental organizations, from bi- and multi-lateral organizations and from the sectoral governmental departments.

The Save the Children Alliance works in close collaboration with the Team and, with UNICEF support, is involved in a participatory process with Cambodian youth. This collaboration will result in a publication to be released at the time of the Special Session.

C. Action at the National and International Levels

Action Taken under Paragraphs 34 and 35 of the World Summit Plan of Action

The Plan of Action for implementing the World Declaration on the survival, protection and development of children has been integrated into the national and sectoral policies of the first Five Year Socio-Economic Development Plan 1996-2000. This Plan of Action also integrated the policies and objectives of UN agencies, and bi- and multilateral NGOs working in Cambodia.

D. Specific Actions for Child Survival, Protection and Development

Assessment of progress achieved, major constraints faced and lessons learnt with respect to each of the following ten Specific Actions for Child Survival, Protection and Development taken from the Plan of Action for Implementing the World Declaration on the Survival, Protection and Development of Children in the 1990s

a) To disseminate and promote the earliest possible ratification of the Convention on the Rights of the Child and, thereafter, to promote its implementation and monitoring.

Cambodia ratified the Convention on the Rights of the Child (CRC) in September 1992. The Cambodia National Council for Children (CNCC) was established in 1995, with the mandate to promote, monitor, report and coordinate the implementation of the CRC. This inter-ministerial body is chaired by the Minister of Social Affairs and has a permanent Secretariat with 11 staff members. Cambodia's Initial Report was submitted to the UN Committee on the CRC in 1997 and reviewed in 2000. The CNCC responded to the list of issues on behalf of the Government and, in January 2001, a workshop took place discussing the Concluding Observations with all relevant ministries.
b) To combat childhood diseases through low-cost remedies and by strengthening primary health care and basic health services; to prioritize the prevention and treatment of AIDS; to provide universal access to safe drinking water and sanitary excreta disposal; and to control water-borne diseases.

The policy of the Government of Cambodia is to provide basic health services to all, with the involvement of community participation. Special attention has been taken to control and prevent infectious diseases affecting women and children's health. The Government’s health priorities are to promote the good health of women and children through birth-spacing, good nutrition and hygiene practices within the family, and the delivery of essential maternal and child health services.

Health is one of the sectors to receive priority Government and donor attention. In recent years, the Ministry of Health has effectively leveraged and utilized external assistance to achieve remarkable progress.

Since 1996, the MOH has undergone organizational and financial reform to strengthen the health system. The reform process is based on the fundamental principles of equity and improved access to health care for all, be it by financial policies or by the allocation and distribution of health resources and infrastructure. The reform requires a redefinition of roles, functions and criteria for each level of the health system, along with a financial policy that will improve services for the poor and disadvantaged.


The current situation of water supply and sanitation have harmful implications for public health. Diarrhoeal diseases, caused largely by drinking unsafe water and an unhygienic household environment, are a leading cause of morbidity and mortality among the population, especially among children. Ongoing developments include the rehabilitation of the sanitation and sewerage systems in Phnom Penh, providing for collection and treatment, introduction of a charging system, and installation of 12 new pumping stations to reduce flooding in lower areas. For the rural areas, the plan is to increase access to sanitation facilities from six to 22 percent, covering an extra 1.5 million people. This will involve the construction of 135,000 latrines on a flexible cost-sharing basis and community education in hygiene and sanitation.

c) To overcome malnutrition, including ensuring household food security and developing strategies that include employment and income-generating opportunities, dissemination of knowledge; and support to increase food production and distribution;
The Government is examining two draft laws: one is a draft law on hygiene, while the second one concerns food safety.

In the Programme Cooperation between the Royal Government and UNICEF 1996-2000, under the Community Action for Social Development (CASP) programme, an integrated approach to child survival, care, growth and development has been developed in six of the poorest provinces in the country. This programme has led to improved health and education services, increased water supply, better hygiene and sanitation, increased household food security, and access to micro-credit, literacy and child-minding. Child malnutrition decreased by more than 10 percent. Some 28,000 families created home gardens, and 19,000 people took part in micro-credit activities. Similar programmes, sponsored by other organizations, achieved comparable results.

\(d\) To enhance the status of girls and women and ensure their full access to health, nutrition, education training, credit extension, family planning, prenatal, delivery, referral and other basic services.

The mandate of the Ministry of Women and Veterans Affairs (MOWVAS) is being implemented through the development of a strategic plan with a rights-based approach to empowerment. The plan is called Neary Ratanak – “Women are Precious Gems”. The plan aims to answer the call for advocacy and law enforcement in a coherent framework, providing a new image of Cambodian women as equal partners in the country's development.

In 17 provinces, the Ministry of Rural Development has educated villagers, especially women and children about personal hygiene, safe food and water, household cleanliness, the construction use and maintenance of latrines, and environmental hygiene.

Access by the poor to micro-credit and saving programmes is crucial in alleviating Cambodia's extreme poverty and accelerating economic growth. The vast majority of Cambodian people have no, or very limited, access to credit and saving services. Cambodia's commercial banks are few (31), and are predominantly concentrated in Phnom Penh. In a recent socio-economic survey, only one percent of the total respondents reported having borrowed from a bank. To fill this gap, NGO micro-credit programmes have rapidly expanded since 1992. In 1999 approximately 72 NGO credit schemes were operating in 18 provinces. As at 31 December 1999, among the 47 larger programmes which responded to a survey for the National Bank, the total amount of outstanding loans to 334,145 families (18 percent of Cambodia’s families) were valued at approximately U$ 23 million, with very high interest rates.

\(e\) To ensure support for parent and other caregivers in nurturing and caring for children; to prevent separation of children from their families and, where such separation takes place, to ensure appropriate alternative family care or institutional placement.
The Government has been cooperating with many international NGOs, IOs and UN agencies to implement community-based integrated programmes in many parts of the country, both rural and urban. Many of these programmes are child-centered. There are a number of alternatives for children who are separated from their families. The Ministry of Social Affairs runs Children's Centres throughout the country. In addition, there are many Children's Centres run by private organizations and NGOs, as well as a few foster family programmes. The 1989 Law on Marriage and Family has some provisions for the protection of children without primary caregivers, for instance with regard to adoption. A Law on Inter-country Adoption, in conformity with the CRC and Hague Convention, has been drafted and is being discussed.

f) To ensure priority for early childhood development, universal access to basic education, reduction of adult illiteracy, vocational training and preparation for work, and increased acquisition of knowledge, skill and value through all available channels.

In the First Socio-economic Development Plan, the Royal Government accords the highest priority to providing nine years of high quality basic education. However, only 52 percent of primary schools offer all six grades and coverage of lower secondary education is very limited. By the age of 15 years, less than 55 percent of children are still in the education system. 28 of some 183 districts in Cambodia do not have their own lower secondary school, and the distance to the nearest school is often prohibitive. Therefore the majority of these children when they reach 12 years, and particularly girls, have no access to secondary school. The MOEYS has encouraged the expansion of the cluster school system with the aim of increasing the opportunity for Cambodian children to receive a full nine years of basic education.

High repetition rates of about 25 percent and a drop-out rate of almost 10 percent a year are symptoms of poor quality education. Textbook coverage and access is inadequate and many schools buildings are in urgent need of repair. By regional standards, teachers are not adequately educated or trained, and receive low remuneration. Recent reforms have begun to address these issues, with the extension of school instruction hours, increased textbook provision and a rise in teachers’ salaries.

Concomitant with economic growth is the increased demand in urban and rural areas for a broader range of relevant technical specialization. At present the capacity of the public Technical Vocational Education Training (TVET) system is overstretched and its orientation is largely in contrast with the needs of a market economy. The weakness of public sector TVET delivery has prompted a robust private sector response with an increased number of institutions providing training, on a fee-paying basis, in information technology and foreign languages. However, most private TVET delivery is confined to Phnom Penh, and rural TVET capacity is dependant on external assistance through non-formal education. Reforms will be guided by the strategy plan for Formal and Non-formal TVET completed in 1996 with the assistance of UNDP/ ILO and GTZ, and with the shaping and implementation of appropriate regulatory and quality control structures for this public / private partnership.
g) To ensure special attention to children under especially difficult circumstance; including by ending their exploitation through labor; and by combating drug, tobacco and alcohol abuse among young people.

Several laws were passed in the last decade: the 1996 law on the Suppression of Kidnapping, Trafficking and Exploitation of Humans, the 1996 law on the Control of Drugs, and the 1997 Labour Code. Cambodia also ratified ILO Convention No. 138 concerning the minimum age for employment. In 2000, the Government officially adopted the Five Year Plan of Action Against Sexual Exploitation and Trafficking of Children, based on the Stockholm Agenda for Action and drafted by the CNCC, in cooperation with concerned NGO’s, IO’s, and UN agencies, with the aim of prevention and law enforcement, as well as rescue, recovery and reintegration programmes for street children, child labourers and child victims of sexual exploitation. A network within the Ministry of Social Affairs follows up on children who have been reintegrated with their families in their communities.

h) To ensure special protection of children in armed conflict and to build a foundation for a peaceful world by promoting the values of peace, tolerance, understanding and dialogue.

The 1997 Law on the General Statutes of the Royal Cambodian Armed Forces prohibits enrolment in the armed forces below 18 years of age. In the framework of the demobilization initiated in 1999, the Government made the commitment to demobilize all under-aged soldiers. Cambodia ratified the 1999 Ottawa Convention on the prohibition of the use, stockpiling, production and transfer of anti-personnel mines, and on their destruction. In the same year, a related national law was passed on the Prohibition of Use of all Kinds of Anti-personnel Mines, thereby contributing to protecting children from one of the most lethal legacies following decades of armed conflict - anti-personnel landmines.

i) To prevent the degradation of the environment by pursuing the World Summit Goals, by inculcating respect for the natural environment, and by changing wasteful consumption patterns.

As a result of conflict, neglect and uncontrolled resource exploitation, Cambodia's environment has deteriorated considerably in recent years. This has led to both the depletion of natural resources and degradation of environmental quality, manifested in atmospheric contamination, surface water pollution, soil erosion and loss of forest cover. The Government recognizes the need for effective environmental protection and proper management of natural resources. In 1993, the Government established the Ministry of Environment (MOE) and gave it a broad mandate to protect Cambodia's natural resources and prevent environmental degradation.

The National Environmental Action Plan (NEAP) prepared by the MOE, with World Bank assistance, aims to integrate environmental concerns into economic activities, and to ensure the future maintenance of the absorptive and regenerative capacities addressed by the NEAP. These include management of coastal zones and protected areas, industrial
pollution control, environmental data collection, evaluation and impact assessment, institutional development and environmental education.

\textit{f) To address poverty and debt, mobilize development finance, halt the net transfer of resources from developing to developed countries, establish an equitable trading system; and ensure children are given priority in economic and social development.}

Poverty eradication is the single most important long-term objective of the Cambodian Government, while its reduction was the central thrust of the \textit{First Socio-economic Development Plan (1996-2000)}. The current impoverished state of many Cambodians constitutes a major barrier to improved human resources and productivity required for Cambodia’s economic growth. Reducing poverty is an imperative, as is the need to create a more equitable society. And, in the present Cambodian context, reducing poverty and developing human resources are virtually inseparable. Therefore the prime motive force to reducing poverty is human resource development.

The analysis carried out by the Ministry of Planning, based on the 1993-1994 SECS, the 1997 CSES and the 1999 CSES, shows that the number of Cambodians living below the poverty line decreased from 39 percent in 1994 to 36 percent in 1997, and again to 35.9 percent in 1999. In urban areas other than Phnom Penh, the percentage went from 37 to 30, down to 25 percent, whereas in Phnom Penh it remained at 11 percent from 1994 to 1997 and decreased to 10 percent in 1999. In rural areas, the rate fell just two percent from 42 to 40 percent.

The 1999 poverty estimates indicate that rural households, particularly those with agriculture as their main source of income, still account for almost 90 percent of Cambodia's poor. During the past three years, the rich have benefited from economic growth far more than the poor, and the gap between rich and poor has become even greater.

The preparation of an \textit{Interim Poverty Reduction Strategy Paper (I-PRSP)} has been completed by the Government, and the full \textit{Poverty Reduction Strategy Paper (PRSP)} for integration into the second \textit{Five Year Socio-economic Development Plan 2001-2005} is underway.

\textbf{E. Lessons Learnt}

\textit{Key factors that have inhibited or enabled progress for children, and an overview of the remaining challenges and key issues}

Following decades of conflict, the capacity of the Government to develop social policies and provide basic services to all Cambodians remains limited. Its efforts are mainly hampered by the weakness of existing human capacity, the enormous deficit in terms of infrastructure, and the lack of adequate financial means. All programmes need to take into account the development of human resources, especially at the peripheral level.
Experiences which couple training with practice have proven to be most successful. The expansion of basic services is a priority. However, there is a need to strive for a better balance between quantitative and qualitative development.

To improve the situation of children and women, the Government recognizes that a holistic approach is necessary. This will need the support of several ministries and departments at various levels. Coordination between these entities will require more effective planning and execution. Better coordination between the Government's partners, particularly donors, agencies and NGOs will also be necessary in order to provide adequate support for the declared policies, plans and priorities.

Political commitment at the highest level is indispensable, especially in the social sector, to ensure the adequate allocation of funds is available to the concerned ministries and provinces. High political commitment will also guarantee the implementation of the reform process, that urgent and continued attention is paid to emergencies, such as HIV/AIDS, and that the complex issues of child protection receive the necessary attention. Experience in Cambodia has already shown that communication and social mobilization are very powerful tools in support of the programme. However, efforts need to remain focused and properly monitored and evaluated.

The social and economic environment of Cambodia is rapidly evolving, and existing programmes need to be developed to allow for flexible implementation, when necessary. Improving the lives of children and women remains a vital challenge for the years to come and will need the concerted and vigorous efforts of all. Sustainable results will only be achieved if timely and realistic goals and objectives are set.

The followings are constraints in achieving the WSC Goals:

1. **Nutrition**
   - absence of a formal body responsible for nutrition
   - lack of an institution for nutrition training and research
   - no Cambodian is trained in nutrition
   - lack of financial allocation to nutrition by government
   - lack of a nutrition information system
   - inability to translate policies and strategies into programmatic action

2. **Education**
   - high cost of basic education for parents even for primary education and other factors related with poverty (e.g. malnutrition, need for work)
   - poor working conditions for teachers (low salary, low level of instruction)
   - low budget allocation to education sector

3. **Health**
   - low budget allocation to the health sector
   - low salary of health staff
   - no government support for health staff working in rural areas
- inefficiency in the implementation of government policies for health workers in remote areas

4. **Safe water and sanitation**
- lack of government budget for water resource development
- no clear strategies, policies and regulations adopted by the government
- cost of sanitation facilities are relatively high for many Cambodians

5. **Micro-finance:**
- limited access to finance services
- high interest rates.

F. **Future Action**

*Recommendations for future national and international action including, wherever possible, specific national commitments*

The Royal Government of Cambodia is committed to maintaining peace, stability and security in the country, and is committed to the reduction of poverty as its primary development goal. Poverty reduction includes both reducing the number of poor people (poverty eradication), and lessening the degree of deprivation that the poor suffer (poverty alleviation).

The aim in Cambodia is to reduce poverty through the achievement of three development objectives. The first is to promote broad-based, sustainable economic growth with equity at a rate of six to seven percent each year. Reduction in the poverty headcount index from 36 to 19 is the major development target of the *Second Socio-economic Development Plan (2001-2005).* The second development objective is to promote social and cultural development. The third is to ensure the sustainable management and use of natural resources and the environment. An improvement in the governance environment is essential to the achievement of all three development objectives, and therefore constitutes a supportive fourth development objective of SEDP II.

The main objectives of Cambodia’s "Economic Government" are geared towards the alleviation of poverty. The leadership's long-term vision is that within 20 to 30 years, Cambodia will have developed to the level of neighbouring advanced economies in the region, enabling Cambodians to attain proper and decent living standards, and allowing them to enjoy progress, prosperity and happiness.

The Government is confident that Cambodia will see this vision materialize through the achievement of high annual economic growth of six to seven percent over the next two to three decades. Without high, sustainable economic growth, Cambodia cannot hope to alleviate the poverty of its populace. Moreover, the principle of poverty alleviation also requires equitable sharing of the fruits of economic growth.
There is a convergence of views between the government and its development partners on this long-term development agenda. The Royal Government's strategy 2001-2010 aims to reduce poverty by: (1) safeguarding social stability and security; (2) building human capacity; (3) strengthening infrastructure and fostering the environment for private investment; (4) fully protecting and preserving the natural environment; (5) enhancing national revenues in the context of a fully accountable and transparent fiscal policy; and (6) encouraging the private sector as an engine of growth, investment, and employment creation.

The Government and development partners have also agreed that the short- to medium-term priorities are to tackle fundamental fiscal and governance problems. If these are not resolved it will be difficult to pursue the longer term agenda and reduce poverty. Over the next three years, therefore, the Government intends to focus its reform efforts on increasing domestic revenue mobilization, improving inadequate and inefficient expenditure the present management and environmentally unsustainable forest management and reforming the public sector.
### Table: Major Targets for Social Development 2000-2010

<table>
<thead>
<tr>
<th>General</th>
<th>Year 2000 Targets</th>
<th>Year 2010 Targets</th>
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<tbody>
<tr>
<td>Maternal mortality</td>
<td>300 per 100,000 live births</td>
<td>250 per 100,000 live births</td>
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<tr>
<td>Infant mortality</td>
<td>80 per 1000 live births</td>
<td>65 per 1000 live births</td>
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<tr>
<td>Under-5 mortality</td>
<td>120 per 1000 live births</td>
<td>90 per 1000 live births</td>
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<tr>
<td>Children’s nutrition status</td>
<td>25% of under-5s malnourished</td>
<td>15% of under-5s malnourished</td>
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<tr>
<td>Education</td>
<td></td>
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<tr>
<td>Children completing compulsory</td>
<td>65% of 12 year-olds completing Grade 6,</td>
<td>85% of 15 year-olds completing Grade 9,</td>
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<tr>
<td>schooling.</td>
<td>50% of 16 year-old girls enrolled in Grade 10.</td>
<td>60% of 16 year-old girls enrolled in Grade 10.</td>
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<tr>
<td>Primary (Grade 6) and lower</td>
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<tr>
<td>Secondary (Grade 9).</td>
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<tr>
<td>Enrollment of female students in</td>
<td></td>
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<tr>
<td>first grade of higher secondary</td>
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<tr>
<td>education.</td>
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<tr>
<td>Access to Health Services</td>
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<tr>
<td>Births attended by trained</td>
<td>70% of births attended by a trained health person.</td>
<td>80% of births attended by a trained health person.</td>
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<tr>
<td>midwife or nurse.</td>
<td>All referral hospitals and health centers to</td>
<td>All referral hospitals and health centers to</td>
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<tr>
<td>Access to birth-spacing</td>
<td>provide birth spacing information and services.</td>
<td>provide birth-spacing information and services.</td>
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<tr>
<td>information</td>
<td>Contraceptive prevalence rate</td>
<td>Contraceptive prevalence rate</td>
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<tr>
<td>Access to birth spacing services</td>
<td>20%</td>
<td>40%</td>
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<tr>
<td>Children vaccinated against</td>
<td>Over 80% of one-year olds vaccinated with all</td>
<td>100% of one-year olds vaccinated with all</td>
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<td>tuberculosis, DPT, polio and</td>
<td>antigens</td>
<td>antigens.</td>
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<td>measles.</td>
<td></td>
<td>Neo-natal tetanus eradication.</td>
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<tr>
<td>Access to safe water</td>
<td>65% of rural population and 90% of urban</td>
<td>75% of rural population and 95% of urban</td>
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<td></td>
<td>population to have access to safe water</td>
<td>population to have access to safe water</td>
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<tr>
<td>Improved sanitation</td>
<td>100% of urban population and 20% of rural</td>
<td>100% of urban population and 45% of rural</td>
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<td></td>
<td>population to have access to improved sanitation</td>
<td>population to have access to improved sanitation</td>
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<tr>
<td></td>
<td>facilities.</td>
<td>facilities.</td>
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</tbody>
</table>

Table notes:
- Maternal mortality: 300 per 100,000 live births for the year 2000, 250 per 100,000 live births for the year 2010.
- Infant mortality: 80 per 1000 live births for the year 2000, 65 per 1000 live births for the year 2010.
- Under-5 mortality: 120 per 1000 live births for the year 2000, 90 per 1000 live births for the year 2010.
- Children’s nutrition status: 25% of under-5s malnourished for the year 2000, 15% of under-5s malnourished for the year 2010.