

**EVALUATION  
REPORT**

**COUNTRY PROGRAMME  
EVALUATION  
ROYAL GOVERNMENT OF  
CAMBODIA / UNICEF  
2001-2005**

**EVALUATION OFFICE  
JUNE 2005**

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2001-2005**

**Country Programme Evaluation Royal Government of Cambodia / UNICEF**

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The evaluation of the Programme of Cooperation between the Royal Government of Cambodia and UNICEF was conducted by Lucien Back and Joaquin Gonzalez-Aleman, Evaluation Office at UNICEF Headquarters in New York, with support provided by consultants Janet Hohnen and Mullika Roath.

The purpose of the report is to facilitate the exchange of knowledge among UNICEF personnel and its partners. The content of this report does not necessarily reflect UNICEF's official position.

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## FOREWORD

The Country Programme of Cooperation 2001-2005 concluded between the Royal Government of Cambodia and UNICEF was evaluated in 2004 with the explicit aim to assess strengths and weaknesses of the on-going programme and to make strategic recommendations that may be useful for the preparation of the next Programme (2006-2010).

The evaluation was conducted by a mixed team of international and national consultants and staff of the Evaluation Office at New York Headquarters: Lucien Back (team leader, Senior Programme Officer Evaluation Office at UNICEF Headquarters), Janet Hohnen and Mullika Roath (consultants) and Joaquin Gonzalez-Aleman (Project Officer at UNICEF Headquarters). The evaluation benefited from support of Kees Goudswaard (Monitoring and Evaluation Officer in the East Asia and Pacific Regional Office).

The Ministry of Planning of the Royal Government of Cambodia actively supported the exercise as well as various line Ministries and provincial authorities. Management and staff of the UNICEF Country Office in Phnom Penh provided all relevant information, facilitated contacts with national and external partners and prepared field visits. They also commented on several drafts of the report and provided valuable advice and feedback.

This CPE is part of a series of pilot cases conducted within the framework of the Country Programme Evaluation Methodology and Guidance Development Project funded by the Department for International Development (DFID) of the United Kingdom and Northern Ireland. As such, the evaluation is of interest in the broader context of efforts to strengthen the evaluation function in UNICEF.

The evaluation would not have been possible without the valuable insights and generous sharing of information. I would hereby like to express my gratitude and appreciation to all those who have contributed to this evaluation. Special thanks are due to the Royal Government of Cambodia and the UNICEF Country Office in Phnom Penh and the evaluation team.

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## EXECUTIVE SUMMARY

### ***Background***

The Country Programme of Cooperation (CPC) 2001-2005 between the Royal Government of Cambodia (RGC) and UNICEF was the subject of a Country Programme Evaluation (CPE) in 2004. The UNICEF Country Office in Phnom Penh, upon a recommendation of the East Asia and Pacific Regional Office (EAPRO) and after consultation with the Ministry of Planning of the RGC, requested that the strategic directions for the new CPC (2006-2010) be informed by a CPE.

The CPE built on the Mid Term Review of the CPC conducted in October 2003. The exercise was coordinated by the Ministry of Planning of the RGC and the UNICEF Country Office in Phnom Penh with support from the Evaluation Office at New York Headquarters (NYHQ) and the East Asia and Pacific Regional Office (EAPRO).

The CPE Cambodia was a pilot case of the DFID-funded Project for CPE Methodology and Guidance Development, which is implemented by the Evaluation Office at New York Headquarters. The CPE Project serves UNICEF's goal stated in the Medium-Term Strategic Plan (2002-2005), to make Country Programmes of Cooperation more effective in terms of focus, implementation strategies and coordination within UNDAF and with other development partners.

### ***Purpose, scope, limitations, objectives and methodology***

***Purpose.*** The main purpose of the CPE Cambodia was to support the strategy development process for the next CPC (2006-2010). The new CPC should ideally align its objectives, targets and indicators with the Government's development priorities and targets expressed in the planned National Strategic Development Plan (2006-2010), which will be based on the National Poverty Reduction Strategy (2003-2005), the Socio-Economic Development Plan II (2001-2005), the Cambodia MDG Report (2003) as well as the Rectangular Strategy (2004).

For UNICEF, it is also important to assess progress made in Cambodia on the adoption of the Human Rights Based Approach to Programming (HRBAP) and Results Based Management (RBM) as well as the alignment of the CPC with organizational priorities defined in the Medium Term Strategic Plan (MTSP) and global goals until 2015 (World Fit for Children, the Millennium Declaration and Millennium Development Goals).

***Scope and limitations.*** Given the size and complexity of the CPC Cambodia and also on the basis of suggestions of UNICEF Cambodia management, it was decided at an early stage that the CPE in Cambodia would focus on three programmes of the CPC: a) the Seth Koma (Child Rights) Programme in order to further develop the links instituted during the MTR of 2003 to Cambodia's new policies of decentralisation and deconcentration; b) the Health and Nutrition Programme and aspects of other programmes (especially HIV/AIDS) to the extent that they are relevant to improving child survival, in the context of the High-Level Meeting on Child Survival in Phnom Penh in May-June 2004; c) the Programme for Children in Need of Special Protection (CNSP) that is characterized by a large number of innovative interventions, which might need to be adjusted and also better coordinated with other development partners.

It was also decided that the CPE would focus on three strategic dimensions that received relatively little attention in the MTR of 2003 and that are usually addressed in CPEs: a) the

alignment and contribution of the CPC to evolving national policy frameworks, especially as far as the progressive realisation of the rights of children and women are concerned; b) the partnerships and strategic alliances that need to be developed at all levels to mobilize an effective response to the challenges of realizing children's and women's rights; c) the implementation of the Human Rights Based Approach to Programming (HRBAP) of UNICEF and the application of Results Based Management (RBM) in the CPC.

The CPE has not given special attention to key dimensions related to efficiency, such as human resource planning and management and the supply function. There is, however, some information on and an assessment of the mobilization of human and financial resources by UNICEF and aspects related to the financial expenditure during the current CPC (2001-2005).

**Objectives.** The objectives of the CPE Cambodia stated in the TOR were to assess *role* and *relevance* of the CPC Cambodia, its *design* and *focus*, its *niche* and *comparative advantage* as well as its *effectiveness* and *efficiency*. An assessment was also to be made of the *resource mobilization* and the budget *realization*. Of particular interest were questions related to *sustainability*, *replicability* and *mainstreaming* of results. The evaluation was also to be useful beyond the Cambodian context to the extent that lessons were to be drawn from the experience for global CPE methodology and guidance development.

**Methodology and evaluation process.** Cambodia was the first pilot case in which the CPE followed an MTR. This scenario had the advantage that the CPE could build on results of the MTR conducted in 2003 and focus on strategic issues. The challenge was, however, to maintain stakeholder participation in the validation and triangulation of evaluation results with as little transactional cost as possible.

Key methods for the conduct of the evaluation involved: (a) a comprehensive *desk review* of external and internal documents, including past and recent studies, reviews and evaluations of projects and programmes; (b) an extensive round of *interviews / focus group discussions* with key stakeholders; (c) *field visits* to selected provinces, districts and communities; (d) an inception report and an annotated outline of the final report containing major lines of analysis as interim products of the CPE; (e) a participatory workshop during which main findings, conclusions and recommendations of the evaluation were discussed, and (f) a final CPE report. All information has to the extent possible been triangulated and validated.

The evaluation takes into consideration commonly agreed evaluation norms and standards (OECD/DAC and Evaluation Associations) to ensure *utility* (ownership by stakeholders), *feasibility* (political viability and cost-effectiveness), *propriety* (impartiality, respect of rights of stakeholders, cultural sensitivity) and *accuracy* (adequate information).

Factors that favourably affected the evaluation process were: (a) the existence of a comprehensive MTR report containing information on all projects and programmes; (b) the availability of all staff of the UNICEF Country Office for information and discussion; (c) the opportunity to consult with key external stakeholders and make field visits; and (d) continuous support from the UNICEF Representative and the Senior Programme Officer.

The evaluation did face a number of challenges, the most important of which were the absence of an updated Situation Analysis that made it necessary to do more research on the situation of children's and women's rights than originally planned; the weak design of the CPC (absence of a clear results framework with "smart" objectives and indicators) and the lack of a good performance monitoring system. As the evaluation cannot by itself compensate for these

weaknesses, the presentation of main experiences and results necessarily reports on activities as well as some results and also remain illustrative rather than comprehensive.

### **Key findings and conclusions**

**Roles and relevance:** As compared to other external aid mechanisms, the UNICEF supported CPC mobilizes a relatively small amount of external financial resources — an average of a little more than US\$ 15 million per year between 2001 and 2003. Although the external resource mobilization is relatively small if compared with bilateral agencies or international financial institutions, the CPC exercises an influence in Cambodian society that exceeds the relative size of its financial contribution.

The CPC deals with a broad range of issues affecting children: child survival; early childhood care and development; formal and non-formal education for all ages; HIV/AIDS; as well as special protection issues. The CPC and its programme components play a multitude of roles at various levels (national, province, communities) and in different sectoral or thematic contexts, thereby making flexible use of niches and opportunities and developing a variety of comparative advantages. Through the CPC, UNICEF actively contributes to the formulation of national legislation, policies and strategies in all major social sectors, especially child protection, health and education.

The MPO includes improvement of child survival as a specific objective, and as a part of the rationale for five of the six programmes: Health and Nutrition, HIV/AIDS, Seth Koma, Education and Advocacy/Social Mobilization. The CPC as a whole addresses many of the major direct and indirect obstacles and challenges affecting child survival in Cambodia.

There is evidence that the CPC has addressed some of the specific issues raised by the Committee on the Rights of the Child. Examples include (a) a campaign for nation-wide civil registration; (b) awareness raising campaigns against trafficking and sexual exploitation; (c) a five-year policy framework, police training and the establishment of a special telephone hotline for abused children. These initiatives have led to increased awareness in urban and rural Cambodia on the dangers of trafficking and sexual exploitation, and an increase in the numbers of reports and arrests of child sex crimes.

**Design and focus.** The *Human Rights Based Approach to Programming (HRBAP)* has a long tradition in the CPC Cambodia to the extent that a rights-based approach was developed at the village and community level as early as during the mid-1990s. Although the approach of the CASD / Seth Koma programmes was more successful in terms of good processes but less in terms of tangible results in the areas of health and nutrition (see effectiveness below), the design of the current CPC as laid down in the Master Plan of Operations (MPO) contains most of the elements of an adequate HRBAP. By design, the CPC aims at the realization of children's rights in Cambodia, notably the right to survival, the right to development, the right to protection and right to participation. It also addresses in its goals and objectives the immediate, underlying and basic causes of the non-realization of children's rights. One can also find most good programming practices. While there is some attention to gender disparities (especially in education), there is clearly much less focus on the challenge to promote gender equality and empower women.

The Country Programme of Cooperation did not adopt a results-based approach to programming (*Results Based Management*). A logical / results framework was not a feature of the MPO. The MPO only refers to four overall goals (safe pregnancies and deliveries; best

possible start in life for infants, education and protection of school-age children, life skills and participation for adolescents) and to national objectives to which the CPC would make contributions. The MPO is not specific in defining the specific contribution of the CPC to these national objectives. Results at the outcome level are described in rather general and unspecific terms, e.g. “ownership / empowerment” and “knowledge and behaviour” at the community level or “social policies” and “national programmes” at the national level. There is no description of expected outputs. Since no logical approach was developed, there is also no information on vertical and horizontal relationships between outputs, outcomes and impact results.

Ambitions spelled out in the MPO as to *focus, convergence and integration* have not entirely materialized in the current CPC. The intention was that the CPC would be realized through six “synergistic components”, the description of which contained frequent references to overall goals (safe pregnancies and deliveries; best possible start in life for infants, education and protection of school-age children, life skills and participation for adolescents). While there are several examples of convergence and integration at the level of concrete project initiatives, there is still relatively limited convergence at the level of the various programme components.

Especially the Seth Koma Programme has so far not lived up to its potential to be an integrative force, as there has been a certain “disconnect” between Seth Koma and other programme activities at the decentralized level (especially related to health and nutrition). The re-orientation of Seth Koma resulting from the MTR of 2003 and the strategic partnership with the Seila programme increase its potential to overcome the relative isolation it had experienced in the past and to connect to mainstream policies and strategies of Deconcentration and decentralization of the RGC.

The Programme for Children in Need of Special Protection (CNSP) attracted increased interest and funding during the first half of the CPC and the programme consequently expanded in the area of prevention and early intervention without evaluating the piloted newly developed protection projects. In addition, the Programme had started to deal with a wide range of issues, e.g. alternative care, child trafficking, sexual exploitation and abuse and various aspects of legal protection of children (including birth registration) without adequate prioritisation or focus.

**Effectiveness.** The current CPC can claim reasonable attribution of many results in terms of processes and outcomes at all levels, i.e. villages and communities, provinces and nation-wide. What a CPC can hope to achieve, possibly in close cooperation with other agencies of the UN system, are outcomes in terms of good processes and behavioural and institutional changes among stakeholders, who are both rights-holders (children, families, communities, local government, civil society, NGOs etc) and duty-bearers (families, communities, local government, civil society, NGOs, national government, external aid agencies). Documentation of these outcomes requires specific, measurable, achievable and time-bound objectives and indicators (including baseline data), an adequate system of performance monitoring, reporting and evaluation and a clear understanding of the specificity and complementarity of the contributions of other stakeholders. The lack of these elements limits the chances to adequately assess the effectiveness of the CPC.

The Seth Koma Programme has been the subject of several studies and evaluations during the current CPC, which generated some significant findings as to its effectiveness. The most notable results of the Seth Koma could be found in terms of a strengthening of capacities of rights-holders and duty-bearers in supported villages to drive the development process. A more tangible result that could clearly be attributed to Seth Koma was improved access to water and latrines in the supported villages, although there had been no significant increase in latrine

usage compared to control areas. Families in Seth Koma villages, however, did better than those in control villages with respect to health knowledge and care practices, as well as in coverage of immunization and micronutrient supplementation. Nevertheless, in terms of other tangible outcomes, e.g. improvements in nutritional status of mothers and children and improvements of income and use of social services, the programme had not been very effective.

The CPC focuses on a number of issues that are essential to *child survival* as they will produce a clear pay-off in the short or medium term and because the contribution is complementary to activities of others. For example, within the National Immunization Programme (NIP), the CPC focuses on EPI-plus, e.g. micronutrients and deworming tablets for women and children. In the area of HIV / AIDS, for which there is considerable external support, the CPC focuses on life skills for young people and parenting skills. But there have also been several areas, where efforts have been lower and where an increase of attention would be rewarded in terms of impact on child survival. These areas include, for example, support to birth spacing, maternal nutrition, delivery and newborn care, and literacy and life skills education for out of school youth. Given the important role of informal and private providers in service delivery for the CPC's target beneficiaries, there was also less focus on this group than warranted.

The CPC has contributed considerably to the policy / legislative framework for *Children in Need of Special Protection*. One newly developed law was submitted to the Council of Ministers, which has been awaiting adoption by the Council of Ministers since 2001. At the field level, awareness raising campaigns against trafficking and sexual exploitation together with a whole range of activities (police training, phone hotline, database of cases, etc.) have led to an increased awareness in cities and rural areas on the issue and has resulted in an increase of the number of reports and arrests of abusers. Whenever possible, national policies have been informed by field experiences. One good example is the survey on alternative care which served as the basis for the subsequent development of a regulatory framework on alternative care for children without primary caregivers.

***Sustainability, replicability and mainstreaming of results.*** There is no evidence as to what happened to villages and communities, which were supported more or less directly by *Seth Koma*, but where external assistance was reduced or even withdrawn. At least since 2003, the Seth Koma Programme has diminished its direct support that had been assisted through many years in many locations, as it shifted its focus to the commune level and cooperation with the Seila Programme. There is also no direct evidence whether the development models introduced by Seth Koma were used and / or adapted by national or external partners outside Seth Koma project areas and provinces.

There were no stated aims of sustainability and replicability of the main activities related to *child survival*, and there is no evidence that activities were selected with a view to their sustainability or replicability. The major effort on mainstreaming of interventions or experience which would impact on child survival has been through work on national policy and guidelines (including the use of pilot studies or test cases) and at province level, through support to public sector service planning and implementation. However, the sustainability of the important child survival related efforts of this CPC is considered unlikely in the short and medium term, due to dependence on funding and technical support from UNICEF. The expansion or replication of successful initiatives beyond their present areas of implementation will also require funding and technical support from UNICEF or other partners.

As far as the *CNSP Programme* is concerned, activities related to children in post-conflict have the longest track record. There are some examples of relative sustainability and mainstreaming

of supported initiatives, e.g. the Cambodian Mine Victim Information System (CMVIS) which is a well-established, comprehensive and well-utilized database. There is the idea of using CMVIS as a model and apply it to the collection of data on other protection issues. The challenge, however, goes beyond data collection in view of the complexity of conceptualizing child protection issues. The creation of networks and structures is necessary, but not sufficient to ensure improved child protection. Referral mechanisms are limited in view of the scarcity of social services available. Qualified staff is insufficient. The CPC is promoting social service training, but it is still too early to expect sustainability and mainstreaming without available services and external support.

### ***Strategic orientations and recommendations***

***General considerations.*** The CPE endorses the view of current CPC management that there is no need for major changes to the programme beyond what is required in terms of adjustments to the policy framework of the Government (notably NPRS and Rectangular Strategy) and CCA and UNDAF. In agreement with CPC management, the CPE makes recommendations as to the CPC's contribution to deconcentration and decentralization, on issues related to child survival, as well as on the programmes geared at children in need of special protection. The CPE recommends some adjustments related to HRBAP, RBM and performance monitoring and evaluation.

***Deconcentration and convergence.*** The re-orientation of the Seth Koma Programme that was undertaken during the MTR of 2003 dramatically increased its potential significance as a contribution to national policies and strategies. It transformed the programme from a set of discrete activities at the level of individual villages and communities — disconnected even from other programme components of the CPC — into an approach that has increased chances of replicability and mainstreaming of results because it is part of a national effort with a consolidated and coordinated external support mechanism.

The shift of focus from the village and community level to that of Commune Councils involves a number of new challenges that will need to be met. While it is an excellent initiative to mobilize Commune Councils beyond mere planning and budgeting of infrastructure projects and involve them in issues related to the realization of children's rights, more particularly in health and education, there is still some lack of clarity as to what roles the Commune Councils should play in this regard. It will be important to include these issues in the Councils' agenda's, ensure that their members are willing and motivated to deal with them (e.g. by counting women among their members) and that specialized committees are created to tackle children's and women's rights. These are necessary, but not sufficient steps. There is a need to undertake a process to determine what responsibilities the Commune Councils should assume on these social issues. There is also a need to carry out a more refined capacity analysis as the basis for an appropriate programme that could strengthen these capacities.

As much as it is important to clarify what would be the tasks and responsibilities of Commune Councils, it is also important to determine what they should *not* be involved in directly. Over the years, the various line Ministries, often with UNICEF support, have stimulated the creation of associations, e.g. those that promote good mother and child care practices (mother support groups), contribute to appropriate education (parent-teacher associations) and manage water and sanitation infrastructure (water user groups). It would, however, be appropriate to determine what should be the relationship there should be between these associations and, for example, the children and women's committee of the Commune Council.

In its new role, the Seth Koma Programme should also learn from its past experience that it requires much closer links with technical expertise if it is to produce significant outcomes in terms of behavioural and institutional changes, e.g. in the area of improved nutrition and health practices.

The key policy documents concerning deconcentration and decentralization emphasize the need for horizontal integration of the programmes of the line Ministries at all levels. Specific guidance is still under development as part of the formulation of the respective strategic framework. To the extent that the UNICEF supported CPC is to make an active contribution to this national process, it will have to overcome its own “silo-effect” and develop a more convergent intervention model at the province, district, commune and village levels. Seth Koma has the potential to be an important integrative force, provided it succeeds in mapping out with each of the other programmes concrete areas of cooperation and joint development initiatives. This should be an important part of strategy development as part of the preparation of the next CPC.

**Child survival.** The next CPC should re-affirm the primacy of the right to survival as an overarching goal within which the contributions of each sector and programme can be defined in a logical and inter-active manner. Success in reducing child mortality (MDG-4) will be closely linked with reducing hunger (MDG-1), improved education (MDG-2), maternal health (MDG-5), reduced gender inequality (MDG-3), increased access to sanitation and water (MDG-7) as well as effective interaction between sectoral and local government entities.

Given the long-term nature of some of the challenges, it is recommended that the CPC 2006-2010 be designed as the first stage of a two stage strategy covering the decade to 2015 which is the target date for the MDGs. The CPC 2006-2010 would form the first stage of a two stage strategy covering the decade to 2015, the target date for achieving the MDGs. This “Stage 1” CPC would particularly address factors *underlying* the high mortality rates, and in addition would test and disseminate feasible approaches to overcoming the more *direct* obstacles, which could be greatly scaled up in the “Stage 2” CPC (2011-2015).

Within this ten year vision, it is proposed that the next CPC (2006-2010) adopt two major objectives: a) improved uptake of key child survival interventions by the rural poor through intensified multi-sectoral support; b) empowerment of today’s young people, as tomorrow’s parents, for planned and successful childrearing. This group will be the parents of young children in the 5 years leading up to 2015.

Key actions for consideration under the first objective should include: a) translation of MDGs and related actions into monitorable targets within the development plans of provinces, districts and communes; b) testing of an improved model of social mobilization/health promotion for the empowerment of poor rural communities; c) provision of results-based incentives and support to increase coverage and uptake of key interventions or behaviours in health, education, water and sanitation; d) maintenance and expansion of the Equity Fund pilot, while seeking options and partnerships for scaling up this fund; e) exploring the most appropriate roles of the CPC in engaging non-governmental organizations and the private sector to improve child survival. The second objective would be realized through actions directed at improved knowledge and behaviour of young people and their service providers, and at strengthening community support for this group.

In deciding the overall strategy for improving child survival in the next CPC, it is recommended that UNICEF address the several important issues. Firstly, there is a need *for continued*

*recurrent funding and for the linking of expenditure to results.* Increased use of skilled health services by the poor is needed to reduce deaths from respiratory infection and other childhood illnesses. However, the Government has insufficient operating funds for health even at the present level of utilization and a relatively small proportion of external funds is used for recurrent service costs. The CPE recommends the expansion of the Equity fund model piloted in Svay Rieng, its inclusion in the Health Sector Strategic Plan, and its funding.

While UNICEF has a range of effective partnerships with technical and funding partners for defined projects or sub-programmes in the health sector, the relationships are less clear with respect to area-based system strengthening especially in UNICEF's priority provinces. While partnerships with other UN agencies are seen as cordial and productive, there is an opportunity in preparing the new CPC, to review the relationships, especially being alert for areas where roles might be adjusted, and to ensure that a cohesive approach is presented by the UN agencies when coordinating with other partners.

Communications support in the current CPC has emphasised two areas: (1) high level advocacy and (2) mass media approaches to behaviour change, with some attention to equipping health workers to conduct interpersonal communication. Assessment of the effectiveness of these approaches will be helpful in designing the next CPC. In addition, there should be attention to support for "settings-based" health promotion, which takes account of the particular environment in which change is to be achieved, and involves local participation in planning and conducting a range of feasible and mutually reinforcing activities for a defined community. UNICEF would explore the application of this approach in the next CPC, including analysis to identify key environmental barriers to the desired behaviour change, and allies in building community support.

***Children in need of special protection.*** The origins of the CNSP programme were closely linked to the post-conflict situation which prevailed until the mid-1990s. At the present time, there is still much interest among donors concerning landmines and other aspects of the post-conflict situation. UNICEF remains a preferred partner in this process. It is likely that the post-conflict issues will become less prominent over time although this will be a gradual process. Where capacities exist, UNICEF should find an exit strategy in relation to landmine related activities and identify new protection issues, trying to replicate workable models (e.g. data collection).

The CNSP programme has apparently been somewhat issue-driven and also rather dependent on the availability of donor funding. The public notoriety of certain issues (e.g. child trafficking) diverted attention from other forms of neglect, abuse, violence or exploitation, which are less known, but maybe as serious or even more important. There is a need to build on the more structural elements of the current CPC, avoid mere "activism" on specific issues and adopt as systematic and programmatic an approach to major protection issues as possible.

A more programmatic approach for the CNSP could be articulated around four major dimensions, each of which would describe a contribution to filling important national capacity gaps: a) *research, monitoring and advocacy*; b) *legal reform and policy advice*; c) *experimentation of interventions on new protection issues*; d) *direct protection capacity*. Policy advice and support to legal reform, including capacity building in the areas of law enforcement and legal aid, should constitute the core of the CNSP programme in the future. The RGC and UNICEF should engage in a long-term visioning exercise and design a plan of action against the background of the Cambodian MDGs and overall social policies of the RGC. The

plan of action should define the targets to be achieved on all major issues over the next five years (as has already been done for birth registration which should attain 50 percent by 2005).

***Human Rights Based Approach to Programming.*** While HRBAP has been given adequate attention in the design and implementation of the current CPC, there has been insufficient emphasis on gender equality and empowerment of women. MDG 3 aims to eliminate gender disparities in primary and secondary education preferably by 2005 and at all levels by 2015, but also addresses the more ambitious challenge to achieve gender equality in education and throughout the various spheres of society for all age groups, which is a much more complex and profoundly challenging endeavour than reaching gender parity.

The gender equality and empowerment approach has implications far beyond the education sector. In virtually all spheres of development, it involves reconsidering stereotypes that historically and culturally determine role matters of girls and boys and women and men. It is necessary not only to work closely with women and girls, but, also, with men and boys and the public at large on eliminating gender bias and discrimination. Children entering puberty require special attention and an emphasis on gender equality needs to be integrated in life skills education. There is also a need for ongoing contextual / holistic monitoring and evaluative analysis of and reporting on gender relations. At all levels and with all partners, it is necessary to strengthen gender sensitivity and enhance the respective capacity in programming efforts. To enhance gender sensitivity, there is a general need for gender-disaggregated data. Most importantly, however, even if empowerment of women is the ultimate aim, gender relations need to be addressed in all programmatic approaches that are addressed to both girls and boys and to women and men.

The CPE recommends re-activating the working group of gender focal points with the UNICEF Country Office and perhaps expanding it to counterparts in governmental and non-governmental partner organizations. A functional network of gender focal points in various line Ministries can be a good tool to enhance government attention to gender equality and women's empowerment. Another important tool to boost attention for gender equality is a policy specifically aiming at gender parity in the staffing of both UNICEF and in line Ministries and partner NGOs. Although some progress has been made in the UNICEF Country Office, there is still a notable gender disparity especially among Cambodian staff. Gender disparities are much more pronounced in national government institutions, but there is a policy to increase the presence of women at all levels.

***Results-based management and performance monitoring and evaluation.*** RBM is part of the *common* framework for 2006-2010, which the agencies of the UN family in Cambodia agreed upon in October 2004. The UNDAF framework is related to the Rectangular Strategy 2004-2008 as well as the new National Development Plan. The UNDAF is articulated with the Cambodia Millennium Development Goals in mind as well as the need to take into account the dimension of human rights.

There is scope for strengthening the design of the next CPC by applying the basic principles and practices of RBM. A causality analysis will have to be followed by support to implementation in the form of experimentation (limited in time), identification of partners and capacity analysis and identification of actions to address the capacity gaps (particularly in terms of influencing policies and strategies). Results based programme planning will have to demonstrate the causal relationship between the intended results at different levels (outputs, outcomes and impacts). The sum of planned interventions should be sufficient to achieve the expected results. The logical framework of the UNICEF supported CPC should be aligned to the UNDAF Results

Matrix (a requirement for the Country Programme Action Plan or CPAP, which replaces the Master Plan of Operations or MPO).

The recent adoption in the Cambodia CPC of a five-year Integrated Monitoring and Evaluation Plan (IMEP) is important as it identifies needs for data and analytical information and plans monitoring and evaluation in relation to major milestones in CPC implementation. Once there is an adequate logical framework, studies and evaluations can measure results as compared to baselines and situate results in the broader framework of development work.

## RESUMEN EJECUTIVO

### **Antecedentes**

El Programa de Cooperación (PC) 2001-2005 entre el Gobierno Real de Camboya y UNICEF fue sometido a una Evaluación de Programa de Cooperación (EPC) en 2004. La Oficina de UNICEF en Phnom Penh, siguiendo la recomendación de la Oficina Regional de Asia Oriental y el Pacífico, y después de realizar consultas con el Ministerio de Planificación del Gobierno Real de Camboya, solicitó que las direcciones estratégicas del nuevo PC (2006-2010) pudiesen contar con información obtenida mediante una EPC.

La EPC se basó en la Revisión de Medio Término (MTR, en sus siglas en inglés) del PC realizado en octubre de 2003. El ejercicio fue coordinado por el Ministerio de Planificación del Gobierno Real de Camboya y la Oficina del UNICEF en Phnom Penh con el apoyo de la Oficina de Evaluación en la sede de Nueva York y la Oficina Regional de Asia Oriental y el Pacífico.

La EPC de Camboya fue un ejercicio piloto del “Proyecto para el Desarrollo de Metodología y Directrices de Evaluación de Programas de Cooperación”, que corre a cargo de la Oficina de Evaluación en la sede del UNICEF de Nueva York y está financiado por el Departamento para el Desarrollo Internacional (DFID) del Reino Unido. El Proyecto sirve de apoyo al objetivo de UNICEF establecido en el Plan Estratégico de Mediano Plazo (2002-2005), que consiste en lograr que los Programas de Cooperación de País sean más eficaces en lo que se refiere a su enfoque, estrategias de ejecución y coordinación con el Marco de Asistencia de las Naciones Unidas para el Desarrollo (MANUD) y otros aliados en cuestiones de desarrollo.

### **Propósito, alcance, limitaciones, objetivos y metodología**

**Propósito.** El objetivo principal de la EPC de Camboya fue apoyar el proceso estratégico de desarrollo del próximo PC (2006-2010). El nuevo PC debería alinear en teoría sus objetivos, metas e indicadores con las prioridades del Gobierno para las actividades de desarrollo y las metas señaladas en el futuro Plan Nacional de Desarrollo Estratégico (2006-2010), que estará basado en la Estrategia Nacional para la Reducción de la Pobreza (2003-2005), el Plan de Desarrollo Socioeconómico (2001-2005), el Informe sobre los Objetivos de Desarrollo del Milenio (ODM) de Camboya (2003), así como la Estrategia Rectangular (2004).

Para UNICEF resulta también importante evaluar los progresos alcanzados en Camboya en el marco del Enfoque de programación basado en los derechos humanos y la Gestión basada en los resultados, así como la conformidad del PC con las prioridades de la organización definidas en el Plan Estratégico de Mediano Plazo y las metas globales hasta 2015 (Un mundo apropiado para los niños, la Declaración del Milenio y los Objetivos de Desarrollo del Milenio).

**Alcance y limitaciones.** Dado el tamaño y la complejidad del PC Camboya, y también con motivo de las sugerencias de los administradores de UNICEF en Camboya, se decidió en las primeras etapas que la EPC de Camboya se centraría en tres programas del PC: a) el Programa Seth Koma (Derechos de la infancia), con miras a desarrollar aún más los vínculos establecidos durante el MTR de 2003 con las nuevas políticas de descentralización y desconcentración de Camboya; b) el Programa de Salud y Nutrición y diversos aspectos de otros programas (especialmente sobre VIH/SIDA) en la medida en que son pertinentes para mejorar la supervivencia infantil en el contexto de la Reunión de alto nivel sobre supervivencia infantil celebrada en Phnom Penh en mayo y junio de 2004; c) el Programa para niños y niñas necesitados de protección especial, que se caracteriza por una gran cantidad de intervenciones

innovadoras que tal vez sea necesario ajustar y coordinar mejor con otros aliados en cuestiones de desarrollo.

También se decidió que la EPC se centraría en tres dimensiones estratégicas que recibieron una atención relativamente escasa en el MTR de 2003 y que normalmente se abordan en las EPC: a) la armonización y contribución del PC a los marcos nacionales de política en evolución, especialmente en lo que atañe a la progresiva realización de los derechos de los niños, las niñas y las mujeres; b) las asociaciones y alianzas estratégicas necesarias a todos los niveles para movilizar una respuesta efectiva a los problemas que impiden la realización de los derechos de los niños, las niñas y las mujeres; c) la ejecución del Enfoque de programación basado en los derechos humanos, de UNICEF, y la aplicación de la Gestión basada en los resultados en el CPC.

La EPC no ha prestado una atención especial a dimensiones clave relacionadas con la eficiencia, como la planificación y gestión de recursos humanos y la función de suministro. Sin embargo, existe alguna información sobre la movilización de recursos humanos y financieros por parte de UNICEF y los aspectos relacionados con los gastos financieros durante el PC actual (2001-2005), así como una evaluación sobre estos asuntos.

**Objetivos.** Los objetivos de la EPC de Camboya establecidos en los términos de referencia eran evaluar la *función* y la *pertinencia* del PC Camboya, su *diseño* y *enfoque*, su *nicho* y *ventaja comparativa*, así como su *eficacia* y *eficiencia*. También era preciso realizar una evaluación sobre la *movilización de recursos* y la *realización* de presupuesto. Un interés particular tenían las cuestiones relacionadas con la *sostenibilidad*, la *replicabilidad* de actividades y la *integración* de los resultados. La evaluación resultó también útil más allá del contexto de Camboya en la medida en que había que obtener lecciones de la experiencia para aplicarlas a la metodología de la EPC y la elaboración de orientaciones en el contexto global.

**Metodología y proceso de evaluación.** Camboya fue el primer caso piloto en el que la EPC siguió a un MTR. Este escenario tenía la ventaja de que la EPC podía aprovechar los resultados del MTR que se llevó a cabo en 2003 y centrarse en cuestiones estratégicas. Sin embargo, el desafío era mantener la participación de las partes interesadas en la convalidación y triangulación de los resultados de la evaluación con el menor costo transaccional posible.

Los métodos clave para llevar a cabo la evaluación incluyeron: a) un amplio *estudio de referencia* de documentos externos e internos, entre ellos estudios pasados y recientes, análisis y evaluaciones de proyectos y programas; b) una amplia ronda de *entrevistas/grupos de discusión seleccionados* con partes interesadas; c) *visitas sobre el terreno* a provincias, distritos y comunidades seleccionados; d) un informe inicial y un resumen anotado del informe final con las principales líneas de análisis como productos temporales de la EPC; e) un taller participativo durante el cual los principales hallazgos, conclusiones y recomendaciones de la evaluación podrían debatirse, y f) un informe final en forma de EPC. Toda la información ha sido triangulada y convalidada en la medida de lo posible.

La evaluación toma en cuenta las normas y los estándares de evaluación generalmente aceptados (OCDE/CAD y Asociaciones de Evaluación) para asegurar la *utilidad* (apropiación por parte de los interesados); la *factibilidad* (viabilidad política y rentabilidad); la *corrección* (imparcialidad, respeto a los derechos de las partes implicadas, sensibilidad cultural); y la *precisión* (información adecuada).

Los factores que afectaron de manera favorable el proceso de evaluación fueron a) la existencia de un amplio informe MTR con información sobre todos los proyectos y programas, b) la disponibilidad de todo el personal de la oficina de UNICEF en el país para ofrecer información y análisis; c) la oportunidad de consultar con partes interesadas externas clave y realizar visitas de país; d) el apoyo constante del Representante de UNICEF y el Oficial responsable de la coordinación del programa.

La evaluación confrontó una serie de desafíos, los más importantes de los cuales fueron los siguientes: a) la ausencia de un Análisis de Situación actualizado, lo que obligó a realizar más investigaciones sobre la situación de los derechos de la infancia y de la mujer de lo que inicialmente se había previsto; y b) el diseño deficiente del PC (ausencia de un marco claro de resultados con objetivos e indicadores “SMART”) así como un buen sistema de seguimiento de los resultados. Debido a que la evaluación no puede por sí misma compensar estas deficiencias, la presentación de las principales experiencias y resultados informar necesariamente sobre actividades así como, y también es más ilustrativa que amplia.

### ***Principales hallazgos y conclusiones***

***Roles y pertinencia:*** en comparación con otros mecanismos de asistencia externa, el PC moviliza una cantidad relativamente pequeña de recursos financieros externos: un promedio de poco más de 15 millones de dólares al año entre 2001 y 2003. Aunque la movilización externa de recursos es relativamente reducida si se compara con los organismos multilaterales o las instituciones financieras internacionales, el CPC ejerce una influencia en la sociedad de Camboya que supera el tamaño relativo de su contribución financiera.

El PC aborda una amplia gama de cuestiones que afectan a la infancia: supervivencia infantil, atención y desarrollo en la primera infancia, educación para todas las edades; VIH/SIDA; y cuestiones especiales relacionadas con la protección. El PC y los elementos del programa desempeñan numerosas funciones a varios niveles (nacional, provincial, comunidades) y en diferentes contextos sectoriales o temáticos, haciendo por tanto un uso flexible de los nichos y las oportunidades y desarrollando una amplia gama de ventajas comparativas. Por medio del PC, UNICEF contribuye activamente a la formulación de una legislación nacional, y de políticas y estrategias en los principales sectores sociales, especialmente la protección, la salud y educación de la infancia.

El Plan Maestro de Operaciones (MPO, en sus siglas en inglés) incluye la mejora de la supervivencia infantil como un objetivo específico y como parte de la razón de ser de cinco de los seis programas. Salud y nutrición, VIH/SIDA, Seth Koma, Educación y Promoción/Movilización social. El PC como un todo aborda muchos de los principales obstáculos y desafíos directos e indirectos que afectan la supervivencia infantil en Camboya.

Hay pruebas que indican que el PC ha abordado algunos de los temas específicos señalados por el Comité de los Derechos del Niño. Entre los diversos ejemplos cabe incluir a) una campaña nacional de inscripción civil; (b) campañas de concienciación contra la trata y la explotación sexual; (c) un marco de políticas de cinco años, capacitación policial y la creación de una línea telefónica especial para niños y niñas que sufren abusos. Estas iniciativas han llevado a una mayor concienciación en las zonas urbanas y rurales de Camboya sobre los peligros de la trata, y un aumento en el número de denuncias y arrestos relacionados con crímenes sexuales contra la infancia.

**Diseño y enfoque.** El *Enfoque de la programación basado en los derechos humanos* tiene una larga tradición en el CPC Camboya hasta el punto en que un enfoque basado en los derechos humanos fue elaborado a nivel de poblado y de comunidad en una fecha tan temprana como mediados de los años 1990. Aunque el enfoque de los programas CASD / Seth Koma tuvo más éxito en lo que se refiere a la eficacia de los procesos, y fue menos exitoso en lo que atañe a resultados tangibles en las esferas de la salud y la nutrición (ver eficacia más abajo), el diseño del PC actual tal como se estableció en el MPO contiene la mayoría de los elementos de un enfoque a la programación basado en los derechos humanos adecuado. Por diseño, el PC tiene como objetivo la realización de los derechos de la infancia en Camboya, especialmente el derecho a la supervivencia, al desarrollo, a la protección y a la participación. También aborda como metas y objetivos las causas inmediatas, subyacentes y básicas de la falta de realización de los derechos de la infancia. Es posible también encontrar la mayoría de las buenas prácticas en materia de programación. Aunque se presta cierta atención a las disparidades por cuestiones de género (especialmente en la educación), hay una menor concentración en el desafío de promover la igualdad de género y la habilitación de la mujer.

El Programa de Cooperación de País no adoptó un enfoque de programación basado en los resultados (*gestión basada en resultados*). Un marco lógico/de resultados no era uno de los elementos del MPO. El MPO se refiere únicamente a cuatro metas generales (embarazos y partos seguros; buen comienzo en la vida para los recién nacidos; educación y protección de los niños y niñas en edad escolar y aprendizaje de aptitudes para una vida práctica; y participación adolescente) y a objetivos nacionales a los cuales contribuye el PC. El MPO no especifica la contribución concreta del PC a estos objetivos nacionales. Los resultados en el nivel de efectos se describen de forma más bien general y poco específica, por ejemplo, "apropiación/habilitación" y "conocimiento y conducta" a nivel comunitario o "políticas sociales" y "programas nacionales" a nivel nacional. No hay una descripción de los productos que se esperan. Debido a que no se estableció un enfoque lógico, tampoco hay información sobre las relaciones verticales y horizontales entre los productos, efectos e impactos de los resultados.

Las ambiciones que se fijaron en el MPO con respecto al *enfoque, convergencia e integración* no se han materializado completamente en el PC actual. El objetivo era que el PC se llevara a cabo mediante seis "componentes sinérgicos", cuya descripción ofrecía frecuentes referencias a metas generales (embarazos y partos seguros, buen comienzo en la vida para los recién nacidos, educación y protección para los niños y niñas en edad escolar, aprendizaje de aptitudes para una vida práctica y participación adolescente). Aunque hay varios ejemplos de convergencia e integración a nivel de las iniciativas concretas de proyecto, todavía hay una convergencia relativamente limitada a nivel de los diferentes componentes de programa.

Especialmente el Programa Seth Koma no ha alcanzado su potencial de convertirse en una fuerza integradora, ya que ha habido una cierta "desconexión" entre Seth Koma y otras actividades de programa en el nivel descentralizado (especialmente en relación con la salud y la nutrición). La reorientación de Seth Koma resultante del MTR de 2003 y la alianza estratégica con el programa Seila aumenta el potencial de que supere el relativo aislamiento que ha sufrido en el pasado y conecte con las políticas y estrategias integradoras de desconcentración y descentralización del Gobierno del Reino de Camboya.

El Programa para niños y niñas necesitados de protección especial atrajo un mayor interés y financiación durante la primera parte del PC y por consiguiente el programa se amplió en la esfera de la prevención y la intervención temprana sin evaluar los nuevos proyectos piloto de protección. Además, el Programa ha comenzado a abordar una amplia gama de cuestiones, como por ejemplo la atención alternativa, la trata de niños y niñas, la explotación y el abuso

sexuales y otros aspectos relacionados con la protección jurídica de los niños y las niñas (inclusive la inscripción de nacimientos) sin establecer prioridades o enfoques adecuados.

**Eficacia.** El PC actual puede atribuirse de manera razonable el logro de muchos resultados en lo que atañe a procesos y efectos a todos los niveles, como por ejemplo poblados y comunidades, provincias y el territorio nacional. Lo que un PC puede intentar lograr, posiblemente en estrecha cooperación con otros organismos del sistema de las Naciones Unidas, son efectos relacionados con buenos procesos y cambios de conducta e institucionales entre las partes interesadas, que son a un tiempo sujetos de derechos (niñas y niños, familias, comunidades, gobierno local, sociedad civil, ONG, etc.) y detentores de obligaciones (familias, comunidades, gobierno local, sociedad civil, ONG, gobierno nacional, organismos de asistencia externa). La documentación de estos resultados exige objetivos e indicadores específicos, medibles, viables y con plazos concretos (inclusive datos de referencia), un sistema adecuado de seguimiento, presentación de informes y evaluación de resultados y una comprensión clara del carácter específico y complementario de las contribuciones de otras partes interesadas. La falta de estos elementos limita las posibilidades de evaluar de manera adecuada la eficacia del PC.

El *Programa Seth Koma* ha sido objeto de varios estudios y evaluaciones durante el PC actual, que generaron algunos hallazgos notables sobre su eficacia. Los resultados más considerables del Seth Koma pueden definirse en relación al fortalecimiento de las capacidades de los sujetos de derechos y los detentores de obligaciones en los poblados que recibieron apoyo para conducir el proceso de desarrollo. Un resultado más tangible que puede atribuirse claramente al Seth Koma fue la mejora en el abastecimiento de agua y de letrinas en los poblados que recibieron apoyo, aunque no se ha producido un aumento importante en el uso de letrinas en comparación con las zonas de control. Las familias en los poblados Seth Koma, sin embargo, lograron un mejor rendimiento que las de los poblados de control en lo que atañe al conocimiento sobre temas de salud y prácticas de atención, así como la cobertura de inmunización y la administración de suplementos de micronutrientes. No obstante, en lo que se refiere a otros resultados tangibles, como por ejemplo mejoras en la situación nutricional de las madres y los niños y niñas, y mejoras en los ingresos y la utilización de servicios sociales, el programa no ha sido muy eficaz.

El PC se centra en una serie de cuestiones que son esenciales para la *supervivencia infantil* debido a que pueden generar claras ganancias a corto o mediano plazo y debido a que la contribución se complementa con las actividades. Por ejemplo, en el marco del Programa Nacional de Inmunización, el PC se centra en EPI-plus, es decir, micronutrientes y tabletas antiparasitarias para mujeres y niños. En la esfera del VIH/SIDA, en la que hay un apoyo externo considerable, el PC se centra en la enseñanza de aptitudes para una vida práctica de los jóvenes y de aptitudes para la crianza de hijos. Pero también ha habido varias esferas en que los esfuerzos han sido menores y donde un aumento de la atención se vería recompensado en lo que se refiere a la supervivencia infantil. Estas esferas incluyen, por ejemplo, apoyo al espaciamiento de los nacimientos, nutrición de la madre, atención obstétrica y del recién nacido, y enseñanza de aptitudes de alfabetización y para la vida práctica a jóvenes que no acuden a la escuela. Dada la función importante de los proveedores informales y privados en la prestación de servicios para los beneficiarios seleccionados por el PC, también se prestó menos atención a este grupo de lo que hubiera sido conveniente.

El PC ha contribuido considerablemente al marco legislativo y de políticas dirigido a los *Niños y niñas necesitados de protección especial*. Una nueva versión de una ley, que esperaba su

promulgación desde 2001, ha sido sometida al Consejo de Ministros. Sobre el terreno, campañas de concienciación contra la trata y la explotación social, junto a toda una gama de actividades (capacitación de la policía, línea telefónica de urgencia, base de datos sobre casos, etc.), han producido un aumento en el número de denuncias y arrestos de los culpables de estos actos. Siempre que ha sido posible, las políticas nacionales han tenido en cuenta las experiencias sobre el terreno. Un buen ejemplo es la encuesta sobre atención alternativa que sirvió como base a la elaboración posterior de un marco regulatorio sobre atención alternativa para niños y niñas sin cuidadores primarios.

**Sostenibilidad, posibilidad de reproducción e integración de los resultados.** No hay pruebas sobre lo que ocurrió en los poblados y las comunidades que recibieron apoyo más o menos directo de *Seth Koma*, sólo las hay allí donde la asistencia externa se redujo o incluso se eliminó. Por lo menos desde 2003, el Programa Seth Koma ha reducido el apoyo directo que había prestado durante muchos años en numerosos lugares, a medida que cambió su enfoque hacia el nivel de comunidades y la cooperación con el Programa Seila. Tampoco hay pruebas directas que indiquen si los modelos de desarrollo introducidos por Seth Koma fueron utilizados y/o adaptados por aliados nacionales o externos fuera de las zonas y provincias del proyecto Seth Koma.

No había metas establecidas para la sostenibilidad y replicabilidad de las principales actividades relacionadas con la *supervivencia infantil*, y no hay pruebas de que las actividades fuesen seleccionadas teniendo en cuenta su sostenibilidad o replicabilidad. Las principales medidas para la integración de las intervenciones o experiencias que podrían tener repercusiones sobre la supervivencia infantil fueron por medio de las tareas sobre políticas y directrices nacionales (inclusive la utilización de estudios piloto o casos de prueba) y, a nivel provincial, mediante el apoyo a la planificación y aplicación de servicios del sector público. Sin embargo, la sostenibilidad de las importantes actividades relacionadas con la supervivencia infantil de este PC se considera poco probable a corto y mediano plazo, debido a la dependencia en la financiación y apoyo técnico de UNICEF. La ampliación o replicabilidad de iniciativas exitosas más allá de sus actuales esferas de ejecución exigirá también financiación y apoyo técnico de UNICEF o de otros aliados.

Por lo que se refiere al *Programa para niños y niñas necesitados de protección especial*, las actividades relacionadas con la situación posterior al conflicto son las que vienen de más atrás en el tiempo. Hay algunos ejemplos de sostenibilidad e integración relativas de iniciativas que han recibido apoyo, como por ejemplo el Sistema de Información Camboyano de Víctimas de las Minas, que es una base de datos bien establecida, amplia y muy utilizada. Existe la idea de utilizar este sistema como modelo y aplicarlo a la recopilación de datos sobre otras cuestiones relacionadas con la protección. El desafío, sin embargo, va más allá de la recopilación de datos, debido a la complejidad que supone conceptualizar las cuestiones relacionadas con la protección infantil. La creación de redes y estructuras es necesaria, pero no suficiente, para asegurar una mejor protección infantil. Los mecanismos de remisión de casos son limitados debido a la escasez de servicios sociales disponibles. Falta personal cualificado. El PC está promoviendo capacitación sobre servicios sociales, pero todavía es muy temprano para esperar la sostenibilidad y la integración si no se cuenta con servicios y apoyo externo.

### **Orientaciones y recomendaciones estratégicas**

**Consideraciones generales.** La EPC apoya el punto de vista de los administradores actuales del PC en el sentido de que no se necesitan cambios importantes en el programa, más allá de

lo que se requiere en cuestiones de ajustes al marco de políticas del Gobierno (especialmente NPRS y la Estrategia Rectangular) y CCA y el MANUD. En sintonía con los administradores del PC, la EPC ofrece recomendaciones sobre la contribución del PC a la desconcentración y la descentralización, sobre cuestiones relacionadas con la supervivencia infantil, así como con los programas destinados a los niños y niñas necesitados de protección especial. La EPC recomienda algunos ajustes relacionados con el enfoque de la programación basado en los derechos humanos, la gestión basada en los resultados y el seguimiento y evaluación de resultados.

***Desconcentración y convergencia.*** La reorientación del Programa Seth Koma que se llevó a cabo durante el MTR de 2003 aumentó de manera considerable su importancia potencial como contribución a las políticas y estrategias nacionales. Transformó el programa, de una serie de actividades discretas a nivel de poblados y comunidades individuales –sin conexión incluso con otros elementos programáticos del CPC– en un enfoque que dispone de mayores posibilidades de replicación e integración de resultados debido a que forma parte de un esfuerzo nacional con un mecanismo de apoyo externo consolidado y coordinado.

El cambio de enfoque desde el nivel de poblado y comunidad hacia el de Consejos Comunales conlleva una serie de nuevos problemas que es preciso resolver. Aunque hay una excelente iniciativa para movilizar los Consejos Comunales más allá de la simple planificación y presupuestación de proyectos de infraestructura, e involucrarlos en cuestiones relacionadas con la realización de los derechos de la infancia, especialmente en los sectores de la salud y la educación, todavía falta una cierta claridad sobre las funciones que deben desempeñar los Consejos comunales a este respecto. Será importante incluir estas cuestiones en el programa de los Consejos, asegurar que sus miembros tengan la voluntad y la motivación para abordarlos (por ejemplo, incorporando mujeres entre sus miembros) y que se establezcan comités especializados para ocuparse de los derechos de la infancia y de la mujer. Éstas son medidas necesarias, pero no suficientes. Se requiere llevar a cabo un proceso para establecer las responsabilidades que deben asumir los Consejos Comunales con respecto a estas cuestiones sociales. También se necesita llevar a cabo un análisis de capacidades más refinado que sirva como base de un programa apropiado para reforzar estas capacidades.

Por muy importante que sea clarificar las tareas y responsabilidades de los Consejos Comunales, también es importante establecer en que *no* deben participar de forma directa. A lo largo de los años, los diferentes Ministerios del ramo, a menudo con el apoyo de UNICEF, han impulsado la creación de asociaciones, como por ejemplo aquellas que promueven buenas prácticas de maternidad y atención infantil (grupos de apoyo a las madres), contribuyen a una educación apropiada (asociaciones de progenitores y maestros) y gestionan la infraestructura de agua y saneamiento (grupos de usuarios de agua). Sin embargo, podría resultar apropiado determinar cuál debe ser la relación entre estas asociaciones y, por ejemplo, el Comité infantil y de la mujer del Consejo Comunal.

En sus nuevas funciones, el Programa Seth Koma debería aprender de las experiencias del pasado que es necesario establecer vínculos más estrechos con los expertos técnicos a fin de producir resultados notables en lo que se refiere a los cambios de conducta y de instituciones, como por ejemplo en la esfera de las prácticas para la mejora de la nutrición y la salud.

Los documentos clave de política en lo que atañe a la desconcentración y la descentralización hacen hincapié en la necesidad de una integración horizontal de los programas de los Ministerios del ramo a todos los niveles. Todavía se están elaborando directrices específicas como parte de la formulación del marco estratégico respectivo. En la medida en que el PC

apoyado por UNICEF pueda contribuir de manera activa a este proceso nacional, tendrá que superar su propia “compartimentalización” sectorial y establecer un modelo de intervención más convergente a nivel de provincia, distrito, comuna y poblado. Seth Koma tiene el potencial de ser una importante fuerza de integración, siempre que tenga éxito para determinar, con cada uno de los otros programas, esferas concretas de cooperación e iniciativas de desarrollo conjuntas. Esto debe formar una parte importante en la elaboración de estrategias para la preparación del próximo PC.

**Supervivencia infantil.** El próximo PC debería reafirmar la primacía del derecho a la supervivencia como una de las metas generales dentro de las cuales las contribuciones de cada uno de los sectores y programas pueden definirse de una manera lógica e interactiva. Los éxitos en la reducción de la mortalidad infantil (ODM-4), estarán estrechamente relacionadas con la reducción del hambre (ODM-1), la mejora de la educación (ODM-2), la salud de la madre (ODM-5), la reducción de la desigualdad de género (ODM-3), un aumento en el acceso al saneamiento y el agua (ODM-7) así como una interacción efectiva entre las entidades gubernamentales sectoriales y locales.

Dada la naturaleza a largo plazo de algunos de estos desafíos, se recomienda que el PC 2006-2010 sea diseñado como la primera etapa de una estrategia en dos etapas que abarque la década de 2015, que es el plazo para los ODM. El PC 2006-2010 sería la primera. Esta “Etapa 1” del PC abordaría especialmente los factores *que determinan* las elevadas tasas de mortalidad, y además pondría a prueba y difundiría enfoques viables para superar los obstáculos más *directos*, lo que podría ampliarse a una escala mayor en la “Etapa 2” del CPC (2011-2015).

Dentro de esta visión de 10 años, se propone que el próximo CPC (2006-2010) adopte dos objetivos principales: a) una mejor asimilación de las intervenciones clave de supervivencia infantil por parte de la población rural pobre por medio de una intensificación en el apoyo multisectorial; b) la habilitación de los jóvenes de hoy como progenitores del mañana para una crianza planificada y fructífera. Los miembros de este grupo serán los padres y madres de los niños en la primera infancia durante los cinco años anteriores a 2015.

Las medidas clave para su consideración bajo el primer objetivo deben incluir: a) transformación de los ODM y medidas relacionadas en metas susceptibles de seguimiento dentro de los planes de desarrollo de las provincias, los distritos y las comunas; b) puesta a prueba de un modelo mejorado para la movilización social/promoción de la salud para la habilitación de las comunidades rurales pobres; c) provisión de incentivos basados en resultados y apoyo a una mayor cobertura y absorción de intervenciones o conductas clave en materia de salud, educación, agua y saneamiento; d) mantenimiento y ampliación del proyecto piloto Fondo de Capital, al mismo tiempo que se buscan opciones y alianzas para ampliar la escala de este fondo; e) explorar las funciones más apropiadas del PC en la tarea de comprometer a las organizaciones no gubernamentales y el sector privado en la mejora de la supervivencia infantil. El segundo objetivo podría realizarse por medio de medidas dirigidas a mejorar el conocimiento y el comportamiento de los jóvenes y los prestadores de servicios, y fortalecer el apoyo comunitario a este grupo.

Al decidir la estrategia general para mejorar la supervivencia infantil en el próximo PC, se recomienda que UNICEF aborde varios asuntos importantes. En primer lugar, se necesita una *financiación periódica continua y vincular los gastos a los resultados*. Es importante que los sectores pobres de la población utilicen cada vez más servicios de salud apropiados para reducir las muertes debidas a infecciones respiratorias y otras enfermedades de la infancia. Sin

embargo, el Gobierno no dispone de los fondos operativos suficientes para el sector de la salud incluso al nivel actual de utilización y la proporción de fondos externos que se utiliza para los gastos periódicos es relativamente reducida. La EPC recomienda la ampliación del modelo piloto de Fondo de Capital de Svay Rieng, su inclusión en el plan Estratégico del Sector de la Salud, y su financiación.

Aunque UNICEF dispone de una amplia gama de alianzas eficaces con aliados técnicos y en materia de financiación para proyectos o subprogramas definidos en el sector de la salud, las relaciones son menos claras con respecto al fortalecimiento de sistemas por zonas geográficas, especialmente en las provincias prioritarias de UNICEF. Aunque las alianzas con otros organismos de las Naciones Unidas se consideran cordiales y productivas, existe la oportunidad, durante la preparación del nuevo PC, de revisar las relaciones, y especialmente mantenerse alerta en las esferas en que las funciones podrían ajustarse, y asegurar que los organismos de las Naciones Unidas presentan un enfoque cohesivo cuando realizan tareas de coordinación con otros aliados.

El apoyo de la Comunicación al PC actual ha hecho hincapié en dos esferas: (1) promoción al más alto nivel y (2) enfoques relacionados con los medios de difusión para cambiar conductas, con cierta atención a la formación de trabajadores de salud para llevar a cabo una comunicación interpersonal. La valoración de la eficacia de estos enfoques sería muy útil para la elaboración del próximo PC. Además, debería prestarse atención al apoyo de la promoción de la salud "basada en entornos", que toma en cuenta el entorno concreto en el que se debe lograr el cambio, e incluye la participación local en la planificación y ejecución de una gama de actividades viables y que se refuerzan mutuamente para una comunidad definida. UNICEF podría explorar la aplicación de este enfoque en el próximo PC, e incluir análisis para determinar las principales barreras que presenta el entorno al cambio de conducta deseado, y seleccionar aliados para fomentar el apoyo de la comunidad.

**Niños y niñas necesitados de protección especial.** El origen de este programa estaba estrechamente vinculado a la situación posterior al conflicto que se prolongó hasta mediados de los años 1990. En la actualidad existe todavía un gran interés entre los donantes sobre las minas terrestres y otros aspectos de la situación posterior al conflicto. UNICEF sigue siendo uno de los aliados preferidos en este proceso. Es muy probable que las cuestiones posbélicas dejen con el tiempo de tener una importancia primordial, aunque será un proceso gradual. Cuando exista la capacidad, UNICEF debería buscar una estrategia de salida en relación con las actividades relacionadas con las minas terrestres y determinar nuevas cuestiones de protección, tratando de repetir modelos funcionales (por ejemplo, la recopilación de datos).

El programa de niños y niñas necesitados de protección especial ha reaccionado en cierto modo a los temas y ha sido más bien dependiente de la disponibilidad de financiación de los donantes. La importancia pública de algunas cuestiones (por ejemplo, la trata de niños y niñas) desvió la atención de otras formas de abandono, malos tratos, violencia o explotación, que son menos conocidos pero tal vez tan graves o incluso más importantes. Es necesario aprovechar los elementos más estructurales del PC actual, evitar un mero "activismo" en cuestiones específicas y adoptar un enfoque lo más sistemático y programático posible para los principales temas de protección.

Un enfoque más programático para el programa de los niños y las niñas necesitados de protección especial puede articularse en torno a cuatro dimensiones principales, cada una de las cuales podría ofrecer una contribución para superar importantes carencias en la capacidad nacional: a) *investigación, seguimiento y promoción*; b) *reforma jurídica y asesoría en materia*

*de políticas; c) experimentación de intervenciones sobre nuevas cuestiones de protección; d) capacidad directa de protección.*

La asesoría en materia de políticas y el apoyo a la reforma jurídica, inclusive el fomento de la capacidad en las esferas de la aplicación de la ley y la asistencia jurídica, deberían formar el núcleo del programa en el futuro. El Gobierno del Reino de Camboya y UNICEF deben llevar a cabo un ejercicio conceptual a largo plazo y establecer un plan de acción basado en los antecedentes de los ODM de Camboya y las políticas sociales generales del Gobierno. El plan de acción debería definir las metas que es necesario lograr en el marco de todas las cuestiones principales durante los próximos cinco años (tal como se ha hecho ya para la inscripción de los nacimientos, que debería alcanzar un 50% en 2005).

**Enfoque de la programación basado en los derechos humanos.** Aunque el enfoque de la programación basado en los derechos humanos ha recibido una atención adecuada en el diseño y aplicación del CPC actual, se ha hecho poco hincapié en la igualdad de género y la habilitación de la mujer. El ODM 3 tiene como objetivo eliminar las disparidades entre los géneros en la educación primaria y secundaria preferiblemente para 2005 y a todos los niveles para 2015, pero también abordar el desafío más ambicioso de lograr la igualdad de género en la educación y a través de las diferentes esferas de la sociedad para todos los grupos de edad, lo que supone una tarea mucho más compleja y un reto más profundo que alcanzar la paridad entre los géneros.

El enfoque hacia la igualdad entre los géneros y la habilitación tiene implicaciones que van más allá del sector educativo. Exige reconsiderar estereotipos que han determinado histórica y culturalmente los roles de las niñas y los niños, y de las mujeres y los hombres, en prácticamente todas las esferas del desarrollo. No solamente es necesario trabajar estrechamente con mujeres y niñas, sino también con hombres y niños, y el público en general, para eliminar los prejuicios y la discriminación basados en el género. Los niños y niñas que comienzan la pubertad requieren una especial atención y es necesario hacer hincapié en que se incluya la igualdad de género en la educación para una vida práctica. También existe la necesidad de un seguimiento y un análisis evaluador contextual y holístico continuado de las relaciones entre los géneros, e informar sobre el tema. A todos los niveles y con todos los aliados, es preciso reforzar la sensibilidad de género y mejorar la capacidad respectiva en las actividades programáticas. Para mejorar la sensibilidad de género, existe la necesidad general de obtener datos desagregados por géneros. Sin embargo, si la habilitación de la mujer es el objetivo final, es más importante que las relaciones entre los géneros se aborden en todos los enfoques programáticos orientados a las niñas y los niños y a las mujeres y los hombres.

La EPC recomienda reactivar el grupo de trabajo de los funcionarios de enlace sobre género con la oficina de país del UNICEF y tal vez ampliarlo a los homólogos en el gobierno y las organizaciones no gubernamentales aliadas. Una red funcional de funcionarios de enlace sobre género en varios Ministerios del ramo podría ser un excelente instrumento para mejorar la atención del gobierno a la igualdad de género y la habilitación de la mujer. Otro instrumento importante para impulsar la atención hacia la igualdad de género es una política destinada específicamente a la paridad de género en la contratación de personal de UNICEF, los Ministerios del ramo y las ONG aliadas. Aunque se han logrado algunos progresos en la Oficina de País de UNICEF, todavía existe una considerable disparidad entre los géneros, especialmente entre el personal camboyano. Las disparidades en materia de género son más pronunciadas en las instituciones nacionales de gobierno, pero existe una política para aumentar la presencia de la mujer a todos los niveles.

**Gestión basada en los resultados y seguimiento y evaluación de los resultados.** La gestión basada en los resultados forma parte del marco *común* para 2006-2010, que los organismos del sistema de las Naciones Unidas en Camboya acordaron en octubre de 2004. El ámbito del MANUD está relacionado con la Estrategia Rectangular de 2004-2008, así como con el nuevo Plan Nacional de Desarrollo. El MANUD se articula teniendo en cuenta los Objetivos de Desarrollo del Milenio de Camboya, así como la necesidad de tener en cuenta la dimensión de derechos humanos.

Es posible fortalecer el diseño del próximo PC aplicando los principios y prácticas básicos de la gestión basada en los resultados. Será preciso que al análisis de causalidad le siga el apoyo a la aplicación en forma de experimentación (con límites de tiempo), identificación de aliados y análisis de la capacidad y determinación de actividades para abordar las lagunas en la capacidad (especialmente en lo que atañe a influir políticas y estrategias). La planificación programática basada en los resultados tendrá que demostrar la relación causal entre los resultados perseguidos a niveles diferentes (productos, efectos e impactos). La suma de las intervenciones planificadas debería ser suficiente para lograr los resultados esperados. El marco lógico del CPC que recibe apoyo de UNICEF debería armonizarse con la Matriz de Resultados del MANUD (un requisito para el Plan de Acción del Programa de País o CPAP, en sus siglas en inglés, que reemplaza el Plan Maestro de Operaciones).

La reciente adopción en el CPC de Camboya de un Plan Integrado de Seguimiento y Evaluación de cinco años es importante, debido a que establece las necesidades de recopilación de datos e información analítica y los planes de seguimiento y evaluación en relación a los puntos principales de la aplicación del CPC. Cuando haya un marco lógico adecuado, los estudios y las evaluaciones pueden medir los resultados en comparación con los datos de referencia y ubicar los resultados en el marco más amplio de la labor de desarrollo.



## RESUME ANALYTIQUE

### **Contexte de l'évaluation**

Le programme de coopération 2001-2005 entre le Gouvernement royal du Cambodge (GRC) et l'UNICEF a fait l'objet d'une Evaluation de programme de coopération (EPC) en 2004. Le Bureau de l'UNICEF à Phnom Penh, sur recommandation du Bureau régional pour l'Asie orientale et le Pacifique et après consultation avec le Ministère de la planification du Gouvernement royal du Cambodge, avait demandé que les axes stratégiques du nouveau programme de coopération (2006-2010) soient étayés par une EPC.

L'EPC s'est appuyée sur la Revue à mi-parcours effectué en octobre 2003. Cet exercice avait été coordonné par le Ministère de la planification du Cambodge et le Bureau national de l'UNICEF à Phnom Penh, avec le soutien du Bureau de l'évaluation au Siège de New York et du Bureau régional de l'UNICEF pour l'Asie orientale et le Pacifique.

L'EPC Cambodge était un évaluation pilote dans le cadre du projet d'élaboration de méthodologie et de consignes pour l'EPC financé par le DFID et mis en œuvre par le Bureau de l'évaluation au Siège de New York. Le projet d'EPC contribue à réaliser l'objectif de l'UNICEF exprimé dans le Plan stratégique à moyen terme (2002-2005): améliorer l'efficacité des programmes de coopération en termes de centrage, de stratégies de mise en œuvre et de coordination, au sein du Plan-cadre des Nations Unies pour l'aide au développement et en collaboration avec d'autres partenaires du développement.

### **But, envergure, limitations, objectifs et méthodologie**

**But.** Le but essentiel de l'EPC-Cambodge était de soutenir le processus d'élaboration d'une stratégie pour le prochain programme de coopération (2006-2010). Dans l'idéal, le nouveau programme de coopération devrait aligner ses objectifs, cibles et indicateurs sur les priorités du gouvernement pour le développement et les cibles énoncées dans la préparation du Plan stratégique national pour le développement (2002-2010), qui se fondera sur la Stratégie nationale de lutte contre la pauvreté (2003-2005), le deuxième Plan de développement socio-économique (2001-2005), le rapport sur les Objectifs du Millénaire pour le développement au Cambodge (2003), ainsi que la Stratégie rectangulaire (2004).

Pour l'UNICEF, il est également important de faire un bilan des progrès accomplis au Cambodge dans l'adoption d'une approche de programmation fondée sur les droits de l'homme et d'une gestion axée sur les résultats, et dans l'alignement du programme de coopération sur les priorités organisationnelles définies dans le Plan stratégique à moyen terme et les objectifs mondiaux à l'horizon 2015 (Un Monde digne des Enfants, la Déclaration du Millénaire et les Objectifs du Millénaire pour le développement).

**Envergure et limitations.** Compte tenu de la taille et de la complexité du Programme de coopération pour le Cambodge ainsi que des suggestions exprimées par la direction de l'UNICEF au Cambodge, il a été décidé à un stade initial que l'EPC au Cambodge serait axée sur trois programmes du Programme de coopération (PC): a) le programme Seth Koma (droits de l'enfant) afin de développer davantage les liens institués pendant la Revue à mi-parcours de 2003 avec les nouvelles politiques de décentralisation et de déconcentration du Cambodge ; b) le Programme santé et nutrition et certains aspects d'autres programmes (particulièrement sur le VIH/SIDA) dans la mesure où ils s'appliquent à l'amélioration de la survie de l'enfant, et ce dans le contexte de la rencontre au sommet de Phnom Penh en mai-juin 2004 sur ce thème ;

c) Le Programme pour les enfants qui ont besoin de protection spéciale; celui-ci se caractérise par un grand nombre d'interventions novatrices, mais il pourrait nécessiter des réajustements et une meilleure coordination avec d'autres partenaires du développement.

Il a aussi été décidé que l'EPC serait axée sur trois dimensions stratégiques qui avaient recueilli relativement peu d'intérêt dans la revue à mi-parcours de 2003 mais dont les EPC traitent habituellement : a) l'alignement du PC sur l'évolution des cadres de politiques nationales et sa participation à ces dernières, surtout en ce qui concerne la réalisation progressive des droits des enfants et des femmes ; b) les partenariats et alliances stratégiques qui doivent être développés à tous les niveaux pour organiser une intervention efficace face aux défis posés par la réalisation des droits des enfants et des femmes ; c) la mise en œuvre de l'approche de programmation fondée sur les droits de l'homme de l'UNICEF et l'application au PC de la gestion axée sur les résultats.

L'EPC n'a pas accordé une attention particulière aux dimensions essentielles liées à l'efficacité, comme par exemple la planification et la gestion des ressources humaines et la fonction d'approvisionnement. Nous disposons toutefois d'informations et d'un bilan sur la mobilisation des ressources humaines et financières par l'UNICEF et les aspects liés aux dépenses financières au cours du PC actuel (2001-2005).

**Objectifs.** Les objectifs de l'EPC Cambodge, tels qu'énoncés dans les Termes de Référence, étaient d'évaluer le rôle et la pertinence du PC, sa conception et son centrage, son créneau et ses avantages comparatifs ainsi que son efficacité et son efficacité. Un état des lieux devait également être effectué sur la mobilisation des ressources et sur la réalisation du budget. Les questions qui revêtaient un intérêt particulier étaient celles qui avaient trait à la durabilité, à la reproductibilité et à l'intégration des résultats. L'utilité de l'évaluation devait également dépasser le contexte cambodgien, dans la mesure où des enseignements devaient être tirés de cette expérience et être utilisés dans la méthodologie mondiale de l'EPC et dans l'élaboration des consignes y afférent.

**Méthodologie et processus d'évaluation.** Le Cambodge a été la première expérience pilote dans laquelle l'EPC suivait une revue à mi-parcours. Ce scénario présentait l'avantage de donner à l'EPC la possibilité de s'inspirer des résultats de la revue à mi-parcours effectué en 2003 pour se concentrer sur des questions stratégiques. La difficulté était toutefois de maintenir la participation des parties prenantes à la validation des résultats de l'évaluation, avec aussi peu de coûts de transaction que possible.

Les méthodes fondamentales qui régissaient l'évaluation mettaient en jeu les démarches suivantes : a) une revue exhaustive des documents externes et internes, parmi lesquels les études, examens et évaluations, passés ou plus récents, des projets et des programmes ; b) une tournée extensive d'entretiens et de discussions par groupes de réflexion avec les principales parties prenantes ; c) des visites sur le terrain dans des provinces, districts et communautés choisis ; d) un rapport de démarrage et un canvas annoté du rapport final contenant les grandes lignes d'analyse comme produits intermédiaires de l'EPC ; e) un atelier participatif au cours duquel les constatations, conclusions et recommandations principales ont été discutées ; f) un rapport final d'EPC. Toutes les informations ont dans la mesure du possible été validées.

L'évaluation prend en compte des normes généralement acceptées (OCDE/CAD et associations d'évaluateurs) pour s'assurer du respect des principes d'utilité (appropriation par

les parties prenantes), de *faisabilité* (viabilité politique et rentabilité), de *justesse* (impartialité, respect des droits des parties prenantes, sensibilité culturelle) et d'*exactitude* (informations correctes).

Les facteurs ayant favorablement influé sur le processus de l'évaluation ont été les suivants : a) l'existence d'un rapport de Revue à mi-parcours qui contenait des informations sur tous les projets et programmes ; b) la disponibilité de tout le personnel du Bureau national de l'UNICEF pour donner des informations et participer à des discussions ; c) l'occasion de consulter des parties prenantes extérieures au rôle capital et d'effectuer des visites sur le terrain ; d) le soutien continu du Représentant de l'UNICEF et du Coordonnateur des programmes.

L'évaluation a cependant dû faire face à un certain nombre de difficultés, dont les principales ont été les suivantes : a) l'absence d'une analyse de situation mise à jour, ce qui nous a obligés à mener plus de recherches sur la situation des droits des femmes et des enfants que ce qui était prévu à l'origine, et b) la conception déficiente du PC (absence d'un cadre de résultats clair avec des objectifs et indicateurs *SMART*), et c) l'absence d'un bon système de suivi de la performance. Comme l'évaluation ne peut pas à elle seule compenser ces faiblesses, la présentation des expériences et résultats principaux fait nécessairement rapport des activités et de certains de ces résultats ; par ailleurs, elle conserve une valeur indicative plutôt qu'exhaustive.

### ***Principales constatations et conclusions***

***Rôles et pertinence:*** en comparaison d'autres mécanismes d'aide extérieure, le PC recevant l'aide de l'UNICEF mobilise un montant relativement faible de ressources financières extérieures: une moyenne annuelle d'un peu plus de 15 millions de dollars entre 2001 et 2003. Bien que la mobilisation des ressources extérieures soit relativement modeste par rapport aux budgets des organismes bilatéraux ou des institutions financières internationales, le PC a sur la société cambodgienne une influence qui dépasse la taille relative de sa contribution financière.

Le PC traite d'un vaste éventail de problèmes qui touchent l'enfance: survie des enfants, soins et développement de la petite enfance, enseignement formel et non-formel pour tous les âges, VIH/SIDA, ainsi que les questions de protection spéciale. Le PC et les composantes de son programme jouent une multitude de rôles à divers niveaux (national, provincial, communautaire) et dans différents contextes sectoriels ou thématiques, faisant ainsi preuve de souplesse dans l'utilisation des créneaux et des possibilités offerts et développant toute une série d'avantages comparatifs. Par le biais du CP, l'UNICEF contribue activement à la formulation de législations, politiques et stratégies nationales dans tous les grands secteurs sociaux, et particulièrement la protection de l'enfance, la santé et l'éducation.

Le Plan-cadre des opérations fait figurer la survie des enfants comme objectif spécifique et l'intègre aux fondements logiques de l'existence de 5 programmes sur 6: santé/nutrition, VIH/SIDA, Seth Koma, éducation et plaidoyer/mobilisation sociale. Le PC dans son ensemble aborde un nombre important de grands obstacles directs et indirects et de difficultés auxquels se heurte la survie des enfants au Cambodge.

Le PC a abordé certaines questions spécifiques qui ont été soulevées par le Comité des droits de l'enfant, ainsi qu'en attestent les mesures suivantes : (a) une campagne nationale d'inscription sur les registres de l'état civil (b) des campagnes de sensibilisation contre la traite des enfants et leur exploitation sexuelle ; (c) un cadre politique quinquennal, la formation des forces de l'ordre et la mise en place d'un service téléphonique d'urgence pour les enfants

victimes de mauvais traitements. Ces initiatives ont favorisé une prise de conscience accrue, dans les zones urbaines et rurales du Cambodge, des dangers représentés par la traite et l'exploitation des enfants, et une augmentation du nombre d'incidents signalés et d'arrestations pour crimes sexuels à l'encontre des enfants.

**Conception et centrage.** L'*approche de programmation fondée sur les droits de l'homme* (l'« *Approche Droits* ») bénéficie dans le PC du Cambodge d'une longue tradition, cette méthode ayant même été développée dès le milieu des années 1990 aux niveaux des villages et des communautés. Bien que l'approche des programmes CASD / Seth Koma ait été plus réussie du point de vue des bons processus mais moins réussie pour ce qui est des résultats concrets obtenus dans les secteurs de la santé et de la nutrition (voir sous l'intitulé « efficacité » ci-dessous), la conception du PC actuel énoncée dans le Plan-cadre des opérations contient la plupart des éléments d'une bonne approche de programmation fondée sur les droits de l'homme. Dans sa conception même, le PC vise à la réalisation des droits des enfants au Cambodge, notamment leur droit à la survie, au développement, à la protection et à la participation. Dans ses buts et objectifs il traite également des causes immédiates, sous-jacentes et profondes de la non-réalisation de ces droits. On peut aussi y trouver la plupart des bonnes pratiques de programmation. Bien qu'une certaine attention ait été accordée aux disparités entre les sexes (particulièrement dans l'éducation), il est clair qu'on y insiste beaucoup moins sur la difficulté de promouvoir l'égalité entre les sexes et d'habiliter les femmes.

Le Programme de coopération n'a pas adopté une approche de programmation axée sur les résultats. Il ne figurait pas de cadre logique, ou cadre de résultats, au Plan-cadre des opérations. Le Plan-cadre des opérations se réfère seulement à quatre objectifs généraux (grossesses et accouchements sans risques, meilleur départ possible dans la vie pour les nourrissons, éducation et protection des enfants en âge scolaire, aptitudes pratiques à la vie quotidienne et participation pour les adolescents) et à des objectifs nationaux auxquels le PC apporterait des contributions. Le Plan-cadre des opérations ne précise pas la contribution spécifique du PC à ces objectifs nationaux. Les résultats au niveau des effets sont décrits en termes assez généraux et peu spécifiques, par ex. « appropriation / habilitation » et « connaissances et comportements » au niveau communautaire, ou « politiques sociales » et « programmes nationaux » au niveau national. Il n'y a pas de description des produits attendus. Comme aucune approche logique n'a été élaborée, il n'y a pas d'informations non plus sur les relations horizontales et verticales entre produits, effets et impact.

Les ambitions énoncées dans le Plan-cadre des opérations quant au *centrage*, à la *convergence* et à l'*intégration* ne se sont pas entièrement matérialisées dans le PC actuel. L'intention était de réaliser le PC à travers six « composantes synergétiques », dont la description contenait des références fréquentes aux buts généraux (grossesses et accouchements sans risques, meilleur départ possible dans la vie pour les nourrissons, éducation et protection des enfants en âge scolaire, aptitudes pratiques à la vie quotidienne et participation pour les adolescents). Bien qu'il y ait plusieurs exemples de convergence et d'intégration au niveau des initiatives de projets concrets, il y a encore une convergence relativement limitée au niveau des diverses composantes des programmes.

Le programme Seth Koma, en particulier, ne s'est pas montré à la hauteur de son potentiel de force d'intégration, car il s'est produit un certain « décrochage » entre Seth Koma et d'autres activités de programmation au niveau décentralisé (surtout en ce qui concerne la santé et la nutrition). La réorientation de Seth Koma qui a résulté de la revue à mi-parcours de 2003 et le partenariat stratégique avec le programme Seila augmentent le potentiel qu'a Seth Koma de

surmonter l'isolation relative qui a été la sienne dans le passé et de se raccorder aux politiques et stratégies dominantes de déconcentration et décentralisation du Gouvernement royal du Cambodge.

Le Programme pour les enfants qui ont besoin de protection spéciale a suscité un intérêt et un financement croissants pendant la première moitié du PC, et le programme s'est par conséquent développé dans le secteur de la prévention et de l'intervention précoce sans évaluer les projets de protection nouvellement élaborés et pilotés. De plus, le programme a commencé à aborder une vaste gamme de problèmes, par ex. les soins alternatifs, la traite des enfants, l'exploitation et les abus sexuels, et divers aspects de la protection juridique des enfants (y compris l'enregistrement des naissances) , sans ordre de priorité ni thème central.

**Efficacité.** Le PC actuel peut raisonnablement revendiquer l'attribution de nombreux résultats en termes de processus et de réalisations à tous les niveaux : dans les villages et les communautés, les provinces et le pays dans son ensemble. Ce qu'un PC peut espérer accomplir, peut-être en collaboration étroite avec d'autres organismes du système des Nations Unies, est une série de réalisations dans le domaine des bons procédés, des modifications d'attitudes et des changements institutionnels parmi les parties prenantes, qui sont à la fois des titulaires de droits (enfants, familles, communautés, gouvernement local, société civile, ONG, etc....) et des détenteurs d'obligations (familles, communautés, gouvernement local, société civile, ONG, gouvernement national, organismes d'aide extérieure). La documentation de ces réalisations requiert des objectifs et des indicateurs (parmi lesquels les données de référence), un système adéquat de suivi des performances, d'élaboration de rapports et d'évaluation, et une compréhension claire de la spécificité et de la complémentarité des contributions d'autres parties prenantes. L'absence de ces éléments limite les chances d'évaluer l'efficacité du PC comme il convient.

Le programme *Seth Koma* a été le sujet de plusieurs études et évaluations au cours du PC actuel, ce qui a conduit à certaines constatations quant à son efficacité. Les résultats les plus notoires de Seth Koma pourraient se trouver au niveau du renforcement des capacités des titulaires de droits et détenteurs d'obligations dans les villages bénéficiaires, dans le but de donner un élan au processus de développement. Un résultat plus tangible qui pourrait clairement être attribué à Seth Koma a été l'amélioration de l'accès à l'eau potable et la construction de latrines dans les villages bénéficiaires, bien qu'il n'y ait pas eu d'augmentation significative de l'utilisation des latrines par rapport aux zones contrôlées. Mais tout de même, les familles des villages de Seth Koma étaient mieux informées que celles des villages des zones contrôlées quant à la santé et aux pratiques de soins, ainsi que dans les secteurs de la couverture de l'immunisation et des suppléments en micronutriments. Quoiqu'il en soit, pour ce qui est des autres réalisations tangibles (par ex. amélioration de l'état nutritionnel des mères et des enfants et amélioration des revenus et du recours aux services sociaux), le programme n'a pas été très efficace.

Le PC se concentre sur un certain nombre de questions qui sont essentielles pour la *survie de l'enfant* car elles produiront à court ou à moyen terme des bénéfices évidents, et parce que la contribution effectuée apporte un complément aux activités d'autres instances. Par exemple, au sein du Programme national de vaccination, le PC est axé sur le programme élargi de vaccination-Plus, c'est-à-dire micronutriments et comprimés contre les vers pour les enfants et les femmes. Dans le secteur du VIH/SIDA, pour lequel il existe un soutien extérieur considérable, le PC axe son action sur les compétences pratiques chez les jeunes et les compétences parentales. Mais il y a eu également plusieurs secteurs où les efforts ont été

moindres et où une meilleure attention serait récompensée en termes d'impact sur la survie des enfants, entre autres : le soutien à l'espacement des naissances, la nutrition maternelle, l'accouchement et les soins au nouveau-né, et l'alphabétisation et l'enseignement des compétences pratiques pour les jeunes qui ont quitté l'école. Compte tenu du rôle important des prestataires informels et privés dans la livraison de services pour les bénéficiaires désignés du PC, ce secteur a lui aussi reçu moins d'attention qu'il le méritait.

Le PC a apporté une contribution considérable au cadre politique / législatif des *enfants qui ont besoin de protection spéciale*. Une loi récemment élaborée qui attendait d'être adoptée depuis 2001 a été soumise au Conseil des ministres. Au niveau des interventions sur le terrain, des campagnes de sensibilisation contre la traite et l'exploitation sexuelle des enfants ainsi que de toute une gamme d'autres activités (formation des forces de l'ordre, services téléphoniques d'urgence, base de données des incidents constatés, etc...) ont conduit à une prise de conscience accrue de cette question dans les villes et les zones rurales, et se sont soldées par un accroissement du nombre d'incidents signalés et d'arrestations des auteurs de ces forfaits. Toutes les fois où cela était possible, les politiques nationales ont été alimentées par les expériences sur le terrain. Un bon exemple en est l'enquête sur les soins alternatifs qui a été à la base de l'élaboration ultérieure d'un cadre de réglementation sur les soins alternatifs pour les enfants séparés de leurs parents ou gardiens.

***Durabilité, reproductibilité et intégration des résultats.*** Il n'existe pas de moyens de vérifier ce qui s'est passé pour les villages et les communautés qui recevaient plus ou moins directement le soutien de *Seth Koma*, mais où l'aide extérieure a été réduite ou même retirée. Depuis 2003 au moins, le programme *Seth Koma* a réduit son soutien direct, qui avait fait l'objet d'une aide pendant de nombreuses années à de nombreux endroits, pour se concentrer sur le niveau communal et la coopération avec le programme *Seila*. Il n'y a pas non plus d'indice vérifiant directement si les modèles introduits par *Seth Koma* ont été utilisés et / ou adaptés par des partenaires nationaux ou extérieurs en dehors des zones et provinces du projet *Seth Koma*.

Il n'y a eu aucun objectif déclaré de durabilité et de reproductibilité des activités principales ayant trait à la *survie de l'enfant*, et rien ne permet de penser que les activités ont été choisies en fonction de leur durabilité et de leur reproductibilité. L'effort principal visant à intégrer des interventions ou une expérience de nature à créer un impact sur la survie de l'enfant s'est fait par un travail sur la politique et les consignes nationales (entre autres l'utilisation d'études pilotes ou de cas types) et au niveau provincial, par le soutien à la planification et à la mise en œuvre des services par le secteur public. Toutefois, la viabilité des importants efforts déployés dans ce PC pour la survie de l'enfant est considérée peu probable à court et à moyen termes, dans la mesure où ils dépendent du financement et du soutien technique de l'UNICEF. Le développement ou la reproduction d'initiatives réussies au-delà de leurs champs d'exécution demandera également un financement et un soutien technique de l'UNICEF ou d'autres partenaires.

En ce qui concerne le *programme Protection de l'enfance*, les activités de soutien aux enfants dans la période suivant les conflits sont celles qui ont le palmarès le plus ancien. Certains cas de durabilité et d'intégration relatives peuvent être signalés, par ex. le Système d'informations sur les victimes des mines au Cambodge (« CMVIS »), base de données bien établie, exhaustive et bien utilisée. Certains pensent qu'on pourrait utiliser le CMVIS comme modèle et l'appliquer à la collecte de données sur d'autres questions ayant trait à la protection. Toutefois, compte tenu de la complexité qu'il y a à conceptualiser les problèmes de protection de l'enfance, la difficulté dépasse le cadre de la collecte de données. La création de réseaux et de structures est nécessaire, mais pas suffisante pour assurer une amélioration de la protection de

l'enfance. Les mécanismes de recommandation sont limités à cause de la rareté des services sociaux. Le personnel qualifié est insuffisant. Le PC essaie de développer la formation au sein des services sociaux, mais il est encore trop tôt pour s'attendre à une durabilité et une intégration sans la disponibilité de services et soutien extérieur.

### ***Orientations stratégiques et recommandations***

***Considérations générales.*** L'EPC avalise l'opinion de la direction actuelle du PC, qui estime que l'on n'a pas besoin d'effectuer des changements importants dans le programme en dehors de ce qui est requis en termes de réajustements du cadre politique gouvernemental (notamment la stratégie nationale de lutte contre la pauvreté) et de ce que demandent le Bilan commun de pays et le Plan-cadre des Nations Unies pour l'aide au développement. En accord avec la direction du PC, l'EPC fait des recommandations portant sur la contribution du PC à la déconcentration et la décentralisation, sur les questions ayant trait à la survie de l'enfant aussi bien que sur les programmes axés sur les enfants qui ont besoin de protection spéciale. Le PC recommande certains réajustements liés à la méthode de programmation fondée sur les droits de l'homme, la gestion axée sur les résultats et le suivi et l'évaluation des performances.

***Déconcentration et convergence.*** La réorientation du programme Seth Koma qui a été entreprise durant la revue à mi-parcours de 2003 lui a conféré une signification potentielle beaucoup plus importante dans sa contribution aux politiques et stratégies nationales. Elle a transformé ce programme, qui n'était qu'un ensemble d'activités discrètes au cas par cas dans les communautés et les villages et n'avait même pas de lien avec d'autres composantes de la programmation du PC – en approche dotée de chances accrues de reproductibilité et d'intégration parce qu'elle fait partie d'un effort national appuyé par un mécanisme de soutien extérieur consolidé et coordonné.

Ce changement de priorité, qui est passé du niveau du village et de la communauté à celui des conseils communaux, entraîne un certain nombre de nouveaux défis qu'il faudra relever. Bien que ce soit une excellente initiative de mobiliser les conseils communaux au-delà de la simple planification et budgétisation des projets d'infrastructure et de les faire participer aux questions liées à la réalisation des droits des enfants, et surtout dans les domaines de la santé et de l'éducation, il y a encore un manque de clarté sur les rôles que devraient jouer les conseils communaux à cet égard. Il sera important de faire figurer ces questions à l'ordre du jour des conseils, de s'assurer que leurs membres sont disposés à les traiter avec toute la motivation nécessaire (par ex. en comptant des femmes au nombre de leurs membres) et que des comités spécialisés soient mis sur pied pour s'occuper des droits des enfants et des femmes. Ce sont là des mesures nécessaires, mais pas suffisantes. Il faut engager un processus qui déterminera quelles responsabilités devraient assumer les conseils communaux sur ces questions sociales. Il est aussi nécessaire de se livrer à une analyse de capacités plus fine qui servira de base à un programme de nature à les renforcer.

Aussi important soit-il de clarifier ce que seraient les tâches et les responsabilités des conseils communaux, il est tout aussi important de déterminer ce dont ils ne devraient *pas* s'occuper directement. Au cours des années, les divers ministères responsables ont, souvent avec le soutien de l'UNICEF, été à l'origine de la création d'associations, par ex. celles qui favorisent les bonnes pratiques de soins à la mère et à l'enfant (groupes de soutien aux mères), celles qui appuient une bonne éducation (associations de parents et de maîtres), et celles qui gèrent l'infrastructure de l'eau potable et de l'assainissement (groupes d'utilisateurs de l'eau). Il

conviendrait toutefois de déterminer quelle devrait être la relation entre ces associations et, par exemple, le comité d'enfants et de femmes du conseil communal.

Dans son nouveau rôle, le programme Seth Koma devrait aussi tirer les enseignements du passé et comprendre qu'il lui faut être beaucoup plus étroitement lié aux compétences techniques pour avoir des résultats significatifs en termes de modifications du comportement et de changements institutionnels, par ex. dans le secteur de l'amélioration des pratiques alimentaires et sanitaires.

Les documents de politique fondamentaux sur la déconcentration et la décentralisation soulignent le besoin d'intégration horizontale des programmes des ministères responsables à tous les niveaux. Des consignes spécifiques sont encore en cours d'élaboration au titre de la formulation respective du cadre stratégique. Dans la mesure où le PC recevant l'aide de l'UNICEF doit apporter une contribution active à ce processus national, il devra venir à bout de son propre « effet de compartimentalisation » et mettre au point un modèle d'intervention plus convergent au niveau de la province, du district, de la commune et du village. Seth Koma peut devenir une force d'intégration importante, s'il réussit à délimiter avec chacun des autres programmes des secteurs concrets de coopération et des initiatives communes de développement. Cela devrait être une partie importante de l'élaboration de stratégie au titre de la préparation du PC prochain.

**Survie de l'enfant.** Le prochain PC devrait réaffirmer l'importance prioritaire du droit à la survie comme objectif primordial au sein duquel les contributions de chaque secteur et de chaque programme peuvent être définies d'une manière logique et interactive. Réussir à réduire la mortalité infantile (OMD-4) sera étroitement lié à la lutte contre la faim (OMD-1), à l'amélioration de l'éducation (OMD-2), à la santé maternelle (OMD-5), à la réduction de l'inégalité entre les sexes (OMD-3), à l'amélioration de l'accès aux services d'assainissement et à l'eau potable (OMD-7), ainsi qu'à une interaction réussie entre les entités gouvernementales sectorielles et locales.

Compte tenu du fait que certaines de ses difficultés s'inscrivent dans le long terme, il est recommandé que le PC 2006-2010 soit conçu comme la première étape d'une stratégie en deux temps qui couvrira la décennie qui se terminera en 2015, date butoir des OMD. Ce PC dit « de première étape » pourrait particulièrement traiter des facteurs *sous-jacents* qui causent des taux de mortalité élevés ; de surcroît, il testerait et diffuserait des moyens réalistes de surmonter les obstacles les plus *directs*, moyens qui pourraient passer à une échelle nettement supérieure dans le « PC de deuxième étape » (2011-2015).

Au sein de ce cadre sur dix ans, il est proposé que le prochain PC (2006-2010) adopte deux grands objectifs : a) une mise en œuvre améliorée des interventions concernant la survie de l'enfant menées par les pauvres de milieu rural au moyen d'un soutien multisectoriel intensifié ; b) l'habilitation des jeunes d'aujourd'hui, en tant que parents de demain, pour une éducation des enfants planifiée et réussie. Ce groupe sera constitué des parents de jeunes enfants pendant les cinq années conduisant à 2015.

Il faudrait considérer entre autres au titre du premier objectif : a) la traduction des OMD et des mesures qui y sont liées en cibles intégrées aux plans de développement des provinces, des districts et des communes et dont on puisse surveiller la progression ; b) la mise à l'épreuve d'un modèle amélioré de mobilisation sociale et de promotion de la santé pour l'habilitation des communautés rurales pauvres ; c) la production de mesures incitatives axées sur les résultats et le soutien nécessaire pour développer et mettre en œuvre des interventions clés portant sur

les comportements qui ont trait à la santé, l'éducation, de l'eau de l'assainissement ; d) le maintien et l'expansion du Fonds de Placements pilote tout en recherchant des options et des partenariats pour le faire passer à l'échelle supérieure ; e) l'exploration des rôles les plus appropriés que puisse jouer le PC dans le recrutement d'organisations des secteurs public et privé pour améliorer la survie de l'enfant. Le second objectif serait réalisé par l'adoption de mesures destinées à améliorer les connaissances et les comportements des jeunes et de leurs prestataires de services, et à renforcer le soutien communautaire dont bénéficie ce groupe.

En décidant de la stratégie générale qui convient pour améliorer la survie de l'enfant dans le PC prochain, il est recommandé que l'UNICEF aborde plusieurs problèmes importants. D'abord, il faut mettre en place un *financement récurrent et continu* et *établir un lien entre les dépenses et les résultats*. Il faut que les populations pauvres aient davantage recours à des services de santé qualifiés pour réduire le nombre de décès provoqués par des infections respiratoires et d'autres maladies de l'enfance. Toutefois, le gouvernement ne dispose pas d'un budget de fonctionnement suffisant pour la santé, même au niveau présent d'utilisation de ses services, et une proportion relativement faible de fonds extérieurs est utilisée pour faire face aux charges de service renouvelables. Le PC recommande l'expansion du modèle du Fonds de Placements piloté à Svay Rieng, son incorporation au Plan stratégique du secteur de la santé, et son financement.

Alors que l'UNICEF dispose de toute une gamme de partenariats techniques et financiers efficaces pour certains projets ou sous-programmes bien définis du secteur de la santé, les relations sont moins claires pour le renforcement du système de zones, surtout dans les provinces prioritaires pour l'UNICEF. Alors que les partenariats avec d'autres organismes des Nations Unies sont considérées comme cordiaux et productifs, on a l'occasion lors de la préparation du nouveau PC de passer en revue toutes ces relations, en étant particulièrement attentif aux secteurs dans lesquels les rôles pourraient être réajustés, et de s'assurer que les organismes des Nations Unies présentent une démarche cohérente lors du travail de coordination avec les autres partenaires.

Le soutien à la communication a, dans le PC actuel, mis l'accent sur deux secteurs : (1) un plaidoyer de haut niveau et (2) des approches médiatiques aux changements d'attitudes, en veillant à la nécessité de fournir aux agents de santé l'équipement nécessaire pour se livrer à un travail de communication interpersonnelle. Evaluer la réussite de ces approches sera utile dans le travail de conception du PC prochain. De plus, il conviendrait d'accorder une attention particulière à une promotion de la santé qui soit « adaptée au décor », c'est-à-dire qui tienne compte de l'environnement particulier dans lequel le changement doit s'opérer et qui mette en jeu une participation locale à la planification et à la conduite d'un éventail d'activités réalistes et se renforçant mutuellement pour une communauté déterminée. L'UNICEF explorerait la mise en œuvre de cette approche dans le PC prochain, tout en se livrant au travail d'analyse nécessaire pour identifier les obstacles importants que dresse l'environnement contre le changement de comportements souhaité, et en concluant des alliances pour le renforcement du soutien communautaire.

**Enfants ayant besoin de protection spéciale.** Les origines du programme « Enfants ayant besoin de protection spéciale » étaient étroitement liées à la situation d'après-conflit qui régnait jusqu'au milieu des années 1990. A l'heure actuelle, il y a encore beaucoup d'intérêt chez les bailleurs de fonds pour les mines terrestres et d'autres aspects de cette situation après-conflit. L'UNICEF demeure un partenaire privilégié dans ce processus. Il est vraisemblable que les problèmes de l'après-conflit s'atténueront avec le temps, même si c'est un processus progressif. Lorsque les capacités seront là, l'UNICEF devrait trouver une stratégie de sortie vis-

à-vis des activités liées aux mines terrestres et identifier de nouveaux problèmes de protection en essayant de reproduire des modèles viables (par ex., collecte de données).

Apparemment, le programme « Enfants ayant besoin de protection spéciale » a été à ce jour quelque peu axé sur des problèmes particuliers, et a aussi beaucoup dépendu des financements accordés par les bailleurs de fonds. La notoriété publique de certaines questions (par ex. traite des enfants) a détourné l'attention d'autres formes de négligence, d'abus, de violence ou d'exploitation moins connues, mais peut-être aussi sérieuses ou même plus importantes. Il faut s'appuyer sur les éléments les plus structurels du PC actuel, éviter le simple « activisme » sur des questions spécifiques, et adopter une démarche aussi systématique et programmatique que possible vis-à-vis des questions de protection.

Une démarche plus programmatique pour le programme « Enfants ayant besoin de protection spéciale » pourrait s'articuler autour de quatre grandes dimensions, dont chacune décrirait une contribution à apporter pour combler d'importantes lacunes de la capacité nationale : a) *recherche, suivi et plaidoyer* ; b) *réforme juridique et conseils de politique* ; c) *expérimentation d'interventions sur les nouveaux problèmes de protection* ; d) *capacité directe de protection*. Les conseils de politique et le soutien à la réforme juridique, en particulier le renforcement des capacités dans les secteurs du maintien de l'ordre et de l'aide juridique, devraient constituer à l'avenir le noyau du programme. Le Gouvernement royal du Cambodge et l'UNICEF devraient s'engager dans un exercice de visualisation à long terme et mettre sur pied un plan d'action avec en toile de fond les OMD du Cambodge et les politiques sociales générales du gouvernement de ce pays. Ce Plan d'action devrait définir les objectifs-cibles à atteindre concernant toutes les grandes questions au cours des cinq prochaines années (cela a déjà été fait pour l'enregistrement des naissances, qui devrait atteindre 50 pour cent en 2005).

**Approche de programmation fondée sur les droits de l'homme.** Bien que l'Approche-Droits ait bénéficié d'une attention appropriée dans la conception et la mise en œuvre du PC actuel, l'accent n'a pas été suffisamment mis sur l'égalité des sexes et l'autonomisation de la femme. L'OMD 3 vise à éliminer les disparités entre les sexes dans l'éducation primaire et secondaire, de préférence à l'horizon 2005, et à tous les niveaux d'ici 2015, mais il aborde aussi l'objectif plus ambitieux d'atteindre l'égalité entre sexes dans l'éducation et dans toutes les sphères de la société pour tous les groupes d'âge, ce qui est un projet beaucoup plus complexe et ambitieux que la parité des sexes.

La démarche axée sur l'égalité et l'autonomisation des sexes a des implications qui vont bien au-delà du secteur de l'éducation. Dans pratiquement toutes les sphères du développement, il entraîne la remise en question de stéréotypes qui, historiquement et culturellement, déterminent la question des rôles respectifs des filles et des garçons, des femmes et des hommes. Il est non seulement nécessaire de travailler en collaboration étroite avec les femmes et les filles, mais également avec les hommes et les garçons et le public dans son ensemble sur l'élimination du sexisme et de la discrimination. Les enfants qui atteignent la puberté ont besoin d'une attention particulière, et l'accent mis sur l'égalité des sexes doit être intégrée à l'enseignement des savoir-faire de la vie quotidienne. Le besoin existe également d'un suivi contextuel et holistique permanent et d'une analyse évaluative dûment rapportée des relations entre les sexes. A tous les niveaux et avec tous les partenaires, il faut renforcer la sensibilité aux questions sexospécifiques et améliorer les capacités respectives dans les efforts de programmation. Pour améliorer la sensibilité aux questions sexospécifiques, il faut pouvoir disposer, dans tous les secteurs, de données décomposées par sexe. Toutefois, il est plus important encore, même si l'autonomisation des femmes est l'objectif ultime, d'aborder la question des relations entre les

sexes dans toutes les démarches programmatiques destinées à la fois aux filles et aux garçons et aux femmes et aux hommes.

Le PC recommande que soit réactivé le groupe de travail des responsables de la coordination pour l'égalité des sexes au sein du bureau national de l'UNICEF, et peut-être qu'il soit élargi à des organisations partenaires gouvernementales et non gouvernementales. Un réseau fonctionnel de responsables de ce type dans les divers ministères responsables peut être un bon outil pour attirer davantage l'attention du gouvernement sur l'égalité des sexes et l'autonomisation des femmes. Un autre outil important pour mettre l'accent sur l'égalité des sexes est une politique visant spécifiquement à la parité des sexes à la fois dans le recrutement à l'UNICEF et dans les ministères responsables et les ONG partenaires. Bien que certains progrès aient été réalisés au bureau national de l'UNICEF, il existe encore une notoire disparité des sexes, surtout dans le personnel cambodgien. Les disparités de sexes sont beaucoup plus prononcées dans les institutions gouvernementales nationales, et pourtant il existe une politique visant à accroître la présence des femmes à tous les niveaux.

**Gestion axée sur les résultats et suivi et évaluation des performances.** La gestion axée sur les résultats fait partie du cadre *commun* pour 2006-2010, sur lesquels les organismes de la famille de l'ONU au Cambodge se sont mis d'accord en octobre 2004. Le Plan-cadre des Nations Unies pour l'aide au développement est lié à la Stratégie rectangulaire 2004-2008 ainsi qu'au nouveau Plan de développement national. Le Plan-cadre des Nations Unies pour l'aide au développement est formulé avec à l'esprit les Objectifs du millénaire pour le développement du Cambodge ainsi que le besoin de tenir compte des droits de l'homme.

L'occasion se présente de renforcer le prochain PC en appliquant les principes et pratiques de base de la gestion axée sur les résultats. Une analyse de causalité devra être suivie d'un soutien à la mise en œuvre sous forme d'expérimentation (limitée dans le temps), d'analyse de capacité et d'identification de partenaires et d'interventions, dont le but sera de combler les lacunes de capacité (surtout pour influencer sur les politiques et les stratégies). La planification d'une programmation axée sur les résultats devra démontrer la relation de cause à effet entre les résultats souhaités à différents niveaux (produits, réalisations et impacts). La somme des interventions prévues devrait suffire à atteindre les résultats escomptés. Le cadre logique du PC recevant l'aide de l'UNICEF devrait être aligné sur la matrice des résultats du Plan-cadre des Nations Unies pour l'aide au développement, condition requise pour le Plan d'action du programme de pays qui succède au Plan-cadre des opérations.

L'adoption récente dans le PC du Cambodge d'un Plan intégré de Suivi et d'Évaluation (PISE) sur cinq ans est importante car elle identifie les besoins de données et d'informations analytiques et qu'elle planifie le suivi et l'évaluation en relation avec les temps forts de la mise en œuvre du PC. Une fois qu'il existera un cadre logique adapté, les études et évaluations pourront mesurer les résultats vis-à-vis des bases de référence et situer ces résultats dans le cadre plus large du travail accompli pour le développement.



## **1. INTRODUCTION**

### **1.1 Context and justification of the evaluation**

This Country Programme Evaluation (CPE) concerns the ongoing 2001-2005 Country Programme of Cooperation (CPC) of the Royal Government of Cambodia (RGC) and UNICEF. The UNICEF Country Office in Phnom Penh, upon a recommendation of the East Asia and Pacific Regional Office (EAPRO) and after consultation with the Ministry of Planning of the RGC, requested that the strategic directions for the new CPC (2006-2010) be informed by a CPE.

The CPE builds on the Mid Term Review of the CPC conducted in October 2003 and contributes to strategy development for the new CPC that is scheduled for the latter half of 2004 and the first quarter of 2005 (UNDAF and UNICEF strategy paper).

The exercise has been coordinated by the Ministry of Planning of the RGC and the UNICEF Country Office in Phnom Penh with support from the Evaluation Office at New York Headquarters (NYHQ) and the East Asia and Pacific Regional Office (EAPRO).

The CPE Cambodia is a pilot case of the DFID funded Project for CPE Methodology and Guidance Development, which is being implemented by the Evaluation Office at New York Headquarters. The CPE Project serves UNICEF's goal stated in the Medium-Term Strategic Plan (2002-2005), to make Country Programmes of Cooperation more effective in terms of focus, implementation strategies and coordination within UNDAF and with other development partners.

### **1.2 Purpose, objectives and scope of the evaluation**

#### ***Purpose***

As stated in the TOR (cf. Annex 1), the main purpose of the CPE Cambodia is to support the strategy development process for the next CPC (2006-2010). The new CPC should ideally align its objectives, targets and indicators with the Government's development priorities and targets expressed in the planned National Strategic Development Plan (2006-2010), which will be based on the National Poverty Reduction Strategy (2003-2005), the Socio-Economic Development Plan II (2001-2005), the Cambodia MDG Report (2003) as well as the Rectangular Strategy (2004). However, the process to develop the NSDP will only begin at about the same time that the Cambodia CPC has to be completed.

For UNICEF, it is also important to assess progress made on the Human Rights Based Approach to Programming HRBAP) and Results Based Management as well as the alignment of the CPC with organizational priorities defined in the Medium Term Strategic Plan (MTSP) and the goals until 2015 (World Fit for Children, the Millennium Declaration and Millennium Development Goals).

#### ***Objectives***

The objectives of the CPE Cambodia stated in the TOR are:

- a) Assess the role and relevance of the CPC Cambodia (i) as to the situation of children and women in the country and (ii) in the context of national policies and strategies, and (iii) as a reflection of international norms and standards concerning children's rights (especially CRC and CEDAW);

- b) Assess design and focus of the CPC, i.e. the quality of the formulation of objectives and strategies and more specifically, to what extent and in what ways the Human Rights Based Approach to Programming as described in Executive Directive CF/EXD/1998-004 has been reflected in the design and implementation of the current CPC;
- c) Assess the niche and comparative advantage of the CPC Cambodia in relation to strategies and activities of other national and external partners that contribute to the realisation of children's and women's rights;
- d) Assess progress made in the realisation of the objectives (effectiveness) of the CPC 2001-2005 and a selection of its programmes and projects;
- e) To the extent possible, assess the efficiency of the Programme and its components, i.e. the relation between its cost and its results;
- f) Assess resource mobilisation of the Programme (Regular and Other Resources of UNICEF) as well as budget realisation;
- g) Analyse to what extent activities and results are sustainable at their respective levels (communities, intermediate or higher level institutions) and / or replicable and showing the potential to be mainstreamed in the national context;
- h) Contribute to CPE methodology and guidance development conducted by UNICEF and other partners in other countries.

### **Scope**

Country Programme Evaluations are intended as strategic exercises at the programme level and do not usually involve evaluations of individual activities and projects. To avoid unnecessary transaction costs for national and external partners, they should be well focused on specific themes and sectors.

Given the size and complexity of the CPC Cambodia and also on the basis of explicit suggestions of UNICEF Cambodia management, it was decided at an early stage that the CPE in Cambodia would focus on three programmes of the CPC:

- a) The Seth Koma (Child Rights) Programme in order to further develop the links instituted during the MTR of 2003 to Cambodia's new policies of decentralisation and deconcentration;
- b) Health and Nutrition Programme and aspects of other programmes (especially HIV/AIDS) to the extent that they are relevant to improving child survival, in the context of the High-Level Meeting on Child Survival in Phnom Penh in May-June 2004;
- c) The Programme for Children in Need of Special Protection (CNSP) that is characterized by a large number of innovative interventions, which may need to be adjusted and also better coordinated with other development partners.

It was also decided that the CPE would focus on three strategic dimensions that received relatively little attention in the MTR of 2003 and that are usually addressed in CPEs:

- a) The alignment and contribution of the CPC to evolving national policy frameworks, especially as far as the progressive realisation of the rights of children and women are concerned;
- b) The partnerships and strategic alliances that need to be developed at all levels to mobilize an effective response to the challenges of realizing children's and women's rights;

- c) The implementation of the Human Rights Based Approach to Programming (HRBAP) of UNICEF and the application of Results Based Management (RBM) in the CPC.

The dimension of *efficiency* has not been evaluated in this CPE. The CPC Cambodia shares a key feature of most UNICEF supported Country Programmes in that there is little information on the *cost* of the operations, especially as far as contributions from partner governments and other partners (civil society, NGOs etc.) are concerned. Moreover, even if results are more or less clearly stated (which is by no means always the case), there is usually little information on economic aspects of these results. It is hence impossible to assess whether results have been achieved at a reasonable cost, which is the key question related to efficiency.

The CPE has also not given special attention to other aspects of efficiency, such as human resource planning and management and the supply function. There is, however, some information on and an assessment of the mobilization of human and financial resources by UNICEF and aspects related to the financial expenditure during the current CPC (2001-2005).

### **1.3 Evaluation methods**

#### ***Links with the MTR of 2003***

The CPE Cambodia builds on the outcome of the MTR conducted in 2003. As stated in UNICEF's Programme Policy and Procedure Manual (PPPM Revision of June 2004), the MTR examined, how the experiences of the CPC could be used by national partners, made provisions for mid-course adjustments in the programme design, assessed whether modification in CPC results, strategies and content and the distribution of funds were warranted, derived major lessons learned and recommended application of these lessons to the subsequent CPC.

The UNICEF Country Team and its national partners conducted a comprehensive and rigorous MTR in 2003. All programmes and projects were assessed with participation of all stakeholders. Five Working Groups representing all programmes except Expanded Basic Education (this programme had just been the subject of an external evaluation) assessed achievements against planned objectives and targets in the Master Plan of Operations (MPO) 2001-2005 in terms of inputs and outputs as well as the impact in some cases. An analysis was also made of factors explaining success or failure.

Participants and observers found that the MTR entailed a high transactional cost in terms of staff time and resources. Key partners in the RGC, in civil society and external support agencies are required to participate in a large number of planning, review and evaluation activities and there is a growing consensus that these processes need to be streamlined and coordinated to the largest possible degree.

Despite its scope and intensity, the MTR could not have answered all strategic questions that need to be addressed for future strategy development. CPC management solicited an externally facilitated CPE that would be broader in scope (i.e. beyond individual projects and programmes) to consider CPC performance in terms of its contribution to the progressive realization of children's and women's rights in Cambodia. The transaction cost of this exercise was to be kept as low as possible.

Cambodia is the first pilot case in which the CPE *followed* an MTR. In earlier pilots the CPE has preceded or coincided with the MTR. The Cambodia scenario has the advantage that the CPE can build on results of the MTR and really focus on strategic issues. The challenge is, however,

to maintain stakeholder participation in the validation and triangulation of evaluation results while minimising the transactional cost.

### **Key methods**

*Key methods* for the conduct of the evaluation were:

- a) A comprehensive desk review of external and internal documents relevant to past and current Country Programmes, including reports to and recommendations of the CRC Committee;
- b) A review of past and recent studies, reviews and evaluations of projects and programmes;
- c) An extensive round of interviews / focus group discussions with key stakeholders in the past and present Country Programmes
- d) Field visits to selected provinces, districts and communities to gain first-hand information of the implementation of projects and programmes in Otdar Meanchey, Battambang, Banteay Mean Chey, Kampong, Svay Rieng and Prey Veng Provinces .
- e) An inception report and an annotated outline of the final report containing major lines of analysis as interim products of the CPE
- f) A participatory workshop during which main findings, conclusions and recommendations of the evaluation were discussed, and
- g) A final CPE report

In many cases the CPE has relied on insights and analysis of UNCEF staff in Cambodia and these contributions are gratefully acknowledged by the CPE team.

All information has to the extent possible been triangulated and validated. Findings, conclusions, recommendations and lessons learned should clearly be user-oriented and contribute wherever possible during strategy development for UNDAF and the next Country Programme.

The evaluation takes into consideration commonly agreed evaluation norms and standards (OECD/DAC and Evaluation Associations) to ensure *utility* (ownership by stakeholders), *feasibility* (political viability and cost-effectiveness), *propriety* (impartiality, respect of rights of stakeholders, cultural sensitivity) and *accuracy* (adequate information).

## **1.4 Organization and factors affecting the evaluation process**

Preparation for the CPE Cambodia started at the end of January 2004, when an agreement in principle was reached with the Ministry of Planning and the UNICEF Country Office and terms of reference were drafted.

The CPE was conducted by staff of UNICEF Evaluation Office at New York Headquarters, supported by two consultants, a national gender specialist and an international public health expert. The health expert joined the team in September 2004. Due to unforeseen circumstances, the original plan to implement the evaluation entirely through a consultant team could not be materialized.

The actual evaluation process started in May / June 2004. This first stage resulted in an *inception report* defining the approaches and methods chosen for the evaluation as well as a timetable of activities to be undertaken. The report also accounted for evaluation activities

undertaken during a three week visit of expatriate members of the team to Cambodia (24 May - 13 June 2004).

The second stage of the evaluation process was completed in September 2004 and resulted in an *annotated outline* of the present report, on which agreement was reached with the UNICEF Country Team and its partners. Additional documents were identified and interviews both in Phnom Penh and in the Provinces were conducted, especially in fields related to challenges of child survival.

A final stage of the evaluation process took place in November 2004, when emerging findings, conclusions and recommendations were discussed during a two-day workshop in Phnom Penh. This workshop was an important step in the process of validation and refinement of the results of the evaluation. The workshop coincided with the beginning of strategy development in the Country Office.

It was foreseen that the CPE would interact closely with the new Situation Analysis that was to be carried out more or less simultaneously with the CPE. In practical terms, there were some delays in the implementation of the new Situation Analysis so that the results could not be taken fully into consideration for this CPE.

The CPE will hence refer to data of Situation Analyses of 1995 and 1999, which guided the design of the current CPC. Both the MPO and the MTR contain brief updates of the situation of children and women in Cambodia. It should be mentioned that the most recent primary collections of statistical data were the Census of 1998, the Demographic and Health Survey of 2000 and the more recent Education Management Information System review.

Factors that favourably affected the evaluation process were a) the existence of a comprehensive MTR report containing information on all projects and programmes, b) the availability of all staff of the UNICEF Country Office for information and discussion, c) the opportunity to consult with key external stakeholders and make field visits, d) continuous support from the UNICEF Representative and the Senior Programme Officer.

The evaluation did face a number of challenges, the most important of which were the following: a) the absence of an updated Situation Analysis, which made it necessary to do more research on the situation of children's and women's rights than originally planned; and b) like in other pilot CPE, the weak design of the CPC (absence of a clear results framework with "smart" objectives and indicators) as well as a good performance monitoring system (see 4.2.). As the evaluation cannot by itself compensate for these weaknesses, the presentation of main experiences and results (see section 3.4.) will necessarily have to report on activities as well as some results and also remain illustrative rather than comprehensive.



## 2. THE EVOLVING NATIONAL CONTEXT

### 2.1 The situation of children and women in Cambodia and international commitments of the RGC

#### ***Situation Analysis 1999 and updates on basis of DHS 2000 and the Education Management Information System***

An important point of departure of the CPC 2001-2005 was the Analysis of the Situation of Children and Women of 1999, which built on the Situation Analysis of 1995. The MTR Report of 2003 contains a brief update of key indicators on the basis of the Cambodia Demographic and Health Survey of 2000 and also reports on progress made during the period under review. The main findings may be presented under the headings of the main categories of children's rights (with figures from the 2000 DHS mentioned in the MTR Report of 2003):

- a) The right to survival of children in Cambodia was far from being fulfilled, as indicated by high IMR (95/1,000 live births) and U5MR (124/1,000 live births). The MMR was estimated at 473/100,000 live births. On the positive side, the number of reported measles cases (one of the most significant causes of child mortality) decreased by over 90 percent from 1999 to 2002 thanks to the success of country-wide supplementary immunization activities. The polio-free status of Cambodia declared in 2000 has been maintained with a high-quality surveillance system.
- b) The right to development is beyond the reach of a large number of children, highlighted by
  - the high levels of severe and moderate malnutrition: 45 percent of children under five years being underweight and 45 percent stunted; 63 percent prevalence of anemia in children aged 6-59 months and 58 percent in women aged 15-49 years; 12 percent of children aged 8-12 years having goiter; low (only 14 percent of households) use of iodized salt; and high prevalence of Vitamin A deficiency in pregnant women;
  - unsatisfactory school enrolment, high repetition and dropout rates due to the poor quality of education; during the period under review, some progress was made in access to basic education and the gender gap has narrowed; and
  - psychological, social and economic consequences of decades of war and social turmoil on caring practices and relations within the family, the community, and society at large.
- c) The right to protection is denied from birth due to the low rate of birth registration, leading to difficulties in providing legal protection to children. The MTR also mentions child trafficking and sexual exploitation, street children, child labour, children in post-conflict situations, disability and children in conflict with the law.
- d) The right to participation is still not realized on a large scale. There are, however, some interesting initiatives such as the Children's Committee, which was established in 1995, and which conducts activities related to the promotion of child rights.

The Situation Analysis of 1999 emphasizes that education, particularly of girls, is a critical strategy in order to break the inter-generational cycle of social and economic disparities, exploitation, illiteracy, poverty and environmental degradation, and to improve the situation for their own children. The document states that the education level of the mother is closely associated with the nutritional well-being of her children, and is a critical factor in improving maternal and childcare. Better-educated mothers are more likely to provide their sons and daughters with equal schooling opportunities, they have a higher life expectancy and their children have better chances of survival (Situation Analysis 1999, p. 15).

### ***Follow-up to the World Summit for Children (1990), Recommendations of the Committee on the Rights of the Child (2000) and “A Cambodia Fit for Children” (2004)***

Due to political conditions prevailing in Cambodia at the time, the RGC did not participate in the WSC. But Cambodia ratified the Convention on the Rights of the Child (CRC) in 1992 and subscribed to the Summit Declaration and Plan of Action in 1993. The 1993 Constitution of the Kingdom of Cambodia specifically protects and promotes the rights of women and children. The global goals for children were adopted in the *First Five Year Socio-Economic Development Plan* (1996-2000). Moreover, the *Cambodian National Council for Children (CNCC)* was established by the RGC in 1995 and a *National Plan of Action* was elaborated in 1998. The RGC prepared a brief *National Report of Cambodia* on the Follow-Up to the World Summit for Children in 1991.

In 1998, the RGC presented a first State Party Report to the Committee on the Rights of the Child, which was considered by the Committee in 2000. The concluding observations highlighted a number of areas of concern and recommendations covering all categories of child rights, and UNICEF was explicitly mentioned as a source of assistance in most areas.

As a follow-up to the United Nations General Assembly Special Session on Children (UNGASS) in 2000 and the outcome document “A World Fit for Children”, the RGC set out its policies, plans and strategies in a document entitled “A Cambodia Fit for Children”. The RGC committed itself to focus on the following four priorities: a) Reduction of maternal and infant mortality; b) Quality education and reduction of gender disparities, c) Fight against HIV/AIDS, d) Child protection, particularly against drug abuse, trafficking, exploitation and abuses.

### ***Cambodia Millennium Development Goals Report 2003***

Since 1999, Cambodia has implemented a macroeconomic framework aiming at achieving long-term economic growth and sustainable development. Despite steady economic growth, poverty has not declined significantly between 1994 and 1999.

Building on a first MDG Report of 2001, the Report of 2003 contextualized the MDGs to better reflect Cambodian realities. The Report provides a diagnosis of Cambodia’s major policies and programmes and identifies major challenges to reach the Cambodia MDGs.

The report concludes that there is a potential that most targets of the Cambodia MDGs will be met, but expresses reservations, as far as the following dimensions are concerned: a) reduction of gender disparities in upper secondary and tertiary education, b) elimination of gender disparities in government, c) a reduction of the U5MR and MMR; d) Moving towards zero impact from landmines and UXOs by 2012 (the latter despite strong commitment from the RGC).

It is noteworthy that all the areas mentioned as relatively problematic are priority areas for the UNICEF supported CPC.

## **2.2 SEDP II , NPRS 2003-2005, and “Rectangular Strategy”**

Reducing poverty is the overarching development objective of the Royal Government of Cambodia (RGC) along with the objective of economic growth with equity. In this regard, the major initiatives have been the second Five-Year Socio-Economic Development Plan (SEDP II, 2001-2005) and the full Poverty Reduction Strategy Paper (PRSP) of 2003, both of which form part of the government’s National Poverty Reduction Strategy (NPRS) for 2003-2005.

### ***Social and Economic Development Plan (SEDP II) 2001-2005***

The *SEDP II* is intended to provide the planning and expenditure framework for a five-year plan covering the role of government and the broad objectives of development policy, an indicative planned breakdown of growth and investment targets by sector and procedures for setting and revising the strategic planning and expenditure framework and the responsibilities of key agencies. The *SEDP II* is required by the Constitution. With support from the Asian Development Bank, it is led and managed by the government. It is coherent and within government capacity to implement, monitor, and assess impact. Its budget is linked to a programme of Public Investment (PIP), and to pro-poor priorities.

The objectives of *SEDP II* are to promote broad-based, sustainable economic growth with equity at a rate of 6-7 percent a year, to promote social and cultural development, to ensure the sustainable management and use of natural resources and the environment. It notes that improved governance is essential to the achievement of the above three objectives

### ***National Poverty Reduction Strategy (NPRS) 2003-2005***

The *PRSP* is a pre-condition for access by Cambodia to WB and IMF lending. Four core elements are required in a *PRSP*, namely a description of the country's participatory process, poverty diagnosis, target indicators and monitoring system and priority public actions. The *PRSP* is results driven, leads to concrete actions and quantifiable and realistic targets. This implies implementing a monitoring system and setting up an evaluation strategy.

The priority poverty reduction actions are: maintaining macroeconomic stability, improving rural livelihoods, expanding job opportunities, improving capabilities, strengthening institutions and improving governance, reducing vulnerability and strengthening social inclusion, promoting gender equity and priority focus on population.

The *NPRS* builds directly on the abovementioned planning but goes further in several respects in seeking to operationalize the Government's approach to poverty reduction. First, it incorporates a more comprehensive set of performance indicators and establishes mechanisms for tracking progress towards its targets over time. Second, it attempts to cost the Government's priority poverty reduction policies and programs and relate these cost estimates to the overall budget. Importantly, implementation of this strategy will be closely linked to the national budget. Implementation of this plan will be closely linked to the national budget. Third, the *NPRS* was developed on the basis of a broader participatory process than was used to develop either of the predecessor documents.<sup>1</sup>

Poverty in Cambodia has many dimensions. Poverty means lack of decent work and inadequate living conditions; it also means ill health and malnutrition for many, lack of education, and vulnerability to climatic and environmental risks. It also means that people are vulnerable to corruption and weak governance.

This complex set of causes and effects suggest that the Government's efforts to reduce poverty will be broad ranging and interlinked. Government efforts will need to be complemented by the private sector, NGOs and international development partners, as well as by the people themselves.

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<sup>1</sup> Council for Social Development (2002). *National Poverty Reduction Strategy 2003-2005*. Phnom Penh. Page 6.

Targets for the initial NPRS were adopted from the SEDP II. These targets would later be adapted as a result of the work to adapt the Millennium Development Goals (MDG) to Cambodian conditions.

**Table 4.1: Summary Approach to Cambodia's National Poverty Reduction Strategy, 2002-2005**

<b>Causes of Poverty (examples)</b>	<b>Government Policies to Address Poverty (examples)</b>
<b>LACK OF OPPORTUNITIES</b>	<b>CREATING OPPORTUNITIES</b>
Limited access of the poor to land	Land reform; Land titling; Mines clearance
Limited access of the poor to jobs	Rapid and balanced economic growth; Macro-economic stability; Trade; Private sector development; Pro-poor investments (e.g., to support eco-tourism)
Limited access of the poor to common resources	Community forestry and fisheries; Strengthened enforcement of environmental laws; Reduced population growth
Lack of infrastructure serving the poor	Rural roads; Mine clearance
<b>VULNERABILITY</b>	<b>ENHANCING SECURITY</b>
Crop failure	Safety net programs (e.g., food for work programs); Improved irrigation and drainage; Improved crop varieties
Violence against women, trafficking in women and children	Judicial reform
Child labour	Scholarships for poor children to attend secondary school
Risk of catastrophic health care costs	Effective exemption mechanisms and equity funds for the poor at government hospitals; Effective HIV/AIDS prevention
Risk of HIV/AIDS infection	Effective HIV/AIDS prevention; Empowerment of women
Landmines and UXOs	Mine clearance; Mine/UXO clearance; Awareness education and Victim assistance
<b>POOR CAPABILITIES</b>	<b>STRENGTHENING CAPABILITIES</b>
Poor education	Fee exemptions for children of the poor; Rural roads; Higher salaries for teachers and civil service reform
Poor health	Increased utilization by the poor of cost-effective preventive health services; Higher salaries for health workers and civil service reform; Expanded access to safe water and sanitation; Rural roads
Poor nutritional status (stunted growth)	Improved access for the poor to cost-effective preventive health interventions; Nutrition education (as part of basic education programs for adults)
<b>SOCIAL EXCLUSION</b>	<b>EMPOWERING THE POOR</b>
Specially vulnerable populations (e.g. orphans, homeless, female-headed households)	Special programs for education, training and rehabilitation; Social safety nets
Women and ethnic minorities	Improved access to government health and education services; Appointment of women and ethnic minorities to key decision-making positions
Lack of participation	Expanded coverage of Village Development Committees (VDCs)

***Rectangular Strategy for Growth, Employment, Equity and Efficiency 2004***

The *Rectangular Strategy for Growth, Employment, Equity and Efficiency* has recently been set out by the new government to guide the implementation of its agenda. The Rectangular Strategy selects key elements from the SEDP II and the NPRS, establishing the key facets of the RGC's development strategy for the Third Legislature of the National Assembly. The

Rectangular Strategy is the economic policy agenda of the political platform of the Royal Government.<sup>2</sup>

The rectangular strategy is a set of interlocking rectangles, as follows:

- a) The overall environment for the implementation of the rectangular strategy consists of four elements: (1) peace, political stability and social order; (2) partnership in development with all stakeholders, including the private sector, donor community and civil society; (3) favourable economic and financial environment; and (4) the integration of Cambodia into the region and the world.
- b) The four strategic “growth rectangles” are: (1) enhancement of the agricultural sector; (2) private sector development and employment generation; (3) continued rehabilitation and construction of physical infrastructure, and (4) capacity building and human resource development.
- c) Each strategic “growth rectangle” has four components:
  - *Rectangle 1: Enhancement of Agricultural Sector* which covers: (1) improved productivity and diversification of agriculture; (2) land reform and clearing of mines; (3) fisheries reform; and (4) forestry reform.
  - *Rectangle 2: Further Rehabilitation and Construction of Physical Infrastructure*, involving: (1) further restoration and construction transport infrastructure (inland, marine and air transport); (2) management of water resources and irrigation; (3) development of energy and power grids, and (4) development of information and communication technology.
  - *Rectangle 3: Private Sector Development and Employment Generation* covers (1) strengthened private sector and attraction of investments; (2) promotion of SMEs; (3) creation of jobs and ensuring improved working conditions; and (4) establishment of social safety nets for civil servants, employees and workers; and
  - *Rectangle 4: Capacity Building and Human Resource Development*, including: (1) enhanced quality of education; (2) improvement of health services; (3) fostering gender equity, and (4) implementation of population policy.

### 2.3 Deconcentration and decentralization

In the early 1990s, as Cambodia emerged as a socially and politically fragmented country with an acute need for reconstruction and reconciliation it was realized that there was a need for a development programme that would provide a structure for society at the local level and increase the legitimacy of local government<sup>3</sup>.

The Seila Programme of the Royal Government of Cambodia has therefore emerged as an aid mobilization and coordination framework to support the country’s Deconcentration and decentralization reforms. *Seila* means “foundation stone” in Khmer Sanskrit.

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<sup>2</sup> Royal Government of Cambodia (2004). *The Rectangular Strategy for Growth, Employment, Equity and Efficiency in Cambodia*. Phnom Penh. ([http://www.car.gov.kh/relatedtopic/rectangular\\_percent20strategy.htm](http://www.car.gov.kh/relatedtopic/rectangular_percent20strategy.htm))

<sup>3</sup> World Bank (2004). *Cambodia’s Seila Programme: A Decentralized Approach to Rural Development and Poverty Reduction*. Scaling up Poverty Reduction: A Global Learning Process. Shanghai Poverty Conference, May 2004.

High levels of external aid flowed into Cambodia after the first democratic elections in 1993. In 1994, the UNDP Cambodia Reintegration and Rehabilitation (CARERE) project was launched. The project realized that direct implementation would be unsustainable and also that governance capacity development would be a long term endeavour. Pilot projects were initiated with a focus on provincial governance, participatory planning, financing and implementing local development interventions. It was the beginning of the transfer of responsibilities to Cambodian themselves.

During the first five years of implementation 1996-2000, Seila piloted and strengthened new systems for decentralized and deconcentrated planning, financing and implementation of local development in one-third of Cambodia's provinces and communes. Emphasis was placed on the village level and the election of *Village Development Committees* (VDCs). These VDCs were radically different from the previous political / administrative, top-down village leadership. It was also ensured that women were included in local government through a quota system. However in 1999, when it became apparent that the Cambodian Decentralization reform would focus on the commune level, Seila switched its focus from villages to communes in order to develop the role of communes in participatory planning involving villages and in managing local development funds.

Under the second Seila five-year phase (2001-2005), the programme continues to support the design and implementation of decentralized policies and has additionally been tasked with mobilizing and coordinating external development assistance in support of national Deconcentration and decentralization policies, namely the Commune Fund (a local development fund transferred directly to communes) and the Provincial Investment Fund (PIF). By 2003, the government was managing Seila through appointed government committees at national provincial and district levels, and through elected members at commune level.

The most common types of investments financed through the Commune Fund have so far been rural roads, schools, water supply schemes and irrigation. Seila also claims an attitudinal change among local officials, democratic and transparent practices slowly emerging at the lower levels of administration. Last but not least, through Seila, for the first time, bottom-up processes for development planning and implementation were made a cornerstone of a government programme.

The Seila Program Document (2001-2005) specifies three components (referred to as "outputs") for the program activities<sup>4</sup>:

**Output 1: Related institutions at all levels strengthened and effectively implementing the decentralised and deconcentrated systems.** The activities originally planned to help achieve this were:

- support to national agencies for aid coordination, execution and supervision, and articulation of the policy into regulations and systems
- capacity building for province and commune administration and for the performance of new governance functions by elected councils
- intensive public information and civic awareness campaigns on the roles, obligations and responsibilities of province and commune authorities
- the development, testing and institutionalisation of participatory planning procedures
- the set up and management of decentralised financing facilities

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<sup>4</sup> [http://www.seila.gov.kh/english/activities\\_en.asp?language=en&pgid=4&title=0](http://www.seila.gov.kh/english/activities_en.asp?language=en&pgid=4&title=0)

- development of local public sector procurement practices and public/private partnerships for infrastructure and service delivery.

**Output 2: Efficient and effective services and investments provided for local development.**

The activities originally planned to help achieve this were:

- the provision of locally managed infrastructure and services, through province level sector investments and services delivery
- the provision of a broad range of social and economic small-scale infrastructure, locally managed at commune level

**Output 3: Contribute to the improvement of policy and regulations for Deconcentration and decentralization and poverty alleviation.**

The activities originally planned to help achieve this were:

- technical and financial contributions to preparation of policy statements, and drafts for legislation and decrees
- preparation of policy-oriented reports based on the lessons learned from program implementation
- special-purpose studies on how these systems contribute to improving the rural Poor's access to affordable, locally managed and sustainable public services and infrastructures.

The RGC and the Seila Task Force have mobilized over \$ 160 million of domestic and external resources for investment and technical support for the period 2002-2005. These resources have been allocated to ten Ministries, 24 provinces and all 1621 Commune / Sangkat Councils to support prioritized activities emerging from participatory planning and programming processes in accordance with national policy and the respective mandates of the implementing agencies<sup>5</sup>.

***Rectangular Strategy and good governance***

At the core of the *Rectangular Strategy* lies good governance and more specifically “public administration reform including Deconcentration and decentralization”<sup>6</sup>. Special attention will be focused on the “management of civil servants to move the public administration closer to the people consistent with deconcentration and decentralization and the transfer of authority from upper to lower levels of the bureaucracy”. A clear definition of roles, powers and responsibilities of the various authorities at province, city, district and commune levels will be needed.

The Royal Government recognizes the importance of the implementation of Deconcentration and decentralization to the commune in “strengthening democracy at grassroots level, improving the quality of public services and promoting the culture of participation and participatory local development in all sectors”. The priority in local governance is to build local management capacity and provide financial resources to the communes.

Indeed, decentralization must be implemented together with deconcentration to build capacity at the municipal, provincial and district levels and ensure complementary operations with grassroots level communities. To this end, the RGC intends to proceed with the selection of village chiefs, deputy village chiefs and assistant village chiefs amongst whom at least one person will need to be a woman.

<sup>5</sup> Mr. Keat Chhon, Minister of Economy and Finance, Chairman of the Seila Task Force on the occasion of the opening of the Seila National Workshop on the preparation of 2005 Annual Workplan and Budget. Siem Reap, 30 August 2004.

<sup>6</sup> Royal Government of Cambodia (2004). *The Rectangular Strategy for Growth, Employment, Equity and Efficiency in Cambodia*. Phnom Penh. ([http://www.car.gov.kh/relatedtopic/rectangular\\_percent20strategy.htm](http://www.car.gov.kh/relatedtopic/rectangular_percent20strategy.htm))

## 2.4 Obstacles to the reduction of child mortality

### ***Cambodia's goals for achieving MDG 4 — reduction of child mortality rates***

In its commitment to MDG 4, Cambodia aims to reduce the mortality rate of children under 5 years (U5MR) from 125/1000 live births in 2000, to 65/1000 live births in 2015, with an interim target of 105/1000 live births by 2005 (ref. MDG report, NPRS). A related target is to reduce the infant mortality rate (IMR), i.e. deaths of children in the first year of life (which make up the great proportion of under-5 deaths) from 95/1000 live births in 2000, to 50/1000 live births by 2015, with an interim target of 75/1000 in 2005.

In this context, achievement of MDG4 will depend on progress towards several other MDGs, especially MDG1 on poverty and food security, MDG3 on gender equality, MDG5 on maternal health; and MDG7 on environmental sustainability, which includes household access to safe water and sanitation.

Cambodia's MDG report of 2003 rates achievement of MDG 4 as unlikely. Reference is made to a range of obstacles and challenges, some of which reflect Cambodia's recent history and current stage of socio-economic development, and some of which relate to factors operating in the health sector and to the interaction of families with health services. The major obstacles are summarized below.

### ***Obstacles outside the Health Sector***<sup>7</sup>

A major obstacle to child survival is the continuing high level of poverty and food insecurity. According to the NPRS, 36 percent population is below the poverty line; 30 percent communes do not have food security; over 50 percent of the population consumes less than the minimum recommended energy intake; 45 percent children under 5 years are underweight. The challenge of reducing poverty and food insecurity is heightened by continuing rapid population growth with large cohorts of pre-adolescents and adolescents who will enter their reproductive years in the coming 10 years, often without having completed basic education.

For the current generation of women of child bearing age (WCBA), high fertility, poor nutrition and a low level of education and several other factors compromise the chances of their children making a good start in life. In 2000 the total fertility rate was 4.0, modern birth spacing was used by only 20 percent of married women and 55 percent of non-pregnant and non-lactating women. 66 percent of pregnant women were anaemic. Literacy among adult women is low.

In addition, many households, especially in rural areas, do not have access to safe water and sanitation (29 percent of rural households have access to safe water; 9 percent have adequate sanitation. This situation greatly increases the risk of contracting infections. Further obstacles to meeting the needs of young children are found in the current gender imbalance in decision making and control of household resources, as well as the immaturity of mechanisms for local participation in decision making.

### ***Obstacles within the health sector***

The major causes of death of children under 5 years, are neonatal conditions, diarrhoeal disease and respiratory infections as well as, in specific areas of the country, malaria and dengue. . It is estimated that over half of all deaths of children under five years are associated

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<sup>7</sup> Ministry of Health (2004 a). Analysis of Slow Progress in Child Mortality Reduction. Benchmark report for the Consultative Group. Phnom Penh.

with malnutrition. A set of high impact preventive and curative measures has been identified to address these conditions, which should be available to all families, but especially to the poor. These measures comprise: improving nutrition of WCBA and pregnant mothers, skilled assistance during childbirth and promoting clean delivery, appropriate infant and young child feeding, immunization, Vitamin A supplementation, deworming, maintenance of hydration and nutrition during diarrhoea, the rational use of antibiotics and other measures for treatment of respiratory infections, and insecticide-treated bednets for prevention of malaria.

In the past 5-10 years, the health agenda has focused on the development of coherent disease control and nutrition programmes within a network of publicly provided primary and referral facilities. The services are designed to deliver a core package of activities, including high impact interventions for child survival. However, traditional forms of health care have continued to prosper, and there has been substantial growth of both unskilled and skilled provision of private health services.

Despite higher costs and lower effectiveness, in 2000, when a child was ill, most families still made their first and often only contacts with traditional, informal or formal private health workers, rather than with public services. At that time, less than one third of women had two or more contacts with a trained health worker during pregnancy, and a similar proportion were assisted in childbirth by a skilled attendant. In this context, there is a range of policy, resource and service obstacles to the access of families to effective prevention and care for childhood illness. These are summarized below.

#### ***Policy, Coordination and Resource Factors.***

While sound policies have been developed for selected children's and women's health programmes, there is still limited high level policy coordination and monitoring of the high impact interventions for children under five, which each has its own institutional "home," usually under the Ministry of Health (MOH), according to its technical content; a high level leadership and coordinating role is needed.

RGC faces a shortage of public funds for the health sector, but the current allocation of the limited resources does not reflect the gains in child survival expected from particular interventions or programs. There is a similar imbalance in the allocation of external resources in the health sector. A further obstacle is that, with few exceptions, both public and external funds in the health sector, are still largely provided as investment and inputs, rather than being linked to results, such as the actual access to or receipt of effective services by a family.

A third major policy gap is the limited recognition by decision makers of the potential of the private sector to improve child health, despite the evidence that private providers are the first choice of families, and that private funds account for over 70 percent of total health expenditure in Cambodia, (or twice the combined value of public and external health expenditures). There is no clear policy to train, support, regulate or monitor informal or formal private providers, nor to clarify the interface between the traditional and informal sector with formal sector, and engage these key stakeholders in a partnership to attain the MDGs.

In terms of service provision, the planned network of public facilities and services is still incomplete, particularly in remote and poor communities. Government programs have been quite successful in reaching children and women for those interventions, which lend themselves to intermittent delivery on a campaign basis, such as immunisation, vitamin A supplementation or deworming. However, publicly provided service close to the community for illness or for care during pregnancy and childbirth is often not available. For first contact child care, most frequent

use is made of informal providers such as traditional healers and birth attendants, drug retailers and religious figures such as monks. These providers are often inadequately trained, regulated and supervised, and generally do not offer the key preventive or curative child care interventions.

Human resource challenges to effective health service delivery include shortages of trained staff; and anomalies in work patterns and deployment, some of which are related to policy, and some to inappropriate incentives. The private medical sector is well patronized, but although many of these practitioners hold concurrent public service posts where they are exposed to guidelines for appropriate care, at present they are not obliged to follow these in private practice, where they may face incentives to over-prescribe and to offer inappropriate advice on infant feeding or nutrition supplements.

With respect to the service users, families in Cambodia have been shown to have a relatively high but uninformed demand for basic child care. Many parents have low levels of health knowledge; they follow inappropriate practices in infant feeding, or in care of a child with diarrhoea, or they may be unable to recognize the danger signs of dehydration or respiratory infection. In general, families still make less use of publicly provided high impact health interventions; but prefer informal local service providers who are more familiar, trusted and convenient, but offer less effective, often unnecessary and sometimes dangerous remedies. Demand for hospital care for sick children is also low; in this situation, as awareness of the need for care may be tempered by concerns about cost and quality of service. Financial concerns are a major influence on care seeking behaviour, but health financing schemes and cost exemptions still cover only a very small proportion of those in need.

### **3. COUNTRY PROGRAMME OF COOPERATION 2001-2005**

#### **3.1 Original objectives and strategies of the CPC**

##### ***Country Note and Country Programme Recommendation***

The Country Note (CN) of 1999 and the Country Programme Recommendation (CPR) of 2000 provided the Executive Board of UNICEF with a statement of lessons learned from the previous CPC and a definition of priority areas and strategies for the proposed CPC 2001-2005. On the basis of these documents, the Executive Board approved the broad outline of the new CPC as well as its budget, i.e. the allocation of Regular Resources (RR) and the ceiling for the mobilization of Other Resources (OR). Once the CPR was approved, UNICEF agreed with the Government on the detailed Master Plan of Operations (MPO — see below).

The CN and CPR placed the new CPC in a historical perspective. Following a series of short-term programmes in response to emergency situations, the first regular five-year CPC 1996-2000 moved from relief and reconstruction to development and child rights. The MTR of 1998 had highlighted the appropriateness of the process developed by the Community Action for Social Development (CASD) programme (which later became Seth Koma). It was stated that the programme built upon the capacity of communities to identify local priorities and mobilize resources to achieve them, but it was observed that more needed to be done to integrate local plans into provincial and national development plans.

The genocide that ravaged Cambodia in earlier years severely affected the availability of human and institutional capacity to develop social policies and provide basic services. The MTR of 1998 stressed the need to maintain and intensify the capacity-building efforts of UNICEF cooperation to strengthen technical and management skills within government and civil society organizations.

Another lesson from the former programme concerned the importance of a focused communication strategy and advocacy with leaders and policy makers. Through advocacy at the highest political level, salt iodization received increased support, a multisectoral response to HIV/AIDS was initiated and the fight against malnutrition became a government priority.

The Country Note observed that, despite some progress, by the end of the decade 1990-1999, Cambodia would not attain most of the World Summit for Children Goals. UNICEF would continue its support for achieving those goals and for closing the wide gaps between rich and poor, geographic areas, urban and rural populations, and between women and men.

The new CPC was to respond to challenges identified in the Situation Analysis of 1999, which complemented the 1998 UN Common Country Assessment (CCA). The CCA/United Nations Development Assistance Framework (UNDAF) process allowed for closer inter-agency collaboration. Based on the CCA, RGC priorities and the comparative advantages of the UN System in Cambodia, the UNDAF grouped the strategic priorities of all UN organizations working in Cambodia into four areas of concentration: (a) governance, peace and justice; (b) poverty reduction; (c) human development; and (d) sustainable management of natural resources. In addition, a series of cross-cutting issues relevant to all areas of concentration were identified. It was agreed that UNICEF support would address mainly the first three areas of concentration and the cross-cutting issues related to children's rights, participation, women's empowerment and gender.

### **Master Plan of Operations (2000)**

The MPO signed by the RGC and UNICEF on 07 November 2000 makes explicit reference to the Convention on the Rights of the Child (CRC) and to UNICEF's mandate to assist governments in fulfilling obligations arising from the CRC. The goals agreed for the CPC 2001-2005 addressed critical stages of the life cycle of the child:

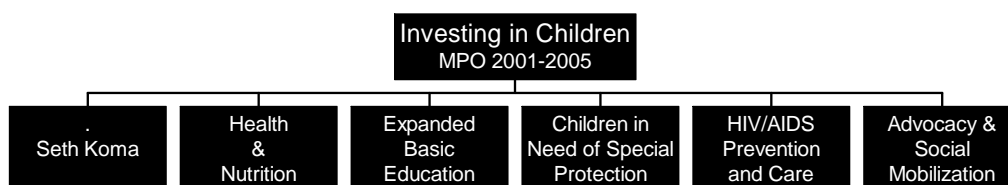
- a) Mothers have safe pregnancies and deliveries, and healthy newborns;
- b) Infants are given the best possible start in life to survive, grow and fully develop in a safe, nurturing and caring environment;
- c) School-children are protected and exert their right to education in a friendly and stimulating learning environment;
- d) Youth and adolescents acquire life skills, express their views, and lead meaningful and secure lives.

The CPC, in a concerted effort with partners was to contribute to the Government's efforts to achieve national objectives by 2005, which were apparently drawn from national policy documents available at that time. The objectives were largely formulated in qualitative terms (e.g. "development of coherent social policies, plans and regulatory frameworks governing the provision of basic services ..." or "increase in rescue, recovery and reintegration of neglected, abused, exploited and trafficked children"), but some were also more quantitative (e.g. "reduction of IMR and U5MR by 30 percent from the baseline level of the Cambodia Demographic and Health Survey of 2000).

The MPO mentions a number of key strategies for the CPC: advocacy, social mobilisation, capacity building, service delivery and community empowerment strategies. A distinction is made between different levels of intervention:

- a) At the national level, advocacy to maintain children's and women's rights high on the political agenda and to develop policies, guidelines, regulatory frameworks and legislation especially in health, education and child protection, as well as technical assistance and other forms of capacity building to strengthen public and private institutions;
- b) At the provincial level, concentration on a limited number of priority provinces, selected on the basis of poverty levels, social indicators, population and previous programme experience, as well as selected urban, border and post-conflict areas to promote convergence and synergism in order to attain the critical mass of resources required to accelerate progress towards the goals;
- c) At the communal level, in the 1,000 communes targeted by the Seth Koma programme, development of an integrated approach to early childhood care, survival, growth and development as well as empowerment strategies which will foster community participation, mobilization and ownership.

The programme structure is described as consisting of "six synergistic components", which are largely the same as in the preceding CPC (1996-2000). The structure of the CPC, as stated in the MPO, is shown in the following figure.



The objective of the *Community Action for Child Rights Programme (Seth Koma)* is to empower women and families in about 1000 villages in selected provinces to create an enabling environment for improving childcare, survival, growth and development, and participation. This programme works closely with rural investment plans funded by the Government, donors and financial institutions. A participatory triple-A process is used to develop viable Village Action Plans.

The *Health and Nutrition Programme* aims to improve the survival, well-being and development of Cambodian children and women, while helping to achieve the national goals of reducing infant, under-five and maternal mortality and malnutrition. It works to ease the burden of childhood illnesses; promote child growth and appropriate caring practices; improve the health status of schoolchildren; and tackle specific health problems of adolescents. In the area of women's health, it strives to improve the quality, coverage and utilisation of women-friendly reproductive health services to ensure women's control over their fertility, safe pregnancies and deliveries, and successful breastfeeding. Nutrition interventions stress reduction of micronutrient deficiencies and promotion of appropriate caring and feeding practices.

The *Expanded Basic Education Programme* strives to ensure the right of every child to education, and works to improve the quality of basic education and expand learning opportunities for all. In partnership with the Government, it enhances the teaching-learning process through institutional and curriculum reforms and teacher training; to increase access, retention and learning achievement; and to promote child-friendly learning environments. Working with communities, it encourages parental involvement and promote early childhood care and development (ECCD) practices to enhance the learning capacity of the young child. The special needs of out-of-school children and adolescents, including literacy and life skills, are also addressed.

The aim of the *Children In Need Of Special Protection Programme* is to enable social and legal systems to undertake effective preventive and rehabilitative measures for children at risk and in distress. In particular, it aims at: (a) supporting Government efforts to fully enforce the Convention on the Rights of the Child and monitor its implementation; (b) combating child abuse, trafficking and sexual exploitation; (c) contributing to the prevention of death and disability caused by landmines; (d) helping to formulate policies and programmes for child soldiers in light of the ongoing demobilisation of the armed forces; and (e) improving existing services and develop new approaches for the recovery and reintegration into society of child victims of armed conflicts, abuse, neglect and exploitation, and others in need of special protection.

The *HIV/AIDS Prevention and Care Programme* aims at reducing the HIV transmission rate through preventive interventions, and developing support initiatives for people living with HIV/AIDS. This programme works through a multisectoral approach to: (a) raise awareness, promote preventive behaviours and develop the life skills of adolescents and risk groups; (b) increase effectiveness of the national response to the epidemic; (c) develop appropriate interventions to reduce mother-to-child transmission of HIV; and (d) implement community-based activities aimed at family care and peer support groups.

The *Advocacy and Social Mobilisation Programme* encourages participation by both beneficiaries and implementers in improving child survival, development and protection, using targeted advocacy and appropriate communication tools for behavioural change and social mobilisation. It aims at: (a) supporting promotion of children's and women's rights through all UNICEF programmes and in national policies and plans; (b) increasing awareness, developing

skills and promote behaviours that support improvement of the situation of children and women; and (c) provide timely and relevant information to decision-makers through appropriate monitoring and evaluation mechanisms, in order to refine interventions, assess progress and document impact.

### **CCA / UNDAF**

A Common Country Assessment (CCA)<sup>8</sup> was prepared in 1998. The first UNDAF was prepared for the period 2001-2005<sup>9</sup>. It was based on priorities of the RGC and the comparative advantages of the UN system in Cambodia.

The UNDAF grouped the strategic priorities of all UN organisations working in Cambodia into four areas of concentration: (1) governance, peace and justice; (2) poverty eradication; (3) human development; and (4) sustainable management of natural resources. In addition, it addressed a series of crosscutting issues relevant to all areas of concentration: human rights; gender equality and women empowerment; minority groups; children and youth's rights; participation and democracy; regional cooperation; and reintegration of demobilized soldiers.

The current CPC primarily addresses the first three areas of concentration and the crosscutting issues related to children's rights, participation, the empowerment of women and gender equality. Article 9 of the Master Plan of Operations refers to the "Cooperation with the United Nations and other agencies", but not much detail is given about the programmatic content of such cooperation. The MTR of 2003 barely mentions UNDAF, but it reports that UNICEF has been actively participating in various sectoral and cross-sectoral coordination mechanisms operating in Cambodia.

At the present stage, CCA/UNDAF will lead to a common logical framework and outcome statements in line with the Millennium Declaration and the MDGs as well as a joint M&E plan and will guide the design of country programmes and projects supported by UN agencies as from 2006.

### **3.2 Mid-Term Review 2003**

The MTR of the current CPC was finalized in October 2003. It had the following four main objectives, which are standard for such exercises:

- a) Comprehensive analysis of the *results* of the Country Programme from 2001 to 2003 in relation to the overall goals and objectives as defined in the;
- b) Review and sharing of the *experiences and major lessons learned* from the implementation of the Country Programme with counterparts, partners and other stakeholders in order to improve policies and programmes for the rights of children and women;
- c) Assessment of the *needs for modifications* in the Country Programme as a whole or individual programmes/projects (goals, objectives, strategies, programme structure, funding allocations, management arrangements)
- d) Indication of how the lessons learned may be applied to the *subsequent CPC*.

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<sup>8</sup> Office of the Resident Co-ordinator in Cambodia (1998). United Nations Common Country Assessment (CCA). Phnom Penh.

<sup>9</sup> Office of the Resident Co-ordinator in Cambodia (2000). United Nations Development Assistance Framework (UNDAF). Phnom Penh.

Besides the standard MTR objectives stated above, the MTR in Cambodia focused on the following cross-cutting issues that are important in the context of UNICEF's work in Cambodia: (a) efficacy and effectiveness of the convergence province approach and inter-sectoral collaboration; (b) approach to on-going national process of decentralization of decision-making power and deconcentration of administrative power; (c) HIV/AIDS; (d) gender; and (e) child/youth participation. As the consideration of these issues will be the basis for the main lines of analysis of the present CPE, they will be presented in chapter 5 of the present report.

The main highlights of conclusions and recommendations of the MTR concerning the individual programmes were the following:

- a) The MTR explicitly linked the *Seth Koma Programme*<sup>10</sup> to the Deconcentration and decentralization reform that established Commune Councils as the principal level of local government:
  - Commune Councils arrange necessary public services, promote social and economic development and upgrade the living standards of citizens.
  - Commune Council members are elected by the people and they are thus accountable to their constituency.
  - They have the responsibility to develop Commune Development Plans, prioritizing the needs of the villages under their jurisdiction.
  - In order to fulfil their mandate, Commune Councils receive salaries and manage a commune budget (the revenue for the commune budget comes either from the Commune Fund or through the collection of commune's own resources), a portion of which is to be used for administrative costs and another portion to be used for development in the commune.

The MTR considered it crucial to help the Commune Council members develop knowledge on the issues affecting children at the village level and involve them in the provision of basic services, using the commune budget as necessary.

- b) According to the MTR, there was no need for major changes regarding the structure of the *Health and Nutrition Programme*<sup>11</sup> and its three projects (Project 1: Maternal and child health priorities, Project 2: Improving nutritional status, Project 3: Strengthening district health services). The following recommendations were made:
  - Revise programme and project objectives and indicators to be in line with the Health Sector Plan, the National Poverty Reduction Strategy and the Cambodian Nutrition Investment Plan and also to be more realistic and
  - Focus attention and resources on activities contributing directly to decrease IMR, U5MR and MMR. In this context it was observed that the available resources for HIV/AIDS were to be used in such a way that the overall health services and health infrastructure be strengthened.

The MTR observed that many more children die from preventable childhood diseases than from AIDS. So while there is no doubt about the critical importance of HIV/AIDS issues,

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<sup>10</sup> For a more detailed presentation of results of the Seth Koma Programme cf. 3.4.

<sup>11</sup> For a more detailed presentation of results of the Health and Nutrition Programme cf. 3.4. Child Survival.

resources need to be allocated in accordance with the overall morbidity and mortality patterns in the country.

- c) The *Expanded Basic Education Programme* was not changed in any major way, as far its scope, direction or staffing was concerned. The MTR did recommend more emphasis on Early Childhood Care and Development and “school readiness”, literacy and training in essential skills, reduction of drop out rates, support to secondary education (especially for girls, and more convergence with Seth Koma.
- d) The MTR concluded that there was a need to simplify the structure of the *CNSP Programme*<sup>12</sup>. The programme was reorganised in three functional areas: a) Social protection, b) Legal protection and c) Children in post-conflict situation. The programme would pursue four main strategies: a) advocacy, b) policy development and capacity building, c) responding to emerging needs of CNSP, d) monitoring and evaluation.
- e) The *HIV/AIDS Programme* was not changed in a major way during the MTR Existing activities and support mechanisms would be continued or scaled up: a) Support to various frameworks to respond to HIV/AIDS, b) Scaling-up of Voluntary and Confidential Counselling and Testing (VCCT), c) Trial and scaling-up of the Prevention of Mother-to-Child Transmission (PMTCT), d) Involvement of Buddhist monks; e) Working for and with youth and children; f) Support to the Innovative Care Programme.
- f) No major changes were recommended for the *Advocacy and Social Mobilisation Programme*. The MTR did make the following recommendations:
  - Strengthen capacity building efforts including strategic communication planning among counterparts in the Ministry of Health and training/awareness-raising for local media on critical social issues affecting children and women such as HIV/AIDS.
  - Create a new sub-project named “Advocacy for Fundraising” in order to further step up the efforts for fundraising for the Country Programme as a whole as well as for the Advocacy and Social Mobilization Programme.
  - Strengthen child participation through greater involvement in: development and review of IEC materials; mass media; support to children and youth for a; capacity to advocate on child rights issues; participation in reviews of UNICEF programmes; CRC reporting process; “child friendly” data; Community Forums for Children.

The *M&E project* of the Advocacy and Social Mobilisation Programme was detached and placed under the direct supervision of the Representative. A greater focus was recommended on capacity-building in M&E for government counterparts, particularly at provincial level. It was also suggested to align the M&E project more closely with national M&E frameworks of existing government strategies and processes including the National Poverty Reduction Strategy, the MDGs and the Consultative Group benchmarking process. The capacity of UNICEF staff for M&E activities was to be improved through training and further development of tools for monitoring and evaluation.

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<sup>12</sup> For a more detailed presentation of conclusions and recommendations of the results of the CNSP Programme cf. 3.4.

The review of several programmes and projects calls for an improvement of programme design, which should become more “results-based”. Objectives need to be more realistic and more measurable, which involves the establishment of baseline data and a strengthened monitoring and evaluation system. This dimension is discussed further in section 4.2.

### 3.3 Human resources, financial resource mobilization and expenditure

#### ***Evolution of Human Resources***<sup>13</sup>

Modifications to the staffing structure were necessary to meet the objectives described in the original MPO and the CPMP to the full. In terms of individual programmes, the Mid-Term Review made two major adjustments: a) strengthening involvement in decentralized planning process under the overall coordination of the Seth Koma Programme and b) streamlining and strengthening the structure and capacity of the CNSP Programme. The former involved appointment of province-based Seth Koma staff as Provincial Team Leaders as envisaged in the original MPO and CPMP. The latter involves strengthening the human resources of the CNSP Section to cope with a substantially increased workload compared with the original MPO. Thus, both have implications for staffing.

UNICEF Cambodia has traditionally depended on temporary assistance for essential staff functions, mainly because OR funding, which accounts for three-quarters of the Country Programme Budget, was not secure for several programmes. At the same time, some other programmes grew very rapidly but programme implementation was heavily reliant on temporary assistance. This situation has impacted on management in terms of continuity and stability; respecting the equality and rights of staff; and by extension maintaining their morale and loyalty. As funding became assured FT posts were established for essential staff functions and temporary assistance minimised.

The current CPMP introduced initiatives to better manage UNICEF’s interests at provincial level, provide increased accountability and greater efficiency. Adjustments were made to the level of some posts to reflect the level of expertise required and responsibilities to be performed. This process to redevelop provincial staff resources and management will be further pursued as part of the preparation for a new Country Programme 2006-2010.

There are also several functions related to either programme management or highly technical subjects that have so far been handled by temporary staff at the GS level. Given the nature of the concerned work, level of responsibilities and workload, the Country Office has proposed have some of these functions to be managed by FT posts at the professional level.

#### **Exhibit 1: UNICEF Country Office staff (by gender) 2001-2005**<sup>14</sup>

	2001	2002	2003	2004	2005
Total staff	138	132	132	102	134
Male	105	95	92	67	88
Female	33	37	40	35	46
Percent of female staff	24 percent	28 percent	30.3 percent	34 percent	34 percent

Exhibit 1 shows the evolution of the gender balance in the staffing of the Country Office from 2001 to 2005. The percentage of female staff in all categories increased from 24 percent in 2001 to 34 percent in 2005, which is still below average as compared to other Country Offices of UNICEF worldwide. The improvement is mainly due to the fact that the number of women

<sup>13</sup> Idem ante.

<sup>14</sup> Source: Annual reports for 2001, 2002 and 2004. Data provided by the Country Office for 2003 and 2005.

among international professionals has increased significantly (from 26 percent in 2001 to 56 percent in 2005). Among national officers the number of women as compared to the number of men did not change significantly (a bit below 40 percent), while among general staff the number of women remained relatively low (16 percent in 2001 and 27 percent in 2005).

### ***Financial resource mobilization***

The Country Programmed Recommendation (CPR) of the Executive Director was approved by the Executive Board in September 2000 for the period 2001 to 2005 in the amount of \$15,583,000 from Regular Resources (RR), subject to the availability of funds, and \$52,200,000 in Other Resources (OR), subject to the availability of specific-purpose contributions.

Regular Resources include income from voluntary annual contributions from governments, un-earmarked funds contributed by National Committees and the public, net income from greeting card sales and other miscellaneous income. Other Resources are earmarked contributions for programmes supplementary to the contribution for RR and are made for a specific purpose such as a particular programme or project or an emergency response. Regular and Other Resources are components of the Programme Budget.

The Programme Budget covers costs to support the implementation of the programmes as described in the MPO. The OR portion of the budget can be wholly or partially funded (when contributions have already been received), or unfunded (when contributions are still being sought). The Programme Budget provides for cash, supplies and equipment, and contracts with individuals or institutions. It may also include salaries and costs of programme and project officers, contributions to travel expenses, vehicles or telecommunications, or any other expenses specific to the implementation of projects<sup>15</sup>.

The Support Budget is allocated to Country Offices primarily to finance UNICEF's presence in the country, and covers costs under the categories of approved core international posts, local posts, other staff costs, consultants, travel, operating costs, furniture and equipment, and reimbursement and co-funding<sup>16</sup>.

Between January 2001 and December 2003, UNICEF Cambodia received US\$39.5 million from nine countries, eleven UNICEF National Committees, one international organization and two UN agencies. Fundraising of OR is thus on track, as more than 75 percent of the OR target has been mobilized.

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<sup>15</sup> UNICEF (2004). Programme Policy and Procedure Manual. New York. Page 51

<sup>16</sup> Idem ante.

## Exhibit 2: Cambodia Country Programme Income (Other Resources)

<b>Cambodia Income (Other Resources)</b>	<b>Income 2001</b>	<b>Income 2002</b>	<b>Income 2003</b>	<b>Total</b>
Government of Australia	382,065	209,190	383,030	
Government of Canada	129,999	-11,290	211,479	
CIDA: FOOD AID CENTRE	0	0	238,154	
Commission of the European Community	0	0	515,894	
European Commission Humanitarian Office	3,218	637,386	634,591	
Government of Italy	0	713,586	0	
Government of Japan	499,997	2,297,680	0	
Government of The Netherlands	184,957	807,857	509,453	
Government of Norway	11,920	0	0	
Government of Sweden	2,796	-11,027	0	
SIDA	3,026,952	4,782,800	5,419,057	
United States Department of State (DOS)	15,000	0	0	
Government of the United Kingdom	0	-88,036	58,109	
USAID/Washington	96,806	0	0	
Australian Committee for UNICEF	179,397	119,172	74,000	
Canadian UNICEF Committee	499,463	133,904	0	
Comité Français pour l'UNICEF	34,647	337,033	48,335	
German Committee for UNICEF	634,809	1,924,863	2,461,380	
Italian Committee for UNICEF	0	601,828	765,359	
JAPAN COMMITTEE FOR UNICEF	968,961	2,883,047	2,655,852	
Luxembourg Committee for UNICEF	0	0	76,808	
Slovenia National Committee	0	22,043	0	
Swiss Committee for UNICEF	224,720	192,309	259,259	
United Kingdom Committee for UNICEF	0	707,587	264,829	
United States Fund for UNICEF	765,900	0	50,000	
NGO Micronutrient Initiative	0	16,738	20,957	
NGO Tetsuko Kuroyanagi	0	2,310	210	
UNAIDS	0	52,500	52,500	
UNFPA	400,000	300,000	153,337	
	<b>8,061,607</b>	<b>16,631,480</b>	<b>14,852,593</b>	<b>39,545,680</b>

Source: FLS data

UNICEF Cambodia has been exploring the potential for new contributions from other donors for its programmes. For instance, the Office secured US\$1 million from the UN Trust Fund for Human Security for the Seth Koma Programme in 2004 and 2005. In the latter half of 2003, the Office received €1.2 million from the European Union for legal protection of children under the CNSP Programme to be utilized in 2004 and 2005. The Office has also concluded a basic agreement with ECHO for half a million € to promote child survival interventions in 2005 (WHO also receives the same amount to support for the same cause) and with the European Union for

€5 million for Behaviour Change Communication under the Health and Nutrition Programme for five years between 2005 and 2009<sup>17</sup>.

Thus, in addition to two well-funded programmes (Expanded Basic Education and CNSP), there are positive signs that other less well-funded programmes (e.g. Seth Koma, Health and Nutrition) will get sizeable additional OR for the remainder of the Country Programme period and beyond.

Based on projections, the total funds to be mobilized for the Country Programme through 2005 will be about US\$81 million instead of US\$67.783 million set in the original CPR. Therefore, upward revision of the budget ceiling was proposed and approved by the Executive Board in September 2004.

### **Expenditure**

#### **Exhibit 3: Cambodia Country Programme Expenditure: 2001-2003**

	Regular Resources			Other Resources			All Programme Accounts		
	Allotment	Expenditure	percent	Allotment	Expenditure	percent	Allotment	Expenditure	percent
2001	3,635	3,562	98	9,549	9,644	101	13,183	13,206	100
2002	3,615	3,507	97	14,351	12,916	90	17,966	16,423	91
2003	3,472	3,344	96	13,028	11,603	89	16,500	14,947	91

Source: UNICEF Operating Statistics and Funutil Cube

Exhibit 3 reflects Financial and Logistics System (FLS) data on allotments and expenditure for the period 2001-2003. Allotment figures take into account unspent balances of programme cooperation at the end of 1999<sup>18</sup>. Percentages correspond to resources spent in relation to resources received and they show the programme's ability to execute funds. In this respect, the expenditure rate proved to be excellent.

### **3.4 Major experiences and results until 2004<sup>19</sup>**

#### **CCA and UNDAF 2001-2005**

The United Nations Development Assistance Framework (UNDAF) helps UN agencies, when preparing the Country Programmes, to achieve consensus on priority issues for development cooperation and the broad distribution of roles and responsibilities to support national efforts to achieve the MDGs and other commitments arising from conventions and international conferences. Priority issues are identified in an ongoing Situation Analysis of Children and Women (SITAN), which contributes to the Common Country Assessment (CCA) jointly prepared by the UN agencies and government. The resultant UN Development Assistance Framework (UNDAF) positions UNICEF cooperation within the work of the UN system.

UNICEF has been actively participating in the UN Country Team and the cooperation under the United Nations Development Assistance Framework (UNDAF). Although it may not be

<sup>17</sup> UNICEF Cambodia (2004). Cambodia Revised Country Programme Management Plan 2004 to 2005. Phnom Penh.

<sup>18</sup> UNICEF (2000). Country Programme Recommendation. New York. E/ICEF/2000/P/L.9/Add.1. 17 July 2000.

<sup>19</sup> Due to weaknesses in the design of the CPC (absence of a logical framework and of measurable objectives and indicators), the presentation of main experiences and results will necessarily have to report on activities rather than on results and also remain illustrative rather than comprehensive.

specifically mentioned, many of the key results of the CPC have been achieved through the collaboration with other partners either bilaterally or through various coordination mechanisms.

Article 9 of the Master Plan of Operations groups the strategic priorities of all UN agencies working in Cambodia into four areas of concentration: (a) governance, peace and justice; (b) poverty eradication; (c) human development; and (d) sustainable management of natural resources. In addition, it addresses a series of crosscutting issues relevant to all areas of concentration: (a) human rights; (b) gender equality and women empowerment; (c) minority groups; (d) children and youth's rights; (e) participation and democracy; (f) regional cooperation; and (g) reintegration of demobilized soldiers. The UNICEF CPC primarily addresses the first three areas of concentration and the crosscutting issues related to children's rights, participation, the empowerment of women and gender equality.

The United Nations Development Assistance Framework Cambodia 2001-2005<sup>20</sup> was based on the Common Country Assessment (CCA)<sup>21</sup>, produced by the UN system in 1998. The CCA clearly identified the eradication of poverty as the main challenge facing the country. The UN Country Team (UNCT) resolved that these challenges could best be jointly addressed by the UN system organizations by grouping their programmatic and other activities under four mutually supportive areas of concentration and a total of 16 components. In addition, a series of issues were identified that, because of their crosscutting nature, would be addressed in all areas of concentration. Choices made for the UNDAF were based on the challenges faced by the country, on the Royal Government of Cambodia (RGC) priorities in meeting these challenges, and on the comparative advantages of the UN system in Cambodia.

For each area of concentration and component, the UN system identified goals and objectives. The inter-linked goals and objectives provide a precise compact of the contribution that the UN system intends to make to the development process of Cambodia during the 2001-2005 period.

<b>AREAS OF CONCENTRATION</b>	
<b>1. Governance, peace and justice</b>	<b>2. Poverty eradication</b>
1.1. Rule of law 1.2. Public administrative reform 1.3. Culture of Peace	2.1. Enabling environment 2.2. Community Development 2.3. Promotion of sustainable livelihoods 2.4. Reducing Malnutrition
<b>3. Human development</b>	<b>4. Sustainable management of natural resources</b>
3.1. HIV / AIDS 3.2. Health and Water and Sanitation 3.3. Reproductive Health 3.4. Education 3.5. Cultural Development	4.1. Land Use 4.2. Forestry 4.3. Fisheries 4.4. Environmental Awareness and Protection
<b>CROSSCUTTING ISSUES</b>	
<ul style="list-style-type: none"> <li>■ Human rights</li> <li>■ Gender equality and women's empowerment</li> <li>■ Minority groups</li> <li>■ Children and youths' rights\</li> </ul>	<ul style="list-style-type: none"> <li>■ Participation and democracy</li> <li>■ Regional cooperation</li> <li>■ Reintegration of demobilized soldiers</li> </ul>

Source: UNDAF 2001-2005

<sup>20</sup> Office of the Resident Co-ordinator in Cambodia (2000). United Nations Development Assistance Framework (UNDAF). Phnom Penh.

<sup>21</sup> Office of the Resident Co-ordinator in Cambodia (1998). United Nations Common Country Assessment. Phnom Penh.

### **Seth Koma**

In the *Master Plan of Operations 2001-2005*, the overall goal of the Seth Koma Programme (Khmer words for 'Child Rights') was to improve the ability of Cambodian families and communities in selected areas to respect, protect and fulfil the rights of children and women and to achieve measurable improvements in child and maternal nutrition, health and education especially for members of the most vulnerable households<sup>22</sup>. Nutritional status was to be used as an entry point and as the key impact indicator of the programme. A participatory triple-A process was used to develop viable village action plans.

The MPO stated that while resources and activities mainly targeted communities, the Seth Koma strategy was to encompass all levels of Cambodia's governance structure, from village committee through commune, district, province and line ministries. Seth Koma built on experiences and the positive impact of the CASD programme, which had been implemented since the mid-1990s, while maintaining its focus on democratically elected Village Development Committee (Vacs), and encouraging community ownership programme processes.

Since 2000, Seth Koma has promoted extensive coordination with the Seila Programme, an operational programme supported by UNDP and other development frameworks (see below). The Seth Koma Programme was designed to provide the inputs to support the village action plans developed by each community. Until 2003, the Seth Koma Programme was structured as follows (details in Annex A-6):

- a) *Project 1: Decentralization for Community Empowerment*: The project was to empower villagers, especially women and children, to practice their rights as envisioned under the CRC and CEDAW. This was achieved through the triple-A process incorporated into village action plans in 117 communes, in six provinces. Seth Koma has supported and mobilized 1,150 villages to raise priorities for women and children within commune plans.
- b) *Project 2: Village Plans and Basic Services*: The objective was to ensure that quality basic services (Health, Hygiene, Nutrition and Caring Practices, Water and Sanitation, Food and Environment, Village Children's Fund, Employment and protection of vulnerable groups, Community Child Care and Education) reach the villages in adequate and appropriate amounts by responding to Village Action Plans (VAPs). The project was composed of several sub-projects:
  - Seth Koma's sub-project 1 carried out child and women assessments in terms of *health, hygiene, nutrition and caring practices*. Women attended training based on the child and women related Triple A approach (analysis — assessment — action) with a focus on growth monitoring promotion, reproductive health, Iodine Deficiency Disorders (IDD) and iodized salt monitoring, breastfeeding and complementary feeding education as well as HIV/AIDS prevention education. A monitoring checklist for community-based health, hygiene and nutrition was developed for communities to use in review meetings.
  - Sub-project 2, *water and sanitation, food and environment*, was active in the construction and repair of wells and latrines, both in communities and schools. Pump care takers were trained on hand pump maintenance and community wells, accompanied by hygiene, water use and well maintenance education for water user groups. In relation to arsenic, Seth Koma supported the Ministries of Health

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<sup>22</sup> UNICEF Cambodia (2000). *Master Plan of Operations of the Royal Government of Cambodia / UNICEF Country Programme of Cooperation 2001-2005*. Phnom Penh. Page 29.

(MOH) and Rural Development (MRD) in carrying out the first arsenicosis clinical survey, issuing guidelines on arsenic content, training testing and communicating arsenic contamination, carrying out such tests and communication, equipping with test kits and establishing a database that was later transferred to MRD. A number of results were also achieved in agricultural improvements.

- Sub-Project 3, *economic opportunities and protection of vulnerable groups*, developed a village fund in order to benefit the most vulnerable households. In order to do so, VDC members were trained in village fund management and provincial trainers participated in TOT on village fund management. Monitoring was assured by VDC and Seth Koma Working Group members participating in the review meeting on village fund management. The village fund provides small scale loans to poor families for income generation. A number of rice banks were also promoted to provide small scale loans in paddy to families especially during the lean season.
- Seth Koma's sub-project 4, *community childcare and education*, mainly provided support to the organization of childcare classes for children aged 3 to 5 and literacy classes mostly for young women. The support consisted in training volunteer teachers, providing teaching materials and monitoring by technical staff from the provincial and district level.

The main constraints were the wide range of activities which were difficult to monitor to ensure adequate quality and the volunteer status of literacy and child care teachers who are meant to carry out daily activities at the village level.

The Seth Koma programme was considerably re-oriented during the *Mid Term Review of 2003*. Following the recommendations of several evaluations (see 4.3.), it was proposed during the that in the second part of the CPC, Seth Koma would take on the role which was originally envisaged in the MPO, i.e. promote the integration of child rights in Cambodia's Decentralization Reform through experimentation in six provinces and support the development of a number of community-based basic services aimed at the realization of child rights at the community level (see 5.2.).

### ***Child Survival***

Under the current CPC, the core programmes concerned with child survival have been the Health and Nutrition and the HIV/AIDS programmes with important contributions from Seth Koma<sup>23</sup>, Education, and Advocacy and Social Mobilization. The MTR found overall satisfactory progress for both the Health and Nutrition and HIV/AIDS programmes during the first half of the CPC with some variation in achievement across projects and components. The main results and activities completed are summarized below

At the *national level*, UNICEF has continued its longstanding, substantive support to national policy and programmes, with the following results<sup>24</sup>:

*Strengthened strategic and policy environment for child health and nutrition:* Along with other partners, CPC expertise and funding helped ensure the inclusion of appropriate health, nutrition and HIV elements in the National Poverty Reduction Strategy 2003-2005 (NPRS) and provided

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<sup>23</sup> The Seth Koma Programme was also concerned with health and nutrition, water and sanitation, parenting skills, and birth registration, all of which are relevant to child survival. Relevant results are presented under the Seth Koma section above.

<sup>24</sup> For easier reference, the various activities and results are clustered under headings that are relevant from a child survival perspective.

inputs into the formulation of the Health Sector Strategic Plan 2003-2007 (HSSP) and its Five Year Implementation Framework, the Cambodia Nutrition Investment Plan (CNIP); and the Strategic Plan for HIV/AIDS and STI Prevention and Care in Cambodia 2001-2005. CPC expertise, in coordination with other partners, also made significant contributions to the production of policies and guidelines on a range of specific topics such as school health, establishing an exemption mechanism for better access of poor families to curative and life saving health services, extensive provision of services at the village level (outreach), community governance of health services (including health centre management committees and village health support groups), universal salt iodization (USI), infant and young child feeding, and the on-going process for the issuance of sub-decree on marketing of products for Infant and Young Child Feeding (IYCF) including breast milk substitutes, rural water and sanitation and the prevention of mother-to-child transmission of HIV (PMTCT).

- a) *Strengthened policy and implementation capacity in national programs:* UNICEF staff and consultant time and the CPC supplementation of some government staff salaries resulted in enhanced capacity of the national immunization and nutrition programmes (including IYCF and USI), and for procurement and distribution of essential drugs, nutrients and vaccines through the Central Medical Stores of the Ministry of Health. This capacity made it possible to develop nationwide plans and strategies and to ensure the availability of supplies for key programmes in the provinces, as well as reducing stock-outs and expired materials.
- b) *Improved availability of trained staff in the public health sector:* The CPC supported RGC and national and regional training institutions in curriculum development, training of trainers and training courses for clinical staff (midwives, nurses, surgeons and theatre staff), which helped to fill skill gaps in the public health service network, and to expand coverage of specific initiatives such as IMCI, VCCT and PMTCT.
- c) *Provision of programme supplies:* The CPC supplied essential drugs, vitamins and vaccines, as well as equipment and logistics to enable implementation of the national EPI-plus programme, both through routine and Supplementary Immunisation Activities (SIA) for polio, measles and tetanus control. These inputs and activities, along with complementary efforts of other agencies, were instrumental in maintaining Cambodia's polio-free status in reducing reported measles cases by 90 percent, in improved tetanus immunisation levels among child bearing age women, and ensuring the access of young children to Vitamin A capsules.
- d) *Advocacy and mass communication support:* CPC advocacy and communication support involved: meetings of the Country Director with high level government and political leaders; high profile visits by UNICEF ambassadors (Jackie Chan, Roger Moore), the design and broadcast of TV spots, production and distribution of posters, broadcast of interactive radio programs for young people. This support helped raised awareness and commitment for high priority initiatives such as the SIA (see above), the promotion of breastfeeding and universal salt iodisation (USI), and for HIV prevention, counselling and testing among youth and pregnant women. UNICEF's advocacy, including a visit from UNICEF's Deputy Executive Director was also highly valued by RGC and partners in helping renew high level interest in tackling the continuing challenge of high child mortality, through the Global Child Survival Partnership.

*At Province and village / community levels,* the Health and Nutrition Programme gave strong impetus to implementation of Cambodia's public sector *Health Coverage Plan* in the six focus provinces. The results have been the following:

- a) By the end of 2003, 87 percent of the targeted health centres were able to provide the minimum package of activities (MPA), 67 percent were operating with some community accountability, through village health support groups and health centre management committees, and all had implemented the RGC's health financing scheme (based in part on an earlier UNICEF supported pilot, the "New Deal") in which income from service charges is used for operating costs and staff salary supplements. All ten referral hospitals in the six provinces are now capable of delivering the comprehensive package of activities (CPA) including emergency and operative obstetrics.
- b) A pilot financing scheme — an equity fund to reduce financial barriers for the poor to access hospital services — successfully completed three years of operation in one hospital in Svay Rieng province. The scheme, a combination of the pre-identification of eligible families, service agreements with hospital staff, quality improvement initiatives and community oversight, has resulted in a large increase in utilization by both paying and exempt families. Occupancy of the children's ward has increased from 16 percent to 62 percent in 3 years. The key elements of this pilot have now been included in national guidelines for health equity funds.
- c) The presence of UNICEF Health and Nutrition staff in the focus provinces has resulted in strengthened capacity of provincial and district health departments for planning, coordination, implementation and monitoring of services, including key child health interventions, delivered through health centres, outreach and SIAs, and the school health (deworming/VitaminA) programme. At the same time this field implementation support, as well as UNICEF's participation in Provincial Coordination Committees (PROCOCOM), provides insight and experience which enhances UNICEF's value and credibility in national policy dialogue.

In face of the growing number of supporters for Cambodia's HIV/AIDS programme, this CPC aimed to support selectively targeted prevention and care activities relevant to young people. Apart from the policy and guideline development mentioned above, the CPC demonstrated the following concrete results: (i) ongoing support for a group of popular interactive communication programs which provide information and advice on HIV prevention for young people; (ii) expansion of voluntary confidential counselling and testing (VCCT) to over 75 percent of national and referral hospitals; (iii) support for prevention of mother to child transmission (PMTCT) in a smaller proportion of the same hospitals; (iv) demonstration of a community based model of care and support for families and children affected by HIV, which has now been adopted by RGC for expansion through the Global Fund; and (v) arrangements for the involvement of Buddhist monks in supporting vulnerable and affected families.

Overall, the CPC has addressed a wide range of factors that are important for the reduction of child mortality. In Section 4.3 below, an analysis is made as to the relative weight of the effort given for different aspects of the programme, compared with expected effect or impact.

### ***Children in Need of Special Protection***

The CNSP Programme covers a wide range of activities to protect and promote the rights of those children who are the victims of neglect, abuse, exploitation or discrimination. These activities include support to the Government (e.g. enactment of legislation, development of policies and regulatory frameworks, capacity building for law enforcement, capacity building in social work, and other programming for child welfare and child protection) as well as more direct service delivery initiatives through NGOs and civil society organizations (e.g. rehabilitation centres for the victims of trafficking, reintegration of street children, etc.).

During the first half of the CPC (2001-2003), the CNSP Programme was structured in three projects as follows:

- a) *Project 1: Capacity building* with objectives to strengthen the social welfare and legal systems for the protection of all children, especially those at risk and those in distress, and for the provision of adequate assistance, in compliance with the CRC and as recommended by the UN Committee on the Rights of the Child. Project 1 comprised two sub-projects: (1) *Strengthening the social welfare system* to enhance the capacity of government and NGOs to respond to the needs of CNSP; (2) *Strengthening the legal protection system* aiming to improve legal protection of children and to promote child rights.
- b) *Project 2: Prevention and Early Intervention*, aimed to promote multi-sectoral networks for prevention of and early intervention for child protection issues at various levels (including the community level)
- c) *Project 3: Children in Post-Conflict* focused on prevention of mine accidents, rehabilitation and integration of parents with disabilities and the promotion of basic services and community development in post-conflict areas in the country.

The MTR recommended a restructuring which left Project 3 largely intact, but which regrouped activities of Projects 1 and 2, into “social protection” and “legal protection” respectively. While social protection was to primarily address capacity building and service delivery of civil society and NGOs, legal protection would support the Government in developing policies and legal frameworks as well as law enforcement.

The MTR of 2003 reports the following main results:

- a) Efforts aiming at capacity building resulted in the development of (1) a national curriculum on social work training and (2) training of national trainers, who are civil servants and (3) increased capacity of MOSALVY staff at central and provincial levels to deliver social services, enforce the law and provide legal protection;
- b) Alternative care institutions were surveyed and a regulatory framework was developed for these institutions. Moreover, models on alternatives to residential care are under development and are promoted, e.g. family- and community-based care, kinship care, fostering and group homes.
- c) Rescue, rehabilitation and integration of child victims of trafficking, sexual exploitation and abuse through NGOs and line Ministries (especially MOSALVY and MOI). While the programme was successful in direct interventions, the problem of the non-availability of referral and social services could not be solved.
- d) The legal protection of children was strengthened by support to legislation in line with the CRC, law enforcement, legal aid, inter-country adoption and birth registration. Technical assistance was provided to develop a series of new laws (e.g. Law on inter-country Adoption, Law on Suppression of Human Trafficking and Sexual Exploitation, Law on Juvenile Justice). UNICEF was also involved in the drafting of a Memorandum of Understanding between Thailand and Cambodia on cross-border trafficking. Assistance was provided to the MOI to design and implement a two-year plan of action to increase birth registration from the present low rate of 22 percent to 50 percent by 2005.
- e) The well-funded project dealing with children in the post-conflict situation developed a variety of activities to reduce mine risks: (1) integration of mine risk education in the national primary school curriculum; (2) identification and prioritisation of clearing areas

contaminated by landmines / UXOs by the local community; (3) assistance to the Cambodia Mine Action Centre (CMAC) for the clearing of land and raising of mine-awareness activities at commune level and through the media; (4) assistance to the establishment of a comprehensive and well-utilized database on mine related accidents (the Cambodian Mine Victim Information System or CMVIS); assistance to victim rehabilitation and other people with disabilities. The programme also developed victim through training of doctors and nurses working in district referral hospitals.

The MTR reports on a number of major challenges that need to be overcome to strengthen support to CNSP: (1) low levels of government budgets allocated to social welfare services (apparently less than one percent of annual Government spending); (2) dependence on financial support from UNICEF and other external agencies and insufficiencies in terms of ownership, sustainability and replicability; (3) capacity constraints due to the scarcity of skilled human resources and institutional weaknesses; (4) weaknesses in data collection and monitoring on all protection issues except the ones covered by the CMVIS.



## **4. ASSESSMENT OF CPC 2001-2005**

### **4.1 Roles and relevance**

In comparison with other external aid mechanisms, the UNICEF supported CPC mobilizes a relatively small amount of external financial resources (an average of a little more than US\$ 15 million per year between 2001 and 2003 — cf. 3.3.) Although the external resource mobilization is relatively small if compared with bilateral agencies or international financial institutions, the CPC exercises an influence in Cambodian society that exceeds the relative size of its financial contribution.

There are several reasons for this. One is historical, as UNICEF has continuously supported Cambodia since the immediate aftermath of the civil strife that occurred during the late 1970s. UNICEF was initially involved in humanitarian relief and thereafter in reconstruction and capacity building.

At present, the CPC deals with a broad range of issues affecting children: child survival; early childhood care and development; formal and non-formal education for all ages; HIV-AIDS; as well as special protection issues. Through the CPC, UNICEF actively contributes to the formulation of national legislation, policies and strategies in all major social sectors, especially child protection, health and education.

A salient feature of the CPC is the multitude of roles its programme components play at various levels (national, province, communities) and in different sectoral or thematic contexts, thereby making flexible use of niches and opportunities and developing a variety of comparative advantages. Examples include advocacy for action to address the non-realization of children's (and women's) rights, capacity-building of rights-holders and duty-bearers, support to coordination, at times direct implementation, provision of supplies and small financial assistance etc.

Another strong feature of the CPC is UNICEF's field presence in six provinces where model interventions at the village and community level are expected to generate workable solutions that can be fed into advocacy for children's rights and capacity building at the provincial and national levels.

The CPC is relevant with respect to children's issues identified in the comprehensive analysis of the situation of children and women, which was updated in 1999.<sup>25</sup> The key documents for the current CPC (CPR and MPO) directly refer to this situation analysis.

There are also indications that, since 2000, the CPC has evolved in line with and even contributed to national policies, as set out in key documents such as the second Five-Year Socio-Economic Development Plan (SEDP II, 2001-2005), the National Poverty Reduction Strategy (NPRS) for 2003-2005 and the Rectangular Strategy (2004). The CPC has also contributed to a range of specific sectoral policies and strategies including health, nutrition, water and sanitation as well as child protection.

The MPO includes improvement of child survival as a specific objective, and as a part of the rationale for five of the six programmes: Health and Nutrition, HIV/AIDS, Seth Koma, Education

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<sup>25</sup> The update of the SITAN prepared in 1999 was not published. A new SITAN is currently prepared, but not yet ready for publication.

and Advocacy/Social Mobilization. The CPC as a whole addresses many of the major direct and indirect obstacles and challenges affecting child survival in Cambodia (cf. section 2.4).

The CNSP Programme equally addresses major issues, several of which arose from the post-conflict situation and which are fully in line with government priorities, e.g. protection from landmines<sup>26</sup>. Others, like sexual exploitation of children, support government priorities inasmuch as they are related to the development of the tourism sector, which plays a “crucial role and is the key to the country’s development”<sup>27</sup>. The CNSP programme also plays a pioneering role in exploring strategies to tackle protection issues that have emerged recently, e.g. alternative care and protection from child trafficking.

Under the *Convention on the Rights of the Child* state parties are required to submit periodic reports on their performance to meet obligations to the Committee on the Rights of the Child established in Geneva<sup>28</sup>. The RGC last reported to the Committee in 1999. The Committee examined the report and issued Concluding Observations on 28 June 2000<sup>29</sup> including a number of recommendations about the realization of children’s rights in Cambodia. It stated that UNICEF was to provide support to RGC to implement these recommendations. There is no evidence in key programming documents of the CPC (MPO and MTR) how this support would materialize. The RGC is currently drafting its latest CRC report for the period of 2000-2004, which is expected to be submitted by the second quarter of 2005.

In practical terms, however, there is evidence that the CPC has addressed some of the specific issues raised by the Committee. Examples include (1) a campaign for nation-wide civil registration; (2) awareness raising campaigns against trafficking and sexual exploitation; (3) a five-year policy framework, police training and the establishment of a special telephone hotline. These initiatives have led to increased awareness in urban and rural Cambodia on the dangers of trafficking and sexual exploitation, and an increase in the numbers of reports and arrests of child sex crimes. There remains a need for increased attention on issues like domestic violence, on which baseline data are insufficient, and even though Cambodia has a clear legal definition of the child in its legislation, some laws remain vague related to the age of children, particularly the lack of minimum legal ages of sexual consent and of criminal responsibility.

## 4.2 Design and focus of the CPC

### ***Human Rights Based Approach to Programming (HRBAP)***

The 2001-2005 MPO reflects the Executive Directive issued in 1998<sup>30</sup> on the adoption of the Human Rights Based Approach to Programming (HRBAP). The design of the CPC takes into account the situation of children and women in relation with the Human Rights Instruments of the UN system (especially CRC). By design, the CPC aims at the realization of children’s rights in Cambodia, notably the right to survival, the right to development, the right to protection and right to participation. It also addresses in its goals and objectives the immediate, underlying and basic causes of the non-realization of children’s rights.

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<sup>26</sup> Council for Social Development (2002). National Poverty Reduction Strategy (NPRS) 2003-2005. Phnom Penh. p. 29.

<sup>27</sup> Ibid ante, p. 75.

<sup>28</sup> *Convention on the Rights of the Child*, Article 44.

<sup>29</sup> Committee on the Rights of the Child *Concluding Observations: Cambodia*. 24th Session, 28 June 2000, CRC / C / SR 641.

<sup>30</sup> UNICEF (1998) CF/EXD/1998-004

In fact, UNICEF pioneered the rights-based approach in Cambodia well before the Executive Directive of 1998. The CASD / Seth Koma Programme, which started in the mid-1990s, was an early test case for a rights-based approach at the village and community level adopting the Triple A approach (assessment — analysis — action). The Programme hence supported key duty-bearers and rights-holders at that level to develop their capacity to articulate their claims and to assume their responsibilities.

**Exhibit 4: Features of HRBAP**

<b>Necessary, specific, and unique elements of a HRBAP</b>	<b>Good programming practices that are also essential under a HRBAP</b>
<ul style="list-style-type: none"> <li>• Assessment and analysis in order to identify the human rights claims of rights-holders and the corresponding human rights obligations of duty-bearers as well as the immediate, underlying, and structural causes of the non-realization of rights.</li> <li>• Programmes assess the capacity of rights-holders to claim their rights and of duty-bearers to fulfil their obligations. They then develop strategies to build these capacities.</li> <li>• Programmes monitor and evaluate both outcomes and processes guided by human rights standards and principles.</li> <li>• Programming is informed by the recommendations of international human rights bodies and mechanisms.</li> </ul>	<ul style="list-style-type: none"> <li>• People are recognized as key actors in their own development, rather than passive recipients of commodities and services.</li> <li>• Participation is both a means and a goal.</li> <li>• Strategies are empowering, not disempowering.</li> <li>• Both outcomes and processes are monitored and evaluated.</li> <li>• Analysis includes all stakeholders.</li> <li>• Programmes focus on marginalized, disadvantaged, and excluded groups.</li> <li>• The development process is locally owned.</li> <li>• Programmes support accountability to all stakeholders.</li> <li>• Programmes aim to reduce disparity.</li> <li>• Both top-down and bottom-up approaches are used in synergy.</li> <li>• Situation analysis is used to identify immediate, underlying, and basic causes of development problems</li> <li>• Measurable goals and targets are important in programming.</li> <li>• Strategic partnerships are developed and sustained</li> </ul>

Source: UNDG (2003) The Human Rights Based Approach to Development Cooperation: Towards a Common Understanding Among the UN Agencies- Stamford, CT.

Exhibit 4 presents a synthesis of key elements that characterize a full-fledged HRBAP<sup>31</sup>. The Exhibit does not make reference to one major additional feature of the HRBAP, which is the gender dimension. HRBAP acknowledges equal rights to women and men and to girls and boys and stipulates that programming should address imbalances in the realization of rights both in terms of gender parity and gender equality.

Most of the necessary and unique elements of the HRBAP can be found in the Seth Koma Programme, but are also present in the other programme components (Health and Nutrition, Education etc.). One can also find many good programming practices with an emphasis on the empowerment of the marginalized, e.g. the Equity Fund to promote access by the poor to

<sup>31</sup> United Nations Development Group (2003). The Human Rights Based Approach to Development Cooperation: Towards a Common Understanding Among the UN Agencies- Stamford, CT.

essential health services and community level responses for care of families and children affected by HIV/AIDS.

The MTR report contains an assessment as to what extent certain basic principles of the HRBAP have been applied during the first half of the CPC. It acknowledges weaknesses in participation by children and youth on issues that concern them and according to their abilities. The MTR does report on some incidental examples of child participation, but admits that child and youth participation was neither substantial nor systematic during the first half of the current CPC and that more conscious efforts would have to be made in this regard.

The MTR undertook an analysis as to the extent to which gender has been mainstreamed into each programme. The analysis focused on a number of key areas: (1) the collection of data on gender-based disparities; (2) planning for specific actions to address disparities; and (3) implementing, monitoring and evaluating results of actions targeting gender disparities.

The report mentions a number of achievements of the CPC concerning gender, e.g. in education (e.g. gender-disaggregated data and improvements in girls' enrolment), and in health and nutrition (access to the Equity Fund for single women). But the report mentions that the CPC should go beyond mere improvement of girls' and women's access to services and actually improve the relationship between women and men and the relative status of girls and boys in society (see 5.1)

### **Results Based Management (RBM)**

Since 2000, UNICEF's guidance to programming has increasingly insisted on the application of principles of Results-Based Management (RBM) and the adoption of a logical framework with specific, measurable, achievable, relevant and time-bound (SMART) results at different levels. Typically, the direct result of an activity or project is referred to as *output*, the indirect result in terms of processes and institutional and behavioural changes is referred to as *outcome*, and the attributable changes on the situation of the intended rights-holders and duty-bearers are referred to as *impact*. Results at different levels form a results chain, which describes the necessary sequence to achieve the desired objectives (input => output => outcome => impact).

The Country Programme of Cooperation did not adopt a results-based approach to programming. A logical / results framework was not a feature of the MPO. The MPO only refers to four overall goals (safe pregnancies and deliveries; best possible start in life for infants, education and protection of school-age children, life skills and participation for adolescents) and to national objectives to which the CPC would make contributions.

The national objectives are formulated as impact statements, e.g. reduction of Infant and Under-Five Mortality Rates and increase of net enrolment ratios in education. An attempt was made to provide indicators to measure the degree by which the result was to be achieved as compared to a baseline (e.g. reduction of U5MR by 30 percent from the baseline level of the Cambodia Demographic and Health Survey of 2000).

However, the MPO is much less specific in defining the specific contribution of the CPC to these national objectives. Results at the outcome level are described in rather general and unspecific terms, e.g. "ownership / empowerment" and "knowledge and behaviour" at the community level or "social policies" and "national programmes" at the national level. There is no description of expected outputs. Since no logical approach was developed, there is also no information on vertical and horizontal relationships between outputs, outcomes and impact results.

The weakness of the design of the CPC may be illustrated with reference to the complex challenge of enhancing child survival. Although the MPO summarized the challenges and barriers to improving children's health and survival in various background sections (especially Health and Nutrition), the objectives for the Health and Nutrition programme were formulated in general terms as improved national health and nutrition outcomes, or as improved coverage of the selected direct or indirect interventions to reach these outcomes. There were no clear objectives to produce change in relation to the constraints identified, which might have emerged from a more logical results chain. In particular, the design did not identify the key results or deliverables, against which the performance of the CPC itself might have been measured. Nor was there a systematic presentation of what other programme components, e.g. Seth Koma, Education and HIV/AIDS, would contribute to child survival. A sense of the intended focus of the programme could only be gained by reading the details of the activities in the CPC and from the annual work plans and reviews.

The MTR of 2003 did not make very explicit reference to the need of introducing the basic principle of RBM into the CPC. The challenge is neither mentioned as a major cross-cutting issue nor can respective references be found in the recommendations of individual programme components. Only the Advocacy and Social Mobilization Programme mentions the need to make the programme "more results-based" and strengthen the monitoring and evaluation of communication activities in order to measure their impact.

In the MTR report, there is also a brief reference to the "strengthening (of) the monitoring and reporting on the CRC by the Government". Although there has been a requirement in UNICEF's programme guidance since 1995 that each CPC should have an Integrated Monitoring and Evaluation Plan (IMEP), the IMEP for the current CPC has only recently been completed (see below). The MPO does contain some provisions concerning monitoring and evaluation, but these provisions were not followed up in the MTR in any extensive manner.

The aims of monitoring and evaluation had been stated in the MPO as follows: (1) to provide continuous information on the situation of children and women through studies, surveys and data analysis; (2) to strengthen the capacity of key national information systems in processing, analyzing, diffusing and feeding-back data; and (3) to monitor the process and impact of Government / UNICEF cooperation through data collection from project sites, programme evaluations and periodic reviews.

It should be mentioned that a five-year IMEP was developed in 2003 and annual IMEPs were prepared for 2003 and 2004. For the first time these instruments provides a systematic overview of studies, reviews and evaluations for each programme component with a link to landmark events during the coming years. The aim is to provide quality information on the achievement of results to decision-makers at crucial moments, e.g. the MTR and strategy development in preparation of the next CPC.

### ***Challenges of focus, convergence and integration***

The diversity of interventions and sectoral and thematic strategies of the CPC conveys the risk of incoherence and lack of focus and convergence between the different programmes. The MPO called for an integrated and multi-sectoral approach addressing the needs of children, including the vulnerable and most marginalized. The CPC would be realized through six "synergistic components", the description of which contained frequent references to overall goals (safe pregnancies and deliveries; best possible start in life for infants, education and protection of school-age children, life skills and participation for adolescents).

The six programme components are presented in terms of their individual sectoral and thematic dynamics, but the report also refers to five cross-sectoral issues: (1) convergence province approach and inter-sectoral collaboration; (2) deconcentration and decentralization; (3) HIV/AIDS; (4) gender; and (5) child / youth participation. It is not quite clear, why the issue of child survival, which had received much attention in the MPO, was not included among the cross-cutting issues. There is also no reference to the overall goals of the CPC as spelled out in the MPO (see above) nor were the challenges related to HRBAP and RBM treated in any extensive manner.

The MTR confirmed the concentration on six target provinces and reports on progress concerning convergence of programming through information sharing and selection of joint activities including programme monitoring and evaluation. The report mentions concrete examples of enhanced cooperation between sectoral programmes at the province level<sup>32</sup>, but also acknowledges that the various UNICEF supported interventions should develop more inter-sectoral collaboration against the background of Deconcentration and decentralization.

While there are several examples of convergence and integration at the level of concrete project initiatives, there is still relatively limited convergence at the level of the various programme components and without reference to the overall programme goals mentioned in the MPO. Each programme component is presented without much cross-reference to activities and opportunities of other components. In practical terms — and in spite of the conceptual framework in the MPO — the CPC has still largely evolved in relatively distinct vertical compartments aligned to specific line Ministries (e.g. Health, Education, Rural Development etc.). Possible exceptions are the relatively small HIV/AIDS programme and the Advocacy and Social Mobilization Programme.

A consequence of the strict separation of technical areas is that it reinforces the tendency to vertical delivery of interventions down to the family level, sometimes with contradictory initiatives taking place side by side. Two examples relate particularly to the government's objective of increasing the rate of skilled delivery and newborn care and increase in facility deliveries. International evidence clearly shows that these are vital strategies to reduce peri-natal and neonatal (as well as maternal) deaths. However, the CPC supports the distribution of home birth kits for use by untrained attendants; and recent efforts of the National Immunization Programme are focused on delivering the birth dose of hepatitis B to babies born at home. In both cases the opportunity was missed to use such service enhancements as an incentive to encourage skilled care or facility-based births.

In the MPO, there was the expectation that the Seth Koma programme would allow for greater convergence and integration of interventions at least at the village or community level. But the design of the programme did not specify how this convergence would materialize. In practical terms, there has been a certain “disconnect” between Seth Koma and other programme activities at the decentralized level. For example, Seth Koma was to develop its own activities related to nutrition and health, but failed to develop an integrated approach with the Health and Nutrition Programme. One could also say that Seth Koma's health and nutrition activities (to be undertaken largely with the Ministry of Rural Development) was not designed to benefit from technical expertise of the Health and Nutrition Section (in conjunction with the Ministry of Health).

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<sup>32</sup> Examples include synchronization of women and children assessment sessions of Seth Koma and outreach immunization sessions as well as participation of staff of health and education departments in District Integration Workshops.

The re-orientation of Seth Koma resulting from the MTR of 2003 and the strategic partnership with the Seila programme increase its potential to overcome the relative isolation it had experienced in the past and to connect to mainstream policies and strategies of Decentralization and decentralization of the RGC. As the latter policies involve all line Ministries, the possibilities to contribute to an integrated approach to rural development are greatly enhanced. This implies major changes to the design of Seth Koma and implications for the CPC as a whole. These suggested orientations will be developed in greater detail in section 5.2.

The programme dealing with Children in Need of Special Protection (CNSP) was given a special assessment in terms of focus and convergence. The MTR observed that protection issues had attracted increased interest and funding during the first half of the CPC and that the programme had consequently expanded in the area of prevention and early intervention without evaluating the piloted newly developed protection. In addition, the Programme had started to deal with a wide range of issues, e.g. alternative care, child trafficking, sexual exploitation and abuse and various aspects of legal protection of children (including birth registration) without adequate prioritisation or focus.

The CNSP Programme combines advocacy, policy development and awareness-raising, capacity building at all levels with support through NGOs and civil society organizations to selected direct services and mobilization (e.g. rehabilitation centers for the victims of trafficking, reintegration of street children, child protection networks, etc.) at the community level. The programme is prone to being issue-driven and also rather dependent on the availability of donor funding (most activities being almost entirely funded by Other Resources). This is certainly true, as far as the post-conflict programme is concerned, but also with regards to issues that received attention more recently, e.g. sexual abuse and exploitation of children. The public notoriety of certain issues diverted attention from other forms of neglect, abuse, violence or exploitation, which are less known, but maybe as serious or even more important (e.g. domestic violence)

The CNSP Programme operates principally in urban areas and in border zones and is less active in the six provinces, in which the other programme components have their main field presence. In practice, this has limited opportunities for convergence between the CNSP Programme and the other Programmes in these provinces. However, convergence between CNSP and Education Programmes is strong in the border area with Thailand.

### **4.3 Effectiveness**

#### ***Were goals and objectives achieved?***

Section 3.4 of the present report contains an illustrative summary of experiences and results achieved by 2004 by the Seth Koma and the CNSP Programmes as well as in the area of child survival. In section 4.2 it is mentioned that basic principles of RBM were not applied in the design and implementation of the current CPC. This makes a systematic assessment of the effectiveness of the UNICEF supported CPC rather difficult. Specific weaknesses in this regard are the following:

- a) Goals and objectives as formulated in the MPO may have been relevant, but they were not specific, measurable, achievable or time-bound (SMART).
- b) There was no adequate system of performance monitoring and evaluation and reporting in annual reports and reviews. The MTR was to a large extent illustrative and anecdotal.

- c) Most programmes operate in a complex environment with contributions from national and international partners, which poses a problem of reasonable attribution of results to the intervention of any one of these partners.

Since the CPC was designed through the CPR and MPO, there have also been some changes in its structure and actual implementation. The CPC was based on the assumption that Other Resources (OR) would become available at a rate, which would correspond to the resource mobilization target approved by the Executive Board. Although the CPC received not all projects were evenly or regularly funded resulting in the situation that not all scheduled projects could be implemented as foreseen. On the other hand, some unforeseen projects and activities were funded, e.g. in the CNSP Programme because of the multiple issues that needed to be addressed. These changes are documented in annual reports and reviews as well as in the MTR, but not in a systematic and accessible manner<sup>33</sup>.

Some programmes were not comprehensively covered in progress reviews. For example, while the HIV/AIDS programme generally reported against CPC objectives and design, the progress reports of the Health and Nutrition Programme appear to have been more selective, perhaps due to the wide scope and complexity of the programme, and particular demands for detail (e.g. required reporting for UNICEF's MTSP).

The ultimate measure of success would be that in Cambodia there has been improvement in child survival rates, that they have a better start in life in terms of nutrition and health, that more children complete their education, that they are protected from all forms of neglect, abuse and exploitation and that their views are heard and respected. But even if there were adequate data to measure progress in the realization of all the rights enshrined in the CRC and in national goals in line with the Millennium Declaration and the MDGs, this would not necessarily tell us much as to the performance of the UNICEF supported CPC.

What a CPC can hope to achieve, in close cooperation with other partners, including other agencies of the UN system, are outcomes in terms of good processes and behavioural and institutional changes among stakeholders, who are both rights-holders (children, families, communities, local government, civil society, NGOs etc) and duty-bearers (families, communities, local government, civil society, NGOs, national government, external aid agencies<sup>34</sup>).

As was mentioned in section 3.4 on the basis of reports and reviews, the current CPC can claim reasonable attribution with many results in terms of processes and outcomes at all levels, i.e. villages and communities, provinces and nation-wide. However, the quality of reporting on results in terms of processes and outcomes would have been enhanced by more explicit references to contributions of other partners. The involvement in specific results areas of other partners (UN agencies, international financial institutions, bilaterals, NGOs) is not systematically mentioned in the MTR for all programme areas. The impression could be that the nationally owned CPC with UNICEF support achieved the results on its own<sup>35</sup>.

However, the weaknesses in the design and monitoring and evaluation mechanisms mentioned above are not peculiar to the CPC Cambodia, but are quite common to most UNICEF supported

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<sup>33</sup> This is another reason, why it is difficult to assess whether the CPC was effective.

<sup>34</sup> Many institutions are both rights-holders and duty-bearers, e.g. families and communities bear duties to their children, but also hold rights, which they need to defend before local and national government.

<sup>35</sup> The MTR report does contain the following general statement: "Although it may not be specifically mentioned in this summary report, many of the key results achieved are through the collaboration with other partners either bilaterally or through the above-mentioned coordination mechanisms." (MTR p. 14).

programmes worldwide. Programme guidance at the levels of UNDAF and also of UNICEF gives much more importance to RBM, i.e. logical design of Country Programmes, improved monitoring and evaluation as well as documentation of partnerships.

### ***How effective was Seth Koma?***

The effectiveness of the Seth Koma Programme was documented by several studies and evaluations, which eventually led to major changes in the scope and operational modalities of the Seth Koma Programme during the MTR of 2003.

The first baseline and follow-up studies were undertaken during the implementation of the CASD Programme that was part of the CPC 1996-2000. The intention was to collect baseline and process and outcome / impact data. The following studies were undertaken:

- a) In 1998, a *Baseline survey of CASD villages*, which suggested that the nutritional status of women and children would be used to monitor progress and measure impact of the community development process. The survey showed that CASD areas were performing better than non-CASD areas.
- b) In 2000, a *Follow-up survey of households in CASD villages* was conducted, simultaneously providing information about achievements realized since the Baseline Survey in 1998, as well as providing a starting point from where to measure progress to be realized during the next Country Programme 2001-2005.

The sample taken in the CASD areas demonstrated that the programme had been quite successful in establishing a participatory process in the villages compared to the control sample. However, indicators measuring outcomes of the programme activities showed a mixed picture, with the CASD villages performing modestly better than the control villages in some programme sectors (e.g. safe water, sanitation, family planning, maternal nutritional status), while in other sectors the CASD villages performed the same or worse than the control villages (e.g. immunization, primary school enrolment, trained birth attendance, iodated salt use).

The CASD programme identified “malnutrition” as the key indicator for measuring success of the programme as a whole. Although improvements were realized since the baseline survey in 1998, the children in the control villages experienced similar improvements in nutritional status.

During the first half of the current CPC, the Seth Koma Programme was the subject of a series of studies, reviews and evaluations:

- a) In 2002, a *Qualitative Assessment of Seth Koma Programme* was to provide a qualitative, consultative review of the implementation of the CASD / Seth Koma Programmes. The report concluded that the Seth Koma programme had successfully given communities a chance to drive their own development, emphasizing the participation of women and children. Village Development Plans and Village Action Plans had proved to be important tools for the transfer of ownership of the local development agenda to the village level and were considered to be two of the programmes main strengths. The report noted that ownership at village level could be increased by transferring more power to this level or providing further training aimed notably at those with lower levels of education. The most vulnerable were often excluded by their poverty from the very processes that were designed to improve their lives. Health related activities had proved to be particularly successful, notably educations on birth spacing and child weighing activities, and improvements in health have been noticed almost across the board. Other activities failed

to generate the same level of enthusiasm, possibly because they were not sufficiently tailored to the daily realities of village life.

- b) The *collaboration between Seila and Seth Koma* was also evaluated in the qualitative assessment of 2002 and was judged to have produced positive results, with Seth Koma integrating village level needs and priorities into the commune level planning process and thus in the Seila supported overall goal of Deconcentration and decentralization. This integration placed Seth Koma within an overall development context rather than being a stand-alone project. The report continued by recommending that UNICEF needed to ensure that its planning schedule fitted more neatly into the new planning framework, which, without a formal framework remained a difficult task. The report concluded that the programme was making excellent progress towards its objectives<sup>36</sup>.
- c) In 2003, a third quantitative Follow-up survey of households in CASD villages was conducted for monitoring and evaluating the Seth Koma programme. As in 2000, the participatory processes were found to be successful, as were the levels of provision of Seth Koma specific services such as micro-credit, Village Social Fund, childcare and training opportunities. The impact against other social indicators was mixed.

The survey of 2003 found that as far as maternal and child health and nutrition was concerned, women and children in Seth Koma areas used services more often (vaccination records, neonatal tetanus vaccination, vitamin A supplementation, antenatal care, deworming) than in the control villages, although the differences were not significant. The most vulnerable in the population, a group to which the Seth Koma Programme aimed to be more attentive to, did not seem to have benefited more from the programme than others.

No significant differences were found in child nutrition indicators, with the prevalence of stunting at 38 percent in both Seth Koma and control villages and underweight at 46 percent and 49 percent respectively, confirming the findings of the follow-up survey in 2000 that no significant differences were found in maternal and child nutrition indicators, including anaemia.

A central aspect of the programme had thus not been successful. Growth monitoring, a tool to encourage parents to actively care for the health and nutrition of their children, covered only two thirds of all children under five, and only a third of the mothers could read a growth chart. The growth monitoring was too infrequent (three times per year) and the implementers lacked training to communicate clear action oriented health messages, thus impact was limited.

However, the programme did demonstrate a capacity to deliver tangible products such as tube wells and latrines. The population in programme areas was more likely to have access to safe sources of water, but despite great efforts on latrine training and construction, there had been no significant increase in latrine usage compared to control areas.

The study made the significant recommendation that growth monitoring was to be discontinued and that the Programme was to concentrate on simple actions such as vitamin A supplementation and breastfeeding promotion. The reasons why women and child assessments should not continue were described as follows: (1) it was not technically appropriate to conduct growth monitoring three times a year (to be adequate it should be every month); (2) health centres covered all the areas where Seth Koma provided functional outreach services, and

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<sup>36</sup> There was no mention of UNICEF or the Seth Koma Programme in the document *Learning by doing: An analysis of the Seila experiences in Cambodia* (2002). Seila's Annual Work Plan and Budget 2003 showed UNICEF as one of the sources of funding. The Workplan for 2004 describes Seth Koma as a partner to Seila since 2000.

people were starting to use Health Centre services; (3) activities could not be appropriately run by communities themselves; and (4) activities could not be supported under a large scale expansion of Seth Koma Programme.

Last but not least, an evaluation was undertaken in 2004 of the *Village Fund and Rice Bank Component* of the Seth Koma Programme. The evaluation concluded that in general, the Village Funds were not an effective way to increase the household income of the beneficiaries. It had also not been possible to reach the most vulnerable in the communities. The social aspect of the funds materialized only rarely. Not all activities generated more income, e.g. animal raising. The undefined ownership of the Funds, weak and expensive monitoring and poor management were identified as some of the reasons why not all funds performed as expected.

In conclusion, it may be stated that the surveys generated some significant findings as to the effectiveness of the Programme. Even if the chosen methodology with control groups may be contested<sup>37</sup>, there are reasons to assume that the results of the Seth Koma could probably be found more in terms of a strengthening of capacities of rights-holders and duty-bearers in supported villages to drive the development process. A more tangible result that could clearly be attributed to Seth Koma was improved access to water and latrines in the supported villages, although the use of latrines did not change. Families in Seth Koma villages also did better than those in control villages with respect to health knowledge and care practices, as well as in coverage of immunization and micronutrient supplementation. However, in terms of other tangible outcomes, e.g. improvements in nutritional status of mothers and children and improvements of income and use of social services, the Programme had not been very effective.

### **Child survival**

Under the current CPC, the core programmes concerned with issues related to child survival have been the Health and Nutrition and the HIV/AIDS programmes. As shown at the MTR, there was overall satisfactory progress for both programmes during the first half of the CPC with variation in achievements across projects and components.

Based on the evidence provided during the CPE, an assessment has been made of the relative focus or effort with respect to some key areas relevant to child survival. These are summarized in the exhibit below, followed by comments on specific issues.

#### **Exhibit 5: Level of efforts concerning child survival**

<b>Higher Effort</b>	<b>Lower Effort</b>
EPI, micronutrients, HIV/AIDS	Birth spacing, maternal nutrition, delivery and newborn care
Primary Education	Literacy and life skills education for out of school youth
Capacity building for provincial and district service planning and improved public sector service delivery	Involvement of informal and private providers
Paying for inputs	Linking resources to performance or key results; e.g. linking support to service use by target beneficiaries (poor families)
Advocacy, media messages	Fostering a supportive local environment to sustain behaviour change
Engagement with govt. partners; technical working groups	Engagement with other civil society actors in the field

<sup>37</sup> Control villages cannot be assumed not to have had external support akin to support provided to Seth Koma villages. Moreover, the situation in both types of villages may have been influenced by factors that are not related to external support (e.g. remittances). As there are many variables that may have been at play in both types of villages, direct comparisons may not be valid on methodological grounds.

The following comments can be made:

- a) *Immunization.* There are currently many partners supporting the National Immunization Programme (NIP) while the burden of disease preventable by immunization is declining. The CPC's added value would be in securing routine EPI and establishing workable models for EPI-plus, bringing greater benefit from complementary activities, such as micronutrients and deworming tablets for women and children.
- b) *HIV/AIDS.* In a crowded field of support, the CPC selected its strategic focus carefully and has delivered on this effort. The MTR recognized the opportunity to use HIV/AIDS to reaching young people for improving life and parenting skills
- c) *Micronutrients.* In terms of cost effectiveness terms and UNICEF expertise, the CPC focus is appropriate; USI will involve continuing commitment.
- d) *Birth spacing and nutrition of adolescent and pre-pregnant women.* Given the evidence of unplanned and unwanted births, the poor nutrition of reproductive age and pregnant women and relatively small number of agencies involved, the CPC might have given greater focus in this area. The protein-energy deficit of pregnant women in very poor communities requires food supplements. Cooperation of the CPC with the World Food Programme (WFP) was an appropriate response.
- e) *Skilled delivery and newborn care.* The CPC gave less attention to this area than would be expected given the high child survival pay-off, with about one third of under 5 deaths occurring in the first month of life, and this not including intra-uterine deaths and stillbirths. Support for inputs, such as improved facilities and clinical training, was appropriate, but there was little attention to the structural barriers to the use of skilled care, especially in the improved health centres, or to improving referrals. Support for birth kits for home delivery by unskilled attendants may not be appropriate, given the national policy objective to increase skilled attendance and the use of health facilities for delivery and newborn care.
- f) *Adolescent life skills.* Given the large proportion of adolescents not in school, approaches to improving life skills and parenting choices for current adolescents were given less focus than would be expected from the potential impact on reproductive choice and child survival.
- g) *Private sector engagement in Child Survival.* The CPC provided strong support in the focus provinces on public sector capacity building and service improvements. However, given the important role of informal and private providers in service delivery for the CPC's target beneficiaries, there was less focus on this group than warranted. While the MPO indicated that a range of activities was planned to involve the private health sector, few of these were in fact taken up and the issue was not mentioned in the MTR.
- h) *Financing modalities.* The CPC provides valuable inputs, both through investment (one-off) and recurrent cost support, for improving and maintaining essential programmes linked to child survival at national and sub-national level. But there has been less attention to more direct linkage of funding to the actual use of services by target beneficiary groups, i.e. pregnant mothers and families with young children through the Equity Fund. The major exception to this has been the successful Equity Fund pilot, but so far this operates only at district hospital level.
- i) *Advocacy and communication.* The CPC has made great effort in two areas of UNICEF's comparative advantage and expertise: high level advocacy, and the use of mass media to convey key messages, including those relevant to child survival. The CPC also espouses interpersonal communication to complement media activities and facilitate behaviour

change, though there is little evidence of effectiveness. There has been less effort to introduce proven approaches to building supportive local environments for behaviour change.

- j) *Partnerships*. UNICEF's formal partner in the CPC is the RGC and each CPC programme has its counterpart ministry. For child survival, the UNICEF team has given great attention to its relationship with government counterparts and to its role in technical working groups, along with other partners. Working relationships with other partners are not clearly described in the MPO; for example in H/N there does not seem to be a clear strategy to encourage partnerships to achieve the child survival related objectives of the CPC. The H/N team is involved in the coordination group for sector wide management (SWIM) for the health sector, but it is not clearly stated how this engagement is intended to further the overall child survival objective of the CPC. In contrast the HIV/AIDS programme has a more explicit long term approach to the selective engagement of civil society partners.

Some of the areas noted in the “High Effort” column are justified in terms of expected child survival pay-off in the short or medium term, and in terms of a specific contribution of the CPC, for example in micronutrients and HIV/AIDS, or in terms of other UNICEF Objectives, for example in primary education. On the other hand, there are currently many partners supporting the National Immunization Programme (NIP) while the burden of disease preventable by immunization is declining.

All the topics listed in the “Lower Effort” column are considered to have been relatively neglected among Cambodia's child survival initiatives, but available evidence suggests effort would be rewarded in terms of impact on child survival. The DHS 2000 found high unmet need for birth spacing with 32 percent of births unplanned; 20 percent of child bearing age women were underweight and 60 percent were anaemic; only 32 percent of deliveries were attended by a skilled health worker and only 10 percent took place in a health facility. As it is estimated one third of under-5 deaths occur in the neonatal period, there seems to be potential for substantive impact on this group of deaths in the next CPC.

### ***CNSP Programme***

The CNSP Programme plays a pioneering and innovative role in Cambodia. The experimental and at times ad-hoc nature of its interventions may or may not produce direct results for children. Their importance lies in the search for workable solutions and the related capacity development for partners in the CPC as well as in their contribution to advocacy, i.e. drawing attention to the various instances of the violation of children's rights. The most structured part of the programme is the support to legal reform and policy development as well as to law enforcement and legal aid.

The CPC has contributed considerably to the policy / legislative framework. This participatory but time-consuming process has however resulted in the submission of only one newly-developed law to the Council of Ministers which has been awaiting adoption by the Council of Ministers since 2001. At the field level, awareness raising campaigns against trafficking and sexual exploitation together with a whole range of activities (police training, phone hotline, database of cases, etc.) have led to an increased awareness in cities and rural areas on the issue and has resulted in an increase of the number of reports and arrests of abusers. The response to these crimes, however, is again limited by the fact that lawyers and judges are not fully aware of the legislation components on children in conflict with the law, corruption is widespread and government social workers and social services are insufficient in numbers and in their capacity to rehabilitate victims.

Where ever possible, national policies have been informed by field experiences. One good example is the survey on alternative care which served as the basis for the subsequent development of a regulatory framework on alternative care for children without primary caregivers. The development of a national policy on alternative care was initiated by major partners, brought together in an inter-agency working group of the Advisory Committee on Alternative Care<sup>38</sup>, which has developed minimum standards on residential care and on community and family-based care.

#### **4.4 Sustainability, replicability and mainstreaming of results**

##### ***Key concepts***

Neither the CPR nor MPO of the current CPC nor the MTR make extensive references to the dimensions of sustainability, replicability and mainstreaming of results. The respective concepts are, however, present in implicit ways. For the sake of clarity it is useful to briefly summarize the meaning of these concepts:

- a) The notion of sustainability of results is closely related to that of effectiveness. It describes a situation where effects in terms of processes or behavioural and institutional changes continue to exist beyond support provided under the respective project or programme. Good practices induced by Seth Koma should hence, for example, continue to be applied once Seth Koma no longer assists the respective villages or communities. Similarly, the extent and quality of services provided by health and education facilities and coordination and support at provincial and central levels promoted by all components of the CPC should show a declining dependence on external support, allowing the programme to address other issues and develop innovative intervention models and contributions to policies and strategies.
- b) All programme components of the CPC aim at developing intervention models that could be replicated in other locations, possibly with some adaptation. The transaction cost of support provided to specific villages and communities and / or to individual health centres, schools, communes, provincial institutions etc. would be far too high, if these experiences could not be expected to generate workable solutions that would be useful in other settings. For this to happen, it is important to understand the complexity of factors at work that condition the successful introduction of new models in different settings. The assumption would be that the transaction cost of introducing the model elsewhere should be less than the original “pilot” project.
- c) Mainstreaming of models developed with support from the CPC ultimately involves the integration of respective concepts in national policies and strategies. A good indicator for such mainstreaming is whether major policy documents of the government contain elements that could be traced back to contributions of the CPC, with or without explicit acknowledgement, and whether these elements become part and parcel of the overall development approach concerning specific issues related to the realization of children’s rights. An important intermediate step for the CPC is whether there are clear relations between model interventions in the field and advocacy. In other words, the question is whether advocacy of the CPC makes adequate use of experience gained and results achieved in field projects.

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<sup>38</sup> Members were MoSALVY, UNICEF, IOM and NGOs like HOSEA, Hagar Krousar Thmey and Save The Children, Australia.

### ***Seth Koma***

There is no evidence as to what happened to villages and communities, which were supported more or less directly by Seth Koma, but where external assistance was reduced or even withdrawn. At least since 2003, the Seth Koma Programme has diminished its direct support that had been assisted through many years in many locations, as it shifted its focus to the commune level and cooperation with the Seila Programme. It would be interesting to undertake ex-post evaluations in those villages to assess whether the positive results achieved in the past were sustained by the stakeholders (e.g. continuous existence of Village Development Committees, use of services etc.).

There is also no direct evidence whether the development models introduced by Seth Koma were used and / or adapted by national or external partners outside Seth Koma project areas and provinces. In policy documents, especially those referring to decentralisation and deconcentration, Seth Koma is sometimes mentioned but in general, decentralisation and deconcentration policies seem to have benefited more by experiences made by the Seila Programme since the mid-1990s than by the Seth Koma Programme.

### ***Child survival***

With respect to the Health and Nutrition Programme of the current CPC, there were no stated aims of sustainability and replicability of the main activities related to child survival, and there is no evidence that activities were selected with a view to their sustainability or replicability. This lack of specific mention of the issues may reflect in part the relatively recent stability in the country — this is only the second CPC since the emergency relief stage was ended — and the recognition that Cambodia will need both capacity building and operational support in its key social and human development programmes well beyond the period of the current CPC.

The major effort on mainstreaming of interventions or experience which would impact on child survival has been through work on national policy and guidelines (including the use of pilot studies or test cases) and at province level, through support to public sector service planning and implementation. However, the sustainability of the important child survival related efforts of this CPC is considered unlikely in the short and medium term, due to dependence on funding and technical support from UNICEF. The expansion or replication of successful initiatives beyond their present areas of implementation will also require funding and technical support from UNICEF or other partners.

An alternative approach, to be considered for the new CPC, would be to formulate an exit strategy or conditions which should be established for disengagement from UNICEF support in key areas, even if the final exit may not take place for ten years or more. This approach would make more explicit the nature and rationale for longer term support, and any conditions or milestones along the road to sustainability or transfer to others.

### ***CNSP Programme***

Activities related to children in post-conflict have the longest track record, as far as the CNSP Programme is concerned. There are some examples of relative sustainability and mainstreaming of supported initiatives. A good example is the Cambodian Mine Victim Information System (CMVIS) which is a well-established, comprehensive and well-utilized database. The database is used by almost every agency involved in mine action and victim assistance in Cambodia for planning, fundraising and measuring project impacts. There is the idea of using CMVIS as a model and apply it to the collection of data on other protection issues related to accidents and injuries.

The Community Based Child Protection Network (CBCPN) was initiated in 1999 as a strategy to prevent and provide early intervention for children at risk and children in need of special protection who needed referral to appropriate services. An external evaluation<sup>39</sup> concluded that MoSALVY was insufficiently involved in the development and implementation of the CBCP at national level. There was hence a lack of policy development from the part of the Ministry, which affected sustainability of the CBCPN. But the evaluation praised the community-based approach, as it was found to be appropriate for children in need of special protection<sup>40</sup>. But a number of recommendations were made stressing the importance of undertaking a substantial assessment of children's needs and protection issues before any intervention is established or expanded.

The creation of networks and structures is necessary, but not sufficient to ensure improved child protection. A number of services (rescue, rehabilitation and integration of child victims of trafficking, sexual exploitation and abuse) are delivered by NGOs and the Department of Social Affairs and Youth Rehabilitation of MoSAVY, but they are still fully funded by external donors including UNICEF. Referral mechanisms are limited in view of the scarcity of social services available. Qualified staff is insufficient. The CPC is promoting social service training, but it is still too early to expect sustainability and mainstreaming without available services and external support. In the longer run, systems will need to be functional, supported by the actors involved, including commitment from the government to develop and apply policy and legislation and oriented towards achieving results.

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<sup>39</sup> Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation and UNICEF Cambodia (2004). Findings and recommendations of the external evaluation of the Child Protection Network. Phnom Penh.

<sup>40</sup> *Idem ante*.

## 5. STRATEGIC ORIENTATIONS AND RECOMMENDATIONS

### 5.1 Deconcentration and convergence

#### *Deconcentration and decentralization*

The RGC is presently preparing a comprehensive strategic framework for deconcentration and decentralization for the period 2006-2010. Both processes are considered essential elements in the Public Administration Reform Programme that lies at the core of the Rectangular Strategy. Some elements of the strategic framework have already been announced by senior representatives of the RGC<sup>41</sup>:

- a) Service delivery of core sector Ministries (Health, Education, Interior) is to be deconcentrated to provincial and district levels and, when appropriate, be entrusted to Commune Councils. Each Ministry is encouraged to develop a plan that devolves functions over time and ensure that an action plan is prepared for implementation. Devolving functions needs well coordinated mechanisms at all levels.
- b) Public Finance Management should ensure that appropriate annual budget allocations are made in line with deconcentrated functions and service delivery. Tax revenue at national, provincial and commune levels should be appropriately shared. Commune Councils should develop a capacity to generate their own revenues. In view of enhancing accountability and transparency, public finance management systems need to be strengthened.
- c) It is planned that Commune Councils will benefit from financial allocations from a special fund financed from domestic revenues. The fund is still rather small, but should increase over time. The RGC would like to see donor resources contribute more substantially to the fund. For this to happen, the efficiency, accountability and transparency of fund management will need to be enhanced.
- d) At the province / municipal level, there is a need to establish a management system that clearly defines horizontal lines of accountability with provincial departments and a clear vertical line of accountability to the national level. The system should operate under the authority of the Governor and ensure support and supervision to the Commune Councils. At the same time, the number of provincial committees needs to be reduced and their activities better coordinated.
- e) There is still a lack of clarity concerning the role of districts in relation to the Commune Councils. On the one hand, sector Ministries devolve more responsibility to the district level for the extension of services to the local areas. There will hence be a greater need for coordination and facilitation. On the other hand, districts are not expected to have their own budgets. The current thinking is that districts should play roles of coordination and facilitation between departments and Commune Councils and ensure that implementation of projects and programmes proceed in accordance with approved plans.
- f) The thrust of efforts related to deconcentration and decentralization is directed at the Commune Councils, which need to assume core management functions mandated through the decentralized regulatory framework. Council members as well as clerks and members of planning/budgeting committees have been trained and have begun to assume respective responsibilities. To the extent that they are to play a more prominent role in the devolution of agency functions and service delivery at the local level, there will be a need

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<sup>41</sup> Cf. Speeches by Senior Minister Keat Chhon, Minister of Economy and Finance and Chairman of the Seila Task Force, and Acting Prime Minister He Sar Kheng, at the Seila National Workshop in Siem Reap (30 August to 01 September 2004).

for a sustained training effort and strengthening of their capacity to mobilize additional local human resources.

- g) Commune Councils will have the responsibility to mobilize villages, communities and associations to actively participate in local development and contribute to poverty alleviation. Village chiefs will continue to play an important role to mobilize civil society including various types of local associations and the private sector.

Under Seila's second five-year phase (2001-2005), the programme has been tasked with mobilizing and coordinating external development assistance, especially through the Commune Fund and the Provincial Investment Fund (PIF). The Seila Programme has been relatively successful in mobilizing small-scale investments to build rural roads, schools, water supply schemes and irrigation. It also claims to have changed attitudes among local officials, who are now more motivated to administer bottom-up processes and local governance. Most importantly, however, Seila was an important mechanism in the national process of formulating policies related to deconcentration and decentralization<sup>42</sup>.

### ***Recasting the Seth Koma Programme***

As was stated before (cf. 3.4.), the Seth Koma programme was considerably re-oriented during the *Mid Term Review of 2003*. During the second part of the CPC, Seth Koma would take on the role which was originally envisaged in the MPO, i.e. promote the integration of child rights in Cambodia's decentralization reform through experimentation in six provinces and support the development of a number of basic services aimed at the realization of child rights at the community level.

A cornerstone of the recasting of the Seth Koma Programme was the partnership with the Seila Programme. Cooperation had actually begun in 2000 in one province and had since been extended to all provinces where Seth Koma is working. Using a mother and child-based approach at the village level, Seth Koma worked with Village Development Committees (VDCs) to prepare Village Action Plans outlining social development activities which benefit children and women.

A Memorandum of Understanding (MOU) was signed in early 2004 between UNICEF, the Seila Task Force and the Provincial Rural Development Committees of Prey Veng, Svay Rieng and Otdar Mean Chey. Similar agreements with other provinces were signed in November 2004 (Kampong Thom, Stung Treng and Kampong Speu).

The mention of Seth Koma in the Seila Workplan for 2004 refers to the four main adjustments: (1) stronger focus on training and work with commune councils, with a special attention on the commune women/children focal point, (2) expanded scope of women and child assessments to cover education and protection issues in addition and health and nutrition issues currently covered, (3) refocusing of basic services supported to two main components, i.e. water and sanitation and community education, (4) implementation of programme activities through government's regular structures.

The key activities of Seth Koma during the remainder of the CPC are as follows (1) modifying the contents of Triple A Process (main indicators to be expanded beyond nutritional status and to include complete immunization coverage, child care attendance rate for children aged three to five, literacy rate for young women, birth registration rate and access rate to safe drinking

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<sup>42</sup> World Bank (2004). *Cambodia's Seila Programme: A Decentralized Approach to Rural Development and Poverty Reduction*. Scaling up Poverty Reduction: A Global Learning Process. Shanghai Poverty Conference, May 2004.

water and sanitation) , (2) strengthening of inter-sectoral collaboration, (3) use of government's regular structures, (4) working with the Commune Councils, (5) changes in the management of the safe water and sanitation component, (6) more focusing of activities (phasing out from agricultural and income generation activities and focus on water and sanitation and community education) and (7) changes in community education.

Since the election of Commune Councils in 2002, Seth Koma has provided training on women and children issues to Commune Council members, and facilitated the incorporation of priorities expressed in Village Action Plans into the Commune Development Plan. UNICEF also provides technical and financial support to provincial line departments to respond to priorities in the social development and gender chapters of the Commune Development Plans.

In 2004, the Seth Koma Programme supported capacity strengthening of the Commune Women/Children Focal Points; participated in the clarification of the role of VDCs in relation to village chief, other associations and Commune Council; designed, piloted and documented women and children related service-delivery by commune councils in partnership with government departments, provide sector investments for selected provinces and provided feedback on lessons learned to the national level.

### ***Deconcentration and convergence***

The re-orientation of the Seth Koma Programme that was undertaken during the MTR of 2003 dramatically increased its potential significance as a contribution to national policies and strategies. It transformed the programme from a set of discrete activities at the level of individual villages and communities into an approach that has increased chances of replicability and mainstreaming because it is part of a national effort with a consolidated and coordinated external support mechanism.

The shift of focus from the village and community level to that of Commune Councils involves a number of new challenges that will need to be met. While it is an excellent initiative to mobilize Commune Councils beyond mere planning and budgeting of infrastructure projects and involve them in issues related to the realization of children's rights, more particularly in health and education, there is still some lack of clarity as to what roles the Commune Councils should play in this regard. It will be important to include these issues in the Councils' agenda's, ensure that their members are willing and motivated to deal with them (e.g. by counting women among their members) and that specialized committees are created to tackle children's and women's rights. These are necessary, but not sufficient steps. There is a need to undertake a process to determine what responsibilities the Commune Councils should assume on these social issues. There is also a need to carry out a more refined capacity analysis as the basis for an appropriate programme that could strengthen these capacities.

At present, the principal function of Commune Councils is the planning and administration of a number of devolved infrastructure projects, which are funded through the commune budget. Council members are at risk of being perceived by the local population as agents who are employed by Government. The projects under development are also at risk of not being "owned" by local stakeholders, especially if no local resource mobilization is made for their operation and maintenance.

Building on its extensive experience with effective social mobilization at the local level, the Seth Koma Programme could have an important contribution to make in enhancing local ownership of and participation in development efforts in relation to women and children issues and services.. This will, however, require that provincial and district level staff of the various line

Ministries are aware of and willing to respect the outcomes of local participatory planning exercises rather than impose priorities of line Ministries and / or push initiatives with readily available funding. To be effective in this regard, Seth Koma will need to further participate in the development of District Integration Workshops, where the actual negotiation between Commune Councils and district and provincial authorities takes place, and also at the provincial and central levels to sensitize partners to a bottom-up approach.

As much as it is important to clarify what would be the tasks and responsibilities of Commune Councils, it is also important to determine what they should *not* be involved in directly. Over the years, the various line Ministries, often with UNICEF support, have stimulated the creation of associations, e.g. those that promote good mother and child care practices (mother support groups), contribute to appropriate education (parent-teacher associations) and manage water and sanitation infrastructure (water user groups). It would, however, be appropriate to determine what relationship there should be between these associations and, for example, the children and women's committee of the Commune Council.

In its new role, the Seth Koma Programme should also learn from its past experience that it requires much closer links with technical expertise if it is to produce significant outcomes in terms of behavioural and institutional changes, e.g. in the area of improved nutrition and health practices. As mentioned above on the basis of earlier evaluations (cf. 4.3), the old Seth Koma Programme was relatively successful in terms of process indicators, but less so in achieving more tangible results, e.g. improvements in nutritional status of mothers and children and improvements of income and use of social services. This was probably due to the relative isolation of the Seth Koma Programme within the CPC, and the limited cooperation with, for example, the Health and Nutrition Programme and its expertise.

The key policy documents concerning deconcentration and decentralization emphasize the need for horizontal integration of the programmes of the line Ministries at all levels. Specific guidance is still under development as part of the formulation of the respective strategic framework. To the extent that the UNICEF supported CPC is to make an active contribution to this national process, it will have to overcome its own "silo-effect" and develop a more convergent intervention model at the province, district, commune and village levels. Seth Koma has the potential to be an important integrative force, provided it succeeds in mapping out with each of the other programmes concrete areas of cooperation and joint development initiatives. This should be an important part of strategy development as part of the preparation of the next CPC.

## **5.2 Contribution to Improving Child Survival**

### ***Recast objectives for the next CPC as part of a long-term vision***

Taking account of the current situation of child survival in Cambodia, the obstacles to improvement discussed in section 2.4 above, and UNICEF's particular experience, capability and comparative advantage, this section proposes a strategic approach to guide the design of the next CPC, and notes some specific issues where a reassessment or change of role or emphasis may be indicated.

As a starting point, the primacy of the right to survival needs to be reaffirmed as an over-arching goal of the next CPC, within which the contributions of each sector and programme can be defined in a logical and inter-active manner, making the most of UNICEF's multi-sectoral and rights-based mandate and expertise, and recognizing that success in reducing child mortality (MDG-4) will be closely linked with reducing hunger (MDG-1), improved education (MDG-2),

maternal health (MDG-5), reduced gender inequality (MDG-3) and increased access to sanitation and water (MDG-7), as well as effective interaction between sectoral and local government entities.

Given the long term nature of some of the challenges, it is recommended that the CPC 2006-2010 be designed as the first stage of a two stage strategy covering the decade to 2015 which is the target date for the MDGs. 3. The CPC 2006-2010 would form the first stage of a two stage strategy covering the decade to 2015, the target date for achieving the MDGs. This “Stage 1” CPC would particularly address factors *underlying* the high mortality rates<sup>43</sup>, and in addition would test and disseminate feasible approaches to overcoming the more *direct* obstacles, which could be greatly scaled up in the “Stage 2” CPC (2011-2015).

Within this ten year vision, it is proposed that the next CPC (2006-2010) adopt two major objectives:

- a) Improved uptake of key child survival interventions by the rural poor through intensified multi-sectoral support,
- b) Empowerment of today’s young people, as tomorrow’s parents, for planned and successful childrearing. This group will be the parents of young children in the 5 years leading up to 2015.

The key actions for consideration under the first objective include:

- a) Translation of MDGs and related actions into monitorable targets within the development plans of provinces, districts and communes, perhaps with the adaptation of the Seth Koma commune profile or the proposed Child Survival scorecard as a facilitation and monitoring tool;
- b) Testing of an improved model of social mobilization/health promotion for the empowerment of poor rural communities to act improve child survival, building on local and international experience;
- c) Provision of results-based incentives and support to increase coverage and uptake of key interventions or behaviours in health, education, water and sanitation; the possible use of this facility to make providers more accountable to the local community;
- d) Maintenance and expansion of the Equity Fund pilot, while seeking options and partnerships for scaling up this fund;
- e) Exploring the most appropriate roles of the CPC in engaging non-governmental organizations and the private sector to improve child survival.

In all these areas, the preparation of the CPC would involve consultation with government and other partners, to identify both areas where the CPC would build on the work of others, and to set out processes for learning and dissemination of experience, and the scaling up of effective strategies through partnerships.

The second objective — preparing and empowering young people in poor communities for successful parenthood — would be realized through actions directed at improved knowledge and behaviour of young people and their service providers, and at strengthening community

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<sup>43</sup> The CG Benchmark Report ‘Analysis of Slow Progress in Child Mortality Reduction’, identifies the underlying factors as: malnutrition, food insecurity, poor maternal health, low education, inappropriate care seeking and financial barriers to service access.

support for this group. Based on firm understanding of what models are effective, and on appropriate partnerships, the CPC would consider how to address the following:

- a) Literacy and life skills education for both male and female adolescents and young adults, with focus on reproductive health, good parenting and the benefits of skilled care for mothers and children;
- b) Information and services for birth spacing;
- c) Nutrition and tetanus immunization for adolescent and reproductive age women;
- d) Food supplementation for underweight pre-pregnant, pregnant and lactating women in very poor areas (in partnership with WFP);
- e) Support for skills training in IMCI and SM/RH/EOC, linked to performance/service contracts which favour the poor.

It is recommended that, in addition to the intensification of existing approaches as suggested above, the next CPC would support *new initiatives* in line with two recommendations of the high level Child Survival Consultation in 2003: these are “to bring high impact CS interventions closer to the community” and “to explore approaches for engaging the informal sector”. These initiatives might include:

- a) Changing the traditional birth attendant’s role in pregnancy and delivery care and her relationship with the formal health system;
- b) In collaboration with partners, explore and strengthen delivery mechanisms to provide services at the health facilities, hand-in-hand with the services being provided through outreach;
- c) Engagement of village drug sellers to provide appropriate management for childhood illness and referral when needed; and
- d) Action to engage the private medical sector in the key child survival interventions.

#### ***Recurrent funding and linking expenditure to results***

In deciding the overall strategy for improving child survival in the next CPC, it is recommended that UNICEF address the several important issues. Firstly, there is a need *for continued recurrent funding and for the linking of expenditure to results*. Increased use of skilled health services by the poor is needed to reduce deaths from respiratory infection and other childhood illnesses. However, the Government has insufficient operating funds for health even at the present level of utilization, and a relatively small proportion of external funds is used for recurrent service costs.

Better value for the use of scarce resources, in terms of real results such as improved survival of poor children and women, might be obtained through the expansion of the Equity fund model piloted in Svay Rieng. Expansion of this approach is also recommended in the Health Sector Strategic Plan. It is recommended that UNICEF give priority to advocating broader application of this model and to finding ways to finance this expansion, using both government and donor funds, including the partners in the SWIM (DFID and the multilateral banks).

### ***External partnerships and cooperation with the private sector***

Most of UNICEF's support for child survival targets public sector implementation with some limited engagement of NGOs. Given the constraints on public resources for health, the fact that most public sector health professionals are also in private practice, and the high level of private health spending (making up 70 percent of total health expenditure), it will be a priority to explore a more inclusive and diverse approach to partnerships in the next CPC.

Since the MTR, attempts have been under way to better coordinate health related interventions through the Ministry of Health and Seth Koma. There is still a challenge to extend the work of the Health and Nutrition team beyond policies and the strengthening of capability for public service provision and management and help the Ministry of Health and local governments to develop their roles in governance, regulation and support for the whole of the health service sector — public, private and NGO.

While UNICEF has a range of effective partnerships with technical and funding partners for defined projects or sub-programmes in the health sector, the relationships are less clear with respect to area-based system strengthening especially in UNICEF's priority provinces. While partnerships with other UN agencies are seen as cordial and productive, there is an opportunity in preparing the new CPC, to review the relationships, especially being alert for areas where roles might be adjusted, and to ensure that a cohesive approach is presented by the UN agencies when coordinating with other partners.

### ***Advocacy and communications support for child survival***

Communications support in the current CPC has emphasised two areas: (1) high level advocacy and (2) mass media approaches to behaviour change, with some attention to equipping health workers to conduct interpersonal communication. Assessment of the effectiveness of these approaches will be helpful in designing the next CPC.

By contrast there has been less attention to support for "settings-based" health promotion, which takes account of the particular environment in which change is to be achieved, and involves local participation in planning and conducting a range of feasible and mutually reinforcing activities for a defined community.

In the process, the goal of the exercise, e.g. preparation of young people for successful parenthood becomes a social goal and local ownership is strengthened. UNICEF would explore the application of this approach in the next CPC, including analysis to identify key environmental barriers to the desired behaviour change, and allies in building community support.

## **5.3 Towards a better focus and coherence of CNSP**

### ***Post-conflict — how long?***

The origins of the CNSP Programme were closely linked to the post-conflict situation which prevailed until the mid-1990s. UNICEF first started assisting landmine victims as part of its support to disabled persons in 1992. Direct support to mine action activities began in 1994. Activities have increased over the years.

UNICEF now supports a range of programmes that include mine risk reduction by involving communities in prioritisation of mine clearance activities, mine incident data collection, mine awareness education, integrated database support and mine victim assistance through various

agencies<sup>44</sup>. It is likely that the post-conflict issues will become less prominent over time although this will be a gradual process. At the present time, there is still much interest among donors concerning landmines and other aspects of the post-conflict situation. UNICEF remains a preferred partner in this process. However, considering that the conflict ended in 1993, it is likely that the post-conflict issues will become less prominent over time. This will, however, be a gradual process.

According to the external evaluation of supported mine action projects commissioned in 2000<sup>45</sup>, UNICEF has been actively supporting, influencing and funding a comprehensive package of interventions, some of which were found to be highly effective. The partnership with relevant agencies worked well, with UNICEF having a major influence. It was found that UNICEF sought an active involvement with implementing partners during project conceptualization and design as well as during implementation.

Since 1994 monitoring has been done through the Cambodia Mine Victim Information System (CMVIS) in partnership with the Mine Action Group (MAG). The development of a national database details, the changes in monthly accident rates throughout the country is the first of its kind globally. Additional information collected through the victim questionnaires facilitates understanding of the dynamics of how and why certain groups and communities in Cambodia continue to sustain mine casualties. This database provides an excellent tool for analysis, evaluation and more importantly, strategic planning through prioritization.

This evaluation concludes that, where capacities exist, UNICEF should find an exit strategy and identify new protection issues, trying to replicate the model. For example, a similar database could be used to report on other accidents, particularly those involving children, which are slowly but surely increasing. This recommendation can of course be expanded to a host of other protection issues that need to be identified and monitored as systematically as possible.

### ***Towards a more programmatic approach***

The MTR of 2003 acknowledged “an expansion of programme activities without enough prioritization and focusing, making the programme complex in terms of structure, management and coordination”<sup>46</sup>. In the concluding part of this CPE report, it was stated that the CNSP programme was prone to be issue-driven and also rather dependent on the availability of donor funding. The public notoriety of certain issues might divert attention from other forms of neglect, abuse, violence or exploitation, which are less known, but maybe as serious or even more important (cf. 4.1). It may be added that there is a need to build on the more structural elements of the current CPC, avoid mere “activism” on specific issues and adopt as systematic and programmatic an approach to major protection issues as possible.

There is no doubt that Cambodian children are the victims of many forms of neglect, abuse, exploitation and discrimination. The UN Committee on the Rights of the Child (CRC) identified the absence of birth registration depriving children of the legal identity as a major concern. Other concerns expressed by the CRC were child prostitution, trafficking, abuse and ill-treatment, disability and insufficient care for victims. The CRC also observed a lack of coordination, monitoring and data collection in general as well as shortcomings in legislation. The new CPC also needs to take into account Target 8 of the Cambodia MDGs that calls for a

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<sup>44</sup> UNICEF Cambodia (2000). External Evaluation of supported mine action projects. Phnom Penh.

<sup>45</sup> Ibid 53.

<sup>46</sup> UNICEF Cambodia (2003). Mid-Term Review. Phnom Penh. Page 45.

significant reduction of all forms of violence against women and children as well as Target 24 which aims at zero impact from landmines and UXOs by 2012.

A more programmatic approach for the CNSP could be articulated around four major dimensions, each of which would describe a contribution to filling important national capacity gaps:

- a) *Research, monitoring and advocacy*: Understanding the whole range of protection issues is still incomplete and qualitatively inadequate. The generation of knowledge and information on protection issues should be linked to advocacy encouraging the Government and other partners to take action.
- b) *Legal reform and policy advice*: The present support to the Government (and MoSAVY in particular) to develop the legal framework for child protection and to enhance the enforcement of the laws needs to be consolidated.
- c) *Experimentation of interventions on new protection issues*: In cooperation with the Government and other national and external partners, to develop workable solutions to protection issues through experimentation, the results of which should be replicable and potentially useful in a broader policy context.
- d) *Direct protection capacity*: UNICEF should further develop its capacity to deal appropriately with emergency situations, in which the rights of specific groups of children are grossly violated and immediate solutions must be found (e.g. stranded children as a result from trafficking, violence against street children).

In a programmatic approach all these dimensions would be intrinsically linked with each other. Research and monitoring would have to inform all other dimensions and lead to decisions on whether an issue can best be addressed through direct interventions and experimentations and/or through advocacy and policy advice and legal reform. In all cases, there is a need for capacity analysis and an identification of partners for immediate or longer-term action and capacity development.

### ***Research, monitoring and advocacy***

Neither the MoSAVY nor other national or external partners have so far developed the capacity to systematically identify, analyze and monitor child protection issues. Taking the Cambodian Mine Victim Information System (CMVIS) as an example, (a well-utilized database on issues related to landmines and UXOs) there is scope to develop a similar information system on the whole range of child protection issues. The information system could include a comprehensive database concerning all forms of neglect, abuse, exploitation and discrimination of children based on more specialized databases that only deal with specific issues (e.g. trafficking, sexual exploitation).

The database(s) should be hosted either by one or more NGOs dealing with a broad range of child protection issues or by MoSAVY. The database(s) should eventually take the form of social observatories on child protection issues that should also take on the role of evidence-based and respected advocacy in favour of children who are deprived of their rights. To the extent that national institutions assume the responsibility of developing and managing the information system, UNICEF's role would be primarily capacity development.

The initiative would implement one of the central recommendations emanating from the Committee on the Rights of the Child in Geneva. Moreover, the CPC can draw useful lessons in

this regard from its long-standing experience with landmines and UXOs. Last but not least, the CPC covers a broad range of protection issues with strong involvement of the RGC.

An authoritative information system is not only a good basis for drawing attention to protection issues and advocacy for action, but also an important basis for attempts to better coordinate intervention strategies of various governmental and non-governmental agencies. Both gaps in coverage as well as overlaps and conflicting strategies can be more easily detected. This should contribute to the effectiveness of child protection action and have clear longer-term benefits for the realization of children's rights.

### ***Legal reform and policy advice***

Over the last four years, donor interest and funding in the area of child protection, specifically in the area of trafficking and sexual exploitation of children, has increased considerably. A multitude of actors, both governmental and non-governmental, address these issues, often on an ad-hoc basis. The wide variety of interventions requires better coordination, collaboration and perhaps even a coordinated "sector-wide" approach.

National capacities on issues related to child protection are only just emerging. UNICEF has supported legal reform by providing technical assistance to the Government to ensure that all new laws and legal codes comply with the CRC and relevant international instruments. There is also support to establish the concerned operating procedures and training of the law enforcement agencies in order to effectively and appropriately deal with cases of child sexual exploitation and trafficking. Last but not least, the CPC has also strengthened legal aid to victims of abuse and exploitation and contributed to awareness of their rights among actual and potential victims.

Policy advice and support to legal reform, including capacity building in the areas of law enforcement and legal aid, should constitute the core of the CNSP programme in the future. The RGC and UNICEF should engage in a long-term visioning exercise and design a plan of action against the background of the Cambodian MDGs and overall social policies of the RGC. The plan of action should define the targets to be achieved on all major issues over the next five years (as has already been done for birth registration (which should attain 50 percent by 2005)).

### ***Experimentation of interventions on new protection issues and direct protection***

The CNSP Programme combines advocacy, policy development, awareness-raising and capacity building at all levels with support through NGOs and civil society organizations to selected direct services and mobilization (e.g. rehabilitation centers for the victims of trafficking, reintegration of street children, child protection networks) at the community level. Beyond the programme's role at the macro-level, it is important that it remains involved in interventions on the ground aiming to find workable solutions on specific issues. Such model interventions should by definition be limited in time and demonstrate sustainable and replicable results.

However, under present circumstances it is also important to be realistic in expectations, as far as sustainability, replicability and mainstreaming of results in the area of child protection is concerned. Various services that are delivered through MOSAVY and other partners may need to remain fully funded through UNICEF and / or other external partners for some time. The development of more structural solutions, e.g. the existence of reliable referral institutions, will take some time. Along with other governmental and non-governmental partners, UNICEF will continue to be called upon for direct interventions to assist children in need on an ad-hoc basis.

But this direct support role should not obstruct a more structural approach to longer-term capacity-building.

#### **5.4 Strategy development for the next CPC (2006-2010)**

##### ***CPE as part of the process of strategy development***

The present CPE was designed to build on the MTR undertaken in 2003 and feed into strategy development that commenced in 2004 and is expected to be completed during the first half of 2005. The starting points for strategy development of individual UN agencies are nowadays the *Common Country Assessment (CCA)* and the *United Nations Development Framework (UNDAF)*. In Cambodia, alternative assessment exercises have been applied to the next UNDAF 2006-2010. CPE recommendations will be formulated with the outcome of the consolidated assessment and the UNDAF in mind.

The CPE is meant to benefit next steps in strategy development as part of the country programme preparation process. Major milestones are the preparation of the *Country Programme Document (CPD)*<sup>47</sup>, which will be submitted to the Executive Board for approval in 2005. The CPC preparation will eventually be completed by the *Country Programme Action Plan (CPAP)*<sup>48</sup>, which constitutes a formal agreement between the Government and UNICEF, and provides the framework of each partner's responsibility during the period of the CPC to achieve the jointly identified goals and expected results for children and women<sup>49</sup>.

The CPE endorses the view of current CPC management that there is no need to operate major changes to the programme beyond what is required in terms of regular adjustments to the policy framework of the Government (notably NPRS and Rectangular Strategy) and CCA and UNDAF. In agreement with CPC management, the CPE provides external and evidence-based feedback to challenges that exist for the Seth Koma Programme, on issues related to child survival (notably concerning the Health and Nutrition Programme), as well as on the CNSP Programme (cf. 5.2.-5.4). Before considering these thematic and sectoral issues, the CPE will first address the more general challenges related to CCA / UNDAF, HRBAP (notably the strengthening of its gender component) as well as RBM and performance monitoring and evaluation. In these areas, the CPE does recommend some significant adjustments.

##### ***UNDAF 2004***

Agencies of the UN family in Cambodia agreed on a common framework for 2006-2010 in October 2004. The framework is related to the Rectangular Strategy 2004-2008 and supports the concept of one National Strategic Development Plan for all partners in Cambodia's development effort. The UNDAF was articulated with the Cambodia Millennium Development Goals in mind as well as the need to take into account the dimension of human rights.

The UNDAF priority areas have been defined as follows: (1) Good governance and promotion and protection of human rights; (2) Capacity building and human resource development for the social sectors; (3) Agriculture and rural poverty; (4) Support to the creation of a single National Strategic Development Plan and its implementation. The respective UNDAF outcomes have been defined as follows:

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<sup>47</sup> CPD replaces the former CN (Country Note) and CPR (Country Programme Recommendation).

<sup>48</sup> CPAP replaces the former Master Plan of Operations (MPO).

<sup>49</sup> All references to UNICEF's Country Programme preparation and programming can be found in the Programme Policy and Procedure Manual (PPPM) of 2004.

- a) *Good governance and human rights*: By 2010, achieve significant progress towards effective participation of citizens, and accountability and integrity of government in public decision making and public implementation for the full realization of human rights and to meet the CMDGs;
- b) *Capacity building and human resource development in the social sectors*: By 2010, improved health, nutritional and education status and gender equity of rural poor and vulnerable groups;
- c) *Agriculture and rural poverty*: By 2010, agriculture and rural development activities have improved livelihoods and food security, secured the rights of the rural poor, especially the poorest and most vulnerable in targeted rural areas.

The explicit reference to human rights is remarkable, as human rights do not figure prominently in CCA / UNDAF guidelines. While traditionally among the UN agencies, UNICEF is one of the few to formally adopt a human rights based approach to programming, it is interesting to note that the UN Country Team in Cambodia is committed to promoting human rights as an important dimension in all planning and programming.

By contrast, child survival apparently receives no explicit attention at the level of UNDAF outcomes. This contrasts with Cambodia MDG 4 and high-level commitment of the RGC to reduce child mortality over the coming years. The issue of child survival is subsumed under the capacity building and human resource development for social sectors and better access to social services.

According to the CCA / UNDAF Guidelines, the formulation of the UNDAF is an iterative process. A complete results matrix has been established for each UNDAF outcome describing Country Programme outcomes and outputs, relevant strategies, coordination mechanisms and programme modalities, role of partners and resource mobilization targets. The UNDAF document is also accompanied by a Monitoring and Evaluation Plan that describes coordination mechanisms, M&E capacity strengthening for national partners and a description of major risks and assumptions.

### ***Strengthening the gender dimension in HRBAP***

In section 4.2, it was concluded that the MPO of the current CPC was designed with a strong human rights focus based on a situation analysis that referred to the situation of children and women in relation with the Human Rights Instruments of the UN system (especially the CRC). By design, the CPC aims at the realization of children's rights in Cambodia, notably the right to survival, the right to development, the right to protection and right to participation. It also addresses in its goals and objectives the immediate, underlying and basic causes of the non-realization of children's rights. It was also noted that UNICEF pioneered the rights-based approach in Cambodia well before the Executive Directive on HRBAP was issued in 1998.

It was also concluded that the gender dimension that should be part of the HRBAP had received insufficient attention in the CPC. The MTR report mentioned a number of achievements of the CPC concerning gender (see 4.2.), but also recommended that the CPC should go beyond mere improvement of girls' and women's access to services and actually improve the relationship between women and men and the relative status of girls and boys in society. The

CPE fully endorses this recommendation and has chosen to elaborate on this dimension for its suggestions for strategic orientations of the next CPC<sup>50</sup>.

Global MDG 3 aims to promote gender equality and empower women. More specifically, the goal aims to eliminate gender disparities in primary and secondary education preferably by 2005 and at all levels by 2015. In the framework of Education for All (EFA), much work has been undertaken on gender mainstreaming, including the development of different gender approaches, as education is found to be the strongest determinant affecting the balance of gender relations, and, therefore, women's empowerment.

Related to the short-term objective of gender equity / parity (to be achieved in principle by 2005) and the longer term goal of gender equality (to be achieved by 2015), the gender dimension has in practice been addressed with two different yet complementary approaches linked to the shorter and longer term objectives.

The older of the two is the gender equity/parity approach that has contributed to reducing school enrolment gaps and achieving gender parity in the classroom at the primary level and, to a lesser extent, at upper levels of primary and secondary levels. In some contexts, it also has contributed to including women on previously all male committees, in political positions, and with access to credit and skills development.

The more recent gender equality approach addresses the more ambitious challenge to achieve gender equality in education and throughout the various spheres of society for all age groups, which is a much more complex and profoundly challenging endeavour than reaching gender parity/equity. Working definitions for the two approaches are:

- a) The *gender equity (access and quality) / parity approach* promotes reducing gender discrimination and improving social/economic self reliance of women through policies/programmes that increase access to basic education and productive skills. This is done within the existing structure of gender relations and without giving attention to the influence of patriarchal ideologies.
- b) The *gender equality (empowerment) approach* extends beyond the gender equity/parity approach. Gender is viewed as a socio-cultural construct, which requires understanding and affects social relations between men and women in which women are systematically discriminated against and maintained in subordinate positions. This approach focuses on structural and systemic transformations to end discriminatory practices.

The gender equality and empowerment approach has implications far beyond the education sector. In virtually all spheres of development, it involves reconsidering stereotypes that historically and culturally determine role matters of girls and boys and women and men. It is necessary not only to work closely with women and girls, but, also, with men and boys and the public at large on eliminating gender bias and discrimination. Children entering puberty require special attention and an emphasis on gender equality needs to be integrated in life skills education. There is also a need for ongoing contextual /holistic monitoring and evaluative analysis of and reporting on gender relations. At all levels and with all partners, it is necessary to strengthen gender sensitivity and enhance the respective capacity in programming efforts.

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<sup>50</sup> The following suggestions make use of work accomplished in the recent CPE Morocco, which extensively dealt with the gender dimension of HRBAP as well as in the evaluation of the *African Girls' Education Initiative*, both of which benefited from substantial contributions made by Karen Hickson.

A distinction can be made between several dimensions of the *empowerment approach* that aims at emancipating women and achieving gender equality<sup>51</sup>: (1) the *cognitive dimension* — raising awareness and understanding of women's conditions and causes of subordination, and local, national and global contexts of poverty and patriarchy; (2) the *psychological dimension* — dealing with women's self confidence and self esteem; (3) the *economic dimension* — developing the ability of women to access resources, engage in productive activities, and make decisions; (4) the *political dimension* — improving the ability of women to set their own agendas, negotiate, lead and organize, which will allow for facing oppressive and changing conditions.

Not surprisingly, the gender dimension is most prominent in the *Education Programme* of the CPC in Cambodia. With support of several donors, substantial efforts were made to raise gender awareness and provide gender training to staff in the Ministry of Education. Assistance has been provided to collect gender-disaggregated data. Efforts were made to understand the influence of gender relations at family/local/national levels, including roles, attitudes, inequalities/disparities and discrimination in resource access and control and status. The programme included actions specifically addressing the reduction of gender disparities/discriminations, e.g. assistance to curriculum development and teaching tools. It is recommended that these efforts be sustained and expanded in the next CPC.

*Seth Koma* used to specifically address issues related to health and nutrition and by this token counted women among its prime target groups. It is, however, less clear from the reports and evaluations, to what extent the rights-based approach specifically aimed at the empowerment of women and the promotion of gender equality among girls and boys and women and men. The recent re-orientation of the Programme emphasizes the inclusion of women in Commune Councils and in committees and associations. It still remains to be seen whether this will result in a full-fledged gender equality approach. It is recommended that this dimension be given more attention in strategy development and that the required expertise be mobilized and used.

An important tool of the *Health and Nutrition Programme* that particularly empowers women has been the Equity Fund. Beyond technical interventions (e.g. home birth packages, vitamin A supplementation, vaccinations), there has also been health awareness-building and education that specifically addressed women and girls. There seems to have been less emphasis in the current CPC on the behaviour and attitudes of health service staff. The National Health Information System does not yet collect gender-disaggregated data in a systematic and comprehensive manner. So far there is been no training related to gender mainstreaming for staff of the Ministry of Health and other national partners (except for a training provided by the Ministry of Women and Veteran Affairs). Given the fact that the low status of girls and women is a major factor contributing to child mortality, there is room for a considerable increase of attention to the gender dimension in the Health and Nutrition Programme.

As girls and women are those most often abused or exploited, the *CNSP Programme* is relatively gender-sensitive and specifically addresses issues that are related to gender relations in Cambodian society. Wherever data collection takes place (which overall is still relatively limited), the information is gender disaggregated. It is nevertheless not easy to find studies or action programmes that specifically link neglect, abuse or exploitation of girls and women to the inequality of gender relations in Cambodia. This would entail working with boys and men as much or even more than with female victims, if adequate results are to be achieved.

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<sup>51</sup> Hamburg UNESCO Institute for Education (UIE).

In the course of the implementation of the current CPC, a working group of gender focal points has been formed within the UNICEF Country Office. The level of activity of this group has, however, remained relatively modest and resulted in only one major output, viz. programmes specific gender mainstreaming matrices that were compiled as inputs to the MTR. This is nevertheless an excellent initiative that should perhaps be expanded to national partner institutions, especially line Ministries. A functional network of gender focal points in various line Ministries can be a good tool to enhance government attention to gender equality and women's empowerment.

Another important tool to boost attention for gender equality is a policy specifically aiming at gender parity in the staffing of both UNICEF and in line Ministries and partner NGOs. Although some progress has been made in the UNICEF Country Office, there is still a notable gender disparity especially among Cambodian staff (see 3.3). Gender disparities are much more pronounced in national government institutions, but there is a policy to increase the presence of women at all levels.

### ***Results-Based Management and improved performance monitoring and evaluation***

As was stated in section 4.2, there is scope for strengthening the design of the CPC by applying the basic principles and practices of RBM. A programmatic approach would basically take the form of results-based thinking. Starting with a causality analysis, i.e. understanding the problem, as the basis for programming, but also for advocacy and for monitoring trends; followed by support to implementation in the form of experimentation (limited in time), identification of partners and capacity analysis and identification of actions to address the capacity gaps (particularly in terms of influencing policies and strategies).

Results based programme planning demonstrates the causal relationship between the intended results at different levels (outputs, outcomes and impacts). It requires that the sum of planned interventions is sufficient to achieve the expected results, and helps to map UNICEF's contribution within the programme of cooperation and the UNDAF. The logical framework of the UNICEF supported CPC should be aligned to the UNDAF Results Matrix.

The logical framework for the CPC should contain a clear and agreed results-chain that describes results at different levels (outputs and outcomes) and leads to the expected results for children (attributable impact). Government, other development partners and UNICEF must agree on the problem to be addressed, the causes of the problem and the sequence of steps needed to achieve the immediate, key and strategic results.

A results framework is the "organogram" of results and a useful way to show the different steps or necessary components that lead to the achievement of a strategic result (or impact). The quality of the results framework — and hence the likelihood of achieving the expected result — depends on the thoroughness of the causality analysis related to the problem being addressed. A complete results framework will contain<sup>52</sup>:

- a) *Strategic results*, which relate to the enjoyment of rights by children and women, or a change in their status. Their achievement will usually depend on many other factors including the contributions of other partners;
- b) *Outcomes*: results related to institutional change, quality or coverage of a service, or behavioural change. Their achievement may depend on the contribution of others;

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<sup>52</sup> Reference is made to the PPPM, especially Section 3 (Results-Based Programme Planning).

- c) *Outputs*: results of completed projects or activities, or products. The achievement of those results is largely under the control of Government, UNICEF and partners.

By referring back to the causal analysis of the problem, and considering what others are expected to contribute, the inherent logic of the proposed programme is improved. A Logical Framework, or “Logframe”, helps to (1) check whether the sum of the planned components or activities is sufficient to produce the intended result, (2) explicitly describe our planning assumptions (3) minimize the risk of failure (did we assume too much?) and (4) determine monitoring indicators and strategic evaluation questions.

Several iterations of the logical approach are usually necessary before arriving at the final programme design. Reviewing the logic of the programme over and over again usually leads to a reformulation of expected results, and to adjustments in the proposed course of action. By reviewing the assumptions related to the commitments of others, it also helps to formulate an agenda for advocacy.

The recent adoption in the Cambodia CPC of a five-year Integrated Monitoring and Evaluation Plan (IMEP) is important as it identifies needs for data and analytical information and plans monitoring and evaluation in relation to major milestones in CPC implementation. A good IMEP built into the programme helps to: (1) formulate a set of strategic evaluation topics; (2) identify activities, which establish baselines and track progress, and when to conduct them; (3) identify a research agenda for addressing critical knowledge gaps; (4) manage the monitoring and evaluation responsibilities of the Country Programme; (5) synchronize information collection and dissemination with decision-making opportunities and (6) identify needs and activities to strengthen partners’ capacities in data collection, information management and analysis. Once there is an adequate logical framework, studies and evaluations can measure results as compared to baselines and situate results in the broader framework of development work.

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## **ANNEX 1: TERMS OF REFERENCE**

### **Country Programme Evaluation Government of the Kingdom of Cambodia / UNICEF 05 May 2004**

#### **1. Background and Context**

The current Joint Country Programme of Cooperation (CPC) between the Royal Government of Cambodia and UNICEF covers the period 2001-2005. A Mid Term Review of the programme was conducted in October 2003 and strategy development for the new CPC is scheduled for the latter half of 2004 (UNDAF) and the first quarter of 2005 (UNICEF strategy paper).

The UNICEF Country Office in Phnom Penh, after consultation with the Ministry of Planning of the RGC, requested that the strategic directions for the new CPC be informed by a Country Programme Evaluation (CPE).

The exercise will be coordinated by the Ministry of Planning of the Royal Government of Cambodia together with the UNICEF Country Office in Phnom Penh. It will benefit from support from the Evaluation Office at New York Headquarters (NYHQ) and the East Asia and Pacific Regional Office (EAPRO).

The CPE Cambodia will be a pilot case as part of the DFID funded Project for CPE Methodology and Guidance Development, which is being implemented by the Evaluation Office at New York Headquarters. The CPE Project serves UNICEF's goal stated in the Medium-Term Strategic Plan (2002-2005) to make Country Programmes of Cooperation more effective in terms of focus, implementation strategies and coordination within UNDAF and with other development partners.

#### **2. Purposes and scope of the Country Programme Evaluation (CPE)**

The main purpose of the CPE Cambodia is to support the strategy development process for the next CPC (2006-2010). The new CPC will have to reflect the rapidly changing development context in Cambodia and the Government's increased focus on poverty reduction and commitment to achievement of the Millennium Development Goals.

The new CPC will have to align its objectives, targets and indicators with the Government's newly formulated development priorities and targets as expressed in the Socio-Economic Development Plan II (2002), the National Poverty Reduction Strategy (2003) and the Cambodia MDG Report (2003).

The CPC also needs to take account of the new governance processes and structures including decentralisation and deconcentration with a focus on the role of commune councils, as well as the sectoral reforms occurring as part of Education SWAP and Health SWIM processes.

In view of these changes, it is also important to assess the relevance, logic and structure of the CPC, and more specifically the balance between activities in rural areas and at the national level as well as the sectoral organisation of the Programme.

For UNICEF, it is also important to assess progress made with the introduction of the Human Rights Based Approach to Programming and Results Based Management as well as the alignment of the CPC with organizational priorities defined in the Medium Term Strategic Plan (MTSP) and the goals until 2015 (World Fit for Children and Millennium Development Goals).

The CPE will be a main source of information for the summary of key results and lessons learned that is part of strategy development for the new CPC. As stated in the Programme Policy and Procedure Manual (PPPM), a key result is an important or strategic outcome or output that contributes to the sustained realization of children's and women's rights and is fully or partially attributable to the UNICEF-supported Programme of Cooperation. Lessons can be drawn from failures as well as successful experience, and from the documented experience of other agencies.

A CPE adds to regular strategy development a more in-depth assessment of the relevance as well as of the role, design and focus of UNICEF support to the realisation of children's and women's rights. The CPE also asks more fundamental questions about effectiveness and efficiency and addresses, in a more or less comprehensive way, dimensions of sustainability of supported initiatives and their replicability and mainstreaming in national policies and strategies.

The scope of the CPE reaches back into the previous CPC (1996-2000, but only since the last MTR in 1998 and relevant lessons learned for the new CPC) as well as the first half of the current CPC (2001-2005). The emphasis is on the latter and more specifically on design and implementation of the current CPC, including the outcomes of the MTR in 2003.

### **3. Objectives of the Evaluation**

The *objectives* of the CPE Cambodia are the following:

- a) Assess the *role* and *relevance* of the CPC Cambodia (i) as to the situation of children and women in the country and (ii) in the context of national policies and strategies, and (iii) as a reflection of international norms and standards concerning children's rights (especially CRC and CEDAW);
- b) Assess *design* and *focus* of the CPC, i.e. the quality of the formulation of objectives and strategies and more specifically, to what extent and in what ways the Human Rights Based Approach to Programming as described in Executive Directive CF/EXD/1998-004 has been reflected in the design and implementation of the current CPC
- c) Assess the *niche* and *comparative advantage* of the CPC Cambodia in relation to strategies and activities of other national and external partners that contribute to the realisation of children's and women's rights;
- d) Assess progress made in the realisation of the objectives (*effectiveness*) of the CPC 2001-2005 and a selection of its programmes and projects
- e) To the extent possible, assess the *efficiency* of the Programme and its components, i.e. the relation between its cost and its results;

- f) Assess *resource mobilisation* of the Programme (Regular and Other Resources of UNICEF) as well as *budget realisation*;
- g) Analyse to what extent activities and results are *sustainable* at their respective levels (communities, intermediate or higher level institutions) and / or *replicable and apt to become mainstreamed* in the national context;
- h) Contribute to *CPE methodology and guidance development* conducted by UNICEF and other partners in other countries.

#### 4. Key questions

##### a) Role and relevance

- i. How and to what extent have key political, economic and social factors determinant to the realisation of children and women's rights in Cambodia been considered in the formulation of the current Country Programme (2001-2005)? Which factors would require less or more emphasis in the next Country Programme?
- ii. Has the CPC been sufficiently flexible to explore opportunities emerging through new policies and strategies of the Government of Cambodia, including Socio-Economic Development Plan II of 2002, the National Poverty Reduction Strategy of 2003 and the Cambodia MDG Report 2003? Were the needs for changes captured in the Mid Term Review of 2003?
- iii. To what extent and in what ways have activities of the CPC related to and captured by the sector development plans emerged from Education SWAP and Health SWIM processes?
- iv. To what extent and in what ways does the CPC support the new governance processes and structures including decentralisation and deconcentration (with a focus on the role of commune councils)?
- v. How is the international consensus of the CRC / CEDAW reflected in the Country Programme? What lessons can be learned in this regard for the formulation of the next Country Programme?

##### b) Design and focus

- i. How was the Human Rights Based Approach to Programming (in line with ExDir CF/EXD/1998-004) taken into account in programming?
- ii. To what extent and in what ways are the principles of the indivisibility of child rights and of inter-sectorality reflected in the CPC at the central, provincial and communal levels (convergence of sectoral programmes within the CPC)?
- iii. To what extent does the current Programme respond to the challenge of excellence in programming stipulated in the UNICEF Medium Term Strategic Plan (MTSP) being both rights based and results oriented?
- iv. How is the concept of gender reflected in programming? To what extent and how do the Country Programme pay special attention to girls and women's' rights?
- v. How does the current Programme address the organisational priorities of the MTSP, the World Fit For Children agenda and the Millennium Development Goals? Are the principles of interdependency and indivisibility of children's rights respected?

- vi. Is the current Programme well focused, coherent and logic? Is the attribution of roles and responsibilities amongst the different partners in charge of implementation well defined and respected? Does it respond to the challenges of national capacities and does it evolve towards a progressive full ownership of projects and programmes by the national partners?
- vii. What lessons can be learned in this regard for the formulation of the next Country Programme?

*c) Niche and comparative advantage*

- i. How have the niche and the comparative advantages of the CP and its various components been identified? Given national capacities and other sources and forms of external support, to what extent does the CPC and its components play a complementary and innovative role in the national context?
- ii. To what extent have partnerships and strategic alliances been established?
- iii. To what extent and how is the current Programme integrated in the UNDAF process? How are complementarity and synergy assured with the programmes supported by other UN agencies?
- iv. Is there a sound balance between operational activities and advocacy / policy advice? Between those in the field and at the national level? How are they linked?
- v. What is the role of operational activities? Do they play a substitutive role, or is it a facilitatory one, innovative maybe, etc.? Are the definition and the assumption of these roles dynamic?

*d) Effectiveness of the Country Programme*

N.B.: This part of the CPE will largely benefit from the existing studies and evaluations of projects and programmes as well as from the self-evaluation activities carried out in the context of the recent MTR.

- i. To what extent were the objectives of the Country Programme 1996-2000 realised (as they were reformulated at the time of the MTR in 1998)?
- ii. What is the progress made in the realisation of the objectives of the current Country Programme 2001-2005? To what extent is there an adequate monitoring and reporting mechanism in place that documents results achieved?
- iii. What are the processes, direct and indirect effects (“outputs” and “outcomes”) as well as the impact attributable to the Programme at different levels that we could consider as results?
- iv. Which are the main factors that contributed to the realization or non-realization of the objectives? What lessons can be learned in this respect?

*e) Efficiency*

- i. Is there enough information concerning costs and programme and project results so as to measure their efficiency? Are results satisfactory in view of the efforts deployed?

- ii. To what extent is the national contribution to the Programmes known (financial and in-kind contribution of the Government, other non governmental partners, civil society, etc.)?
- iii. Is the management of the Programme (human, financial and supply resources) appropriate to achieve the best results at the lowest cost?

*f) Resource mobilisation and management by UNICEF*

- i. How has the budget of the UNICEF contribution evolved in recent years, in terms of Regular Resources and Other Resources (RR and OR)? What was the strategy for resource mobilisation?
- ii. What was the rate of budget realisation of annual budgets (RR and OR)? What were the bottlenecks, if any?
- iii. Based on previous experience, what should be the domains and sources to draw resources upon in the future?

*g) Sustainability of results and chances to integrate experiences in national policies, strategies and programmes*

- i. To what extent are the activities and results sustainable at their respective levels (communities, districts and intermediate or national level institutions)?
- ii. To what extent and in what ways could they be replicated or mainstreamed in national policies, strategies and programmes?

*h) Structure and organization of UNICEF's contribution to the Country Programme of Cooperation*

- i. Does the structure and the organization of the UNICEF Country Office (including UNICEF's presence at the national and province levels) best suit the identified priorities? Will it enable pursuit of CPC objectives and sustainability of results in the most effective manner?
- ii. What are the respective roles and responsibilities and actual work of province-based staff and Phnom Penh-based staff of UNICEF? How effectively has the concept of "provincial teams" been working?
- iii. To what extent has there been an "iterative process" with national partners between national level interventions and area-specific interventions, i.e. a) the national level policies and schemes implemented intensively in UNICEF's priority provinces and b) the results of innovations and pilot initiatives feeding into national level advocacy and policy formulation?
- iv. To what extent and in what ways have "exit strategies" been identified and / or implemented, i.e. handover of fully developed and tested activities to national partners in order to free management capacity for the identification and implementation of new innovative approaches.

## **5. Methods**

The evaluation will take into consideration commonly agreed evaluation norms and standards (OECD/DAC and Evaluation Associations) to ensure *utility* (ownership by stakeholders), *feasibility* (political viability and cost-effectiveness), *propriety* (impartiality, respect of rights of stakeholders, cultural sensitivity) and *accuracy* (adequate information).

The CPE Cambodia will build on the outcome of the MTR conducted in 2003 and interact closely with the Situation Analysis carried out simultaneously. The Situation Analysis and CPE processes will reinforce each other mutually. The purpose is to limit the transaction costs of exercises, avoiding repetitions and gaps and ensuring a rational and transparent process.

The CPE will be conducted concurrently with the Situation Analysis which will a) synthesise new statistics, national policies and trends, and new research and analysis accumulated over the past years on the situation of women and children in Cambodia; b) examine causes and linkages between issues affecting the rights of children and women and potential hazards to their well-being; c) identify the country's human, financial and organizational capacities, the capacity gaps, and the necessary actions; d) identify key counterparts / players and their respective roles; e) assess the overall programming environment, including an overview of support and priority areas for the donor community.

At the beginning of the CPE and no later than four weeks into the exercise, the Evaluation Team will submit an *Inception Report* defining the approaches and methods chosen for the evaluation as well as a timetable of activities to be undertaken by the Evaluation Team. Most notably, this report will contain information about the selection of programmes and projects to be assessed as well as the geographical areas to be covered. The selection will be inspired by one or more of the following criteria:

- a) the maturity of the programme, project or activity within the Country Programme;
- b) the wealth of experiences and the chances of their generating interesting lessons;
- c) strategic interest of the programme, project or activity for the whole Country Programme;
- d) interest of the experiences in the context of the inter-agency collaboration of the UN (UNDAF).

Key methods for the conduct of the evaluation will be the following:

- a) A comprehensive desk review of external and internal documents that are relevant to past and current Country Programmes, notably recommendations of and reports to the CRC Committee;
- b) A review of past and recent studies, reviews and evaluations of projects and programmes;
- c) A review of the Children and Young People Participation in CRC Monitoring Report prepared by the Child Rights Foundation;
- d) An extensive round of interviews / focus group discussions with key stakeholders in the past and present Country Programmes (Government, NGO's, CBOs, private sector, UN agencies, universities, opinion leaders, children and youngsters, etc. at both national and local levels)
- e) Field visits to the selected provinces, districts and communities to gain first-hand information of the implementation of projects and programmes
- f) A synthesis of reviews, interviews and field visits and a annotated outline of the report containing major lines of analysis
- g) Organisation of a participatory workshop during which main findings, conclusions and recommendations of the evaluation will be discussed and finalised.

All information will to the largest possible extent be triangulated and validated. Findings, conclusions, recommendations and lessons learned should clearly be user-oriented and feed into major decision-making during strategy development for UNDAF and the next Country Programme.

Prior to its publication, the CPE report will be submitted to the Government of the Kingdom of Cambodia and UNICEF CO for comments.

The process of the CPE will be the subject of a lessons learned exercise that will contribute to the CPE Methodology and Guidance Project.

## **6. Organisation and Management**

The CPE will be jointly overseen by the Ministry of Planning of the Kingdom of Cambodia and the UNICEF Country Office in Phnom Penh.

The CPE will benefit from the support of the Evaluation Office in UNICEF Headquarters, which will assume the responsibility of technical supervision over the evaluation team and management of the process, in cooperation with the Monitoring and Evaluation Officer in Regional Office for East Asia and the Pacific.

The evaluation will be carried out by a technical team of international and national consultants This Evaluation Team will be composed of:

- a) an international team leader (Country Programme Evaluation specialist) with some expertise and experience in human rights based programming (including attention for gender relations) and results-based management;
- b) one international expert in UNICEF programming with expertise / experience in human rights based approach to programming and results-based management
- c) one international expert in public health (possibly to be recruited locally)
- d) two national experts and / or resource persons on an ad-hoc basis covering in principle the following areas: (i) child protection and (ii) community development / decentralisation as well as gender expertise;

Good knowledge of evaluation standards and methodologies and previous experience in evaluation is required for all team members. None of the team members should have had close involvement with the previous or current Country Programmes or should be eligible to play a role in the remainder of the current Country Programme or the next one.

The CPE will be implemented according to the following calendar:

- i. Agreement on terms of references (by mid-May 2004)
- ii. Selection and recruitment of evaluation team (by mid-May 2004)
- iii. Briefing of evaluation team in Cambodia, work-planning, interface with Situation Analysis team, interface with MDG Advisory Group and drafting of inception report (international and national evaluators in Cambodia 24 May to 11 June 2004)
- iv. Data collection and analysis and written contributions by national consultants (14 June to 13 August 2004)

- v. Synthesis and analysis of data with international team members, interface with MDG Advisory Group as well as with Situation Analysis team and drafting of annotated outline of CPE report (international and national evaluators in Cambodia 16-27 August 2004)
- vi. Report writing by team leader at his / her base with e-mail communication with other team members (September-October 2004)
- vii. Presentation of draft CPE report by team leader as well as main findings, conclusions and lessons learned / recommendations (end of October 2004)
- viii. Preparation and organisation of CPE workshop and interface with MDG Advisory Group (18-19 November 2004).
- ix. Finalisation of CPE report (end December 2004).

The MDG Advisory Committee will act as Evaluation Reference Group and hence be the sounding board for the CPE. At the start of the exercise, the terms of reference will be discussed with this group. At mid-point, the Group will be involved in the analysis of information and advise on the direction of the evaluation. At the end, the Group will advise and contribute to emerging conclusions and lessons learned / recommendations. Donor agencies presently or potentially interested in the CPC will be informed and consulted at regular intervals throughout the CPE process.

05 May 2004

## ANNEX 2: LIST OF PERSONS MET

Organization	Person	Function / Title
<b>Government</b>		
Ministry of Planning	H.E. Kim Saysamalen	Under Secretary of State
Ministry of Health	Prof. Eng Huot	Secretary of State
Department of Rural Development (Prey Veng)	Um Bunleng	Deputy Director
The National Maternal and Child Health Center	Dr. Ou Kevanna	Acting Nutrition Programme Manager
Ministry of Rural Development	Dr. Chea Sam Nang	Director of Rural Health Care Department
Ministry of Interior	H.E. Sak Setha	Director General, Department of General Administration
Ministry of Women's Affairs	H.E. Keth Sam Ath	Under Secretary of State
Ministry of Education, Youth and Sports	Sam Sereyath	Director, Department of Planning
	H.E. Koeu Nay Leang	Director General, Education
Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation	H.E. Keo Borent	Director General, Department of Social Affairs and Youth Rehabilitation
	Touch Samon	Deputy Director General, Department of Social Affairs and Youth Rehabilitation
<b>Bilateral agencies</b>		
JICA	Juro Chikaraishi	Country Director
DFID	Elizabeth Smith	Head of Office and Health Adviser
USAID	Mark White	Director, Office of Public Health
SIDA	Claes Leijon	Counsellor (Head of Development Co-operation Section)
	Sok Narom	National Programme Officer
<b>Non-Governmental Organizations</b>		
Save the Children, Australia	Carol Mortensen	Country Programme Director
MEDICAM	Sin Somuny	Executive Director
University Research Co (URC)	Maria Francisco	Director
<b>Multilateral agencies</b>		
World Bank	Mia Hyun	Poverty Specialist
	Tim Conway	Poverty Specialist
	Pierre Fallavier	East Asia Human Development Office (Bangkok)
Asian Development Bank	Sopheha Mar	Social Sector Officer
	Peter Blunt Commune Council Development Project (MININT)	Project Team Leader
<b>UN</b>		
SEILA Programme	Scott Leiper	Senior Programme Advisor
	Luc Spyckerelle	M&E Advisor
MDG Advisory Committee	Bjarke Oxlund (UNFPA)	Technical Officer
	Heang Siekly (Ministry of Planning)	Deputy Director General
	Yi Kosalvathank (UNICEF)	APO Advocacy
	Mirna Yacoub (UNICEF)	M&E Officer
	Meu Prachvuthy (UNESCO)	CLT Specialist
	Elaine McKay (MOWVA)	Gender Advisor
	Ingrid Cyimana (UNDP)	Team Leader Poverty Reduction Cluster
	Hong Sokheang (UNDP)	Poverty Analyst
	Wisal Hin (UNDP)	Programme Assistant
OI Putheavy (UNDP)	Programme Assistant	

	Thomas Loreaux (UNRC)	Assistant to RCO
	Yves Theriault (FAO)	NMR Officer
	Kamina Ntenda (FAO)	Agricultural & Food Security Development Officer
	Rob Wildschut (UNV)	Programme Officer
	Shizuka Nakamura (UNAIDS)	Associate Professional Officer
	Sin Setha (Ministry of Planning)	Deputy Director
	Severine Leonardi (UNDP)	HIV/AIDS Focal Point
	Ruby Bañez (UNV)	Programme Officer
	Laurent Meillan (COHCHR)	Programme Officer
	Rebecca Lamadé(WFP)	Monitoring, Reporting and Evaluation Officer
	Supote Prasertsri (UNESCO)	Education Programme Specialist
FAO	Kamina Ntenda Musangu	Agricultural Development and Food Security Officer
UNDP	Hong Sokheang	Poverty Specialist
WFP	Rebecca Hansen	Country Director
UNFPA	Bjarke Oxlund	Technical Officer
	Dr. Sunktakna Mengchhum	Programme Manager Reproductive Health
	Alice Levisay	Deputy Representative
<b>UNICEF</b>		
UNICEF CO	Rodney Hatfield	Representative
	Tomoo Hozumi	Senior Programme Officer
	Mirna Yacoub	M&E Officer
	Michel Le Pechoux	PO, Seth Koma
	Ek Thinavuth	APO Community Development
	Thazin Oo	PO Health
	Peter De Vries	PO, Capacity Development (Education)
	Perseveranda So	PO Education
	Caroline Bakker	PO Child Protection
	Rose-Anne Papavero	APO Social Protection
	Men Sedtharoat	APO CEDC
	Keo Sokea	PA Child Rights
	Plong Chhaya	PA CAAC
	Sonia Yeo	APO M&E (CNSP)
	Etienne Poirot	PO HIV/AIDS
	Mark Thomas	Communication Officer
	Taeko Okitsu	APO Info/Comm
	Try Tan	ACO
	Nakoum Diakite	Supply Officer
UNICEF Prey Veng	Chem Phalla	APO Seth Koma
UNICEF EAPRO	Kees Goudswaard	Regional M&E Officer

### ANNEX 3: LIST OF DOCUMENTS

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ANNEX 4: CAMBODIA MDGs INDICATORS AND TARGETS  
 Extracted from the Cambodia Millennium Development Goals Report 2003

## CAMBODIA MDGs INDICATORS AND TARGETS

### Cambodia MDG1: Eradicate extreme poverty and hunger

**Overall target 1: Halve, between 1993 and 2015, the proportion of people whose income is less than the national poverty line**

**Target 1.1:** Decreasing the proportion of people whose income is less than the national poverty line from 39% in 1993 to 19.5% in 2015

**Target 1.2:** Increasing the share of poorest quintile in national consumption from 7.4% in 1993 to 11% in 2015

**Target 1.3:** Decreasing the proportion of working children aged between 5-17 years old from 16.5% in 1999 to 8% in 2015

**Overall target 2: Halve, between 1993 and 2015, the proportion of people who suffer from hunger**

**Target 1.4:** Decreasing the prevalence of underweight (weight for age <2 SD) children under-five years of age from 45.2% in 2000 to 22% in 2015

**Target 1.5:** Decreasing the proportion of population below the food poverty line from 20% in 1993 to 10% in 2015

**Target 1.6:** Decreasing the prevalence of stunted (height for age <2 SD) children under five years of age from 44.6% in 2000 to 22% in 2015

**Target 1.7:** Decreasing the prevalence of wasted (weight for height <2 SD) children under five years of age from 15% in 2000 to 9% in 2015

**Target 1.8:** Increasing the proportion of households using iodised salt from 14% in 2000 to 90% in 2015

### Cambodia MDG2: Achieve universal nine-year basic education

**Overall target 3: Ensure all children complete primary schooling by 2010 and nine-year basic schooling by 2015**

**Target 2.1:** Improving net admission rate from 81% in 2001 to 100% in 2010

**Target 2.2:** Improving net enrolment ratio in primary education from 87% in 2001 to 100% in 2010

**Target 2.3:** Improving net enrolment ratio in lower-secondary education from 19% in 2001 to 100% in 2015

**Target 2.4:** Reducing the proportion of 6-14 years old out of school from 35% in 1999 to 0% 2015

**Target 2.5:** Increasing the survival rate from grade 1 to 5 from 58% in 2001 to 100% in 2010

**Target 2.6:** Increasing the survival rate from grade 1 to 6 (last grade of primary cycle) from 51% in 2001 to 100% in 2010

**Target 2.7:** Increasing the survival rate from grade 1 to 9 (last grade of basic cycle) from 33% in 2001 to 100% in 2015

**Target 2.8:** Increasing the literacy rate of 15-24 years old from 82% in 1999 to 100% in 2015

**Overall target 4: Eliminate gender disparity in nine-year basic education by 2010**

**Target 2.9:** Improving the ratio of girls to boys in primary education from 87% in 2001 to 100% in 2010

**Target 2.10:** Improving the ratio of girls to boys in lower-secondary education from 63% in 2001 to 100% in 2010

### Cambodia MDG3: Promote gender equality and empower women

**Overall target 5: Reduce significantly gender disparities in upper secondary education and tertiary education**

**Target 3.1:** Improving the ratio of girls to boys in upper secondary education from 48% in 2001 to 100% in 2015

**Target 3.2:** Improving the ratio of girls to boys in tertiary education from 38% in 2001 to 85% in 2015

**Target 3.3:** Improving the ratio of literate females to males 15-24 years old from 87% in 1998 to 100% in 2010

**Target 3.4:** Improving the ratio of literate females to males 25-44 years old from 78% in 1998 to 100% in 2010

**Overall target 6: Eliminate gender disparities in wage employment in all economic sectors**

**Target 3.5:** Increasing the female share in wage employment in agriculture (primary sector) from 35% in 1998 to 50% in 2005

**Target 3.6:** Increasing female share in wage employment in industry (secondary sector) from 44% in 1998 to 50% in 2005

**Target 3.7:** Increasing the female share in wage employment in services (tertiary sector) from 21% in 1998 to 50% in 2015

**Overall target 7: Eliminate gender disparities in public institutions**

**Target 3.8:** Increasing the proportion of seats held by women in the National Assembly from 12% in 2003 to 30% by 2015

## ANNEX 4: CAMBODIA MDGs INDICATORS AND TARGETS

<b>Target 3.9:</b> Increasing the proportion of seats held by women in the Senate from 13% in 2003 to 30% by 2015
<b>Target 3.10:</b> Increasing the proportion of female ministers from 8% in 2003 to 15% by 2015
<b>Target 3.11:</b> Increasing the proportion of female secretaries of state from 6% in 2003 to 18% by 2015
<b>Target 3.12:</b> Increasing the proportion of female under secretaries of state from 5% in 2003 to 20% by 2015
<b>Target 3.13:</b> Increasing the proportion of female provincial governors from 0% in 2003 to 10% by 2015
<b>Target 3.14:</b> Increasing the proportion of female deputy provincial governors from 1% in 2003 to 15% by 2015
<b>Target 3.15:</b> Increasing the proportion of seats held by women in commune councils from 8% in 2003 to 25% by 2015
<b>Overall target 8: Reduce significantly all forms of violence against women and children</b>
<b>Target 3.16:</b> Increasing the proportion of cases of domestic violence counselled by qualified personal to 100 by 2015
<b>Target 3.17:</b> Increasing the population percentage aware that violence against women is wrongful behaviour and a criminal act to 100 by 2015
<b>Target 3.18:</b> Developing and implementing laws against all forms of violence against women and children according to international requirements and standards by 2005
<b>Target 3.19:</b> Collecting annual statistics to monitor violence against women by 2005
<b>Target 3.20:</b> Developing and Implementing a Prevention Plan by 2005
<b>Cambodia MDG4: Reduce child mortality</b>
<b>Overall target 9: Reduce the under-five mortality rate</b>
<b>Target 4.1:</b> Reducing the under-five mortality rate from 124 in 1998 to 65 per 1,000 live births by 2015
<b>Target 4.2:</b> Reducing infant mortality rate from 95 in 1998 to 50 per 1,000 live births by 2015
<b>Target 4.3:</b> Increasing the proportion of children under 1 year immunized against measles from 41.4% in 2000 to 90% by 2015
<b>Target 4.4:</b> Increasing the proportion of children aged 6-59 months receiving Vitamin A capsules from 28% in 2000 to 90% by 2015
<b>Target 4.5:</b> Increasing the proportion of children under 1 year immunized against DPT3 from 43% in 2000 to 90% by 2015
<b>Target 4.6:</b> Increasing the proportion of infants exclusively breastfed up to 6 months of age from 11.4% in 2000 to 49% in 2015
<b>Target 4.7:</b> Increasing the proportion of mothers who start breast-feeding newborn child within 1 hour of birth from 11% in 2000 to 62% in 2015
<b>Cambodia MDG5: Improve maternal health</b>
<b>Overall target 10: Reduce the maternal mortality ratio</b>
<b>Target 5.1:</b> Reducing the maternal mortality ratio from 437 in 1997 to 140 per 100,000 live births in 2015
<b>Target 5.2:</b> Reducing the total fertility rate from 4 in 1998 to 3 in 2015
<b>Target 5.3:</b> Increasing the proportion of births attended by skilled health personnel from 32% in 2000 to 80% in 2015
<b>Target 5.4:</b> Increasing the proportion of married women using modern birth spacing methods from 18.5% in 2000 to 60% by 2015
<b>Target 5.5:</b> Increasing the percentage of pregnant women with 2 or more ANC consultations from skilled health personnel from 30.5% in 2000 to 90% in 2015
<b>Target 5.6:</b> Reducing the proportion of pregnant women with Iron Deficiency Anaemia from 66% in 2000 to 33% in 2015
<b>Target 5.7:</b> Decreasing the proportion of women aged 15-49 with BMI<18.5Kg/Sq. meter from 21% in 2000 to 8% in 2015
<b>Target 5.8:</b> Decreasing the proportion of women aged 15-49 with Iron Deficiency Anaemia from 58% in 2000 to 19% in 2015
<b>Target 5.9:</b> Increasing the proportion of pregnant women who delivered by Caesarean Section from 0.8% in 2000 to 4% in 2015
<b>Cambodia MDG6: Combat HIV/AIDS, malaria and other diseases</b>
<b>Overall target 11: Decreasing the spread of HIV/AIDS</b>
<b>Target 6.1:</b> Reducing HIV prevalence rate among adults aged 15-49 from 2.6% in 2002 to 1.8% in 2015

## ANNEX 4: CAMBODIA MDGs INDICATORS AND TARGETS

<b>Target 6.2:</b> Reducing the HIV prevalence rate among pregnant women aged 15-24 visiting ANC from 2.7% in 2002 to 1.5% in 2015
<b>Target 6.3:</b> Increasing the condom use rate among commercial sex workers during last commercial sexual intercourse from 91% in 2002 to 98% in 2005
<b>Target 6.4:</b> Increasing the percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner from 82% in 2002 to 95% in 2015
<b>Target 6.5:</b> Increasing the proportion of condom use reported by married women who identified themselves at risk from 1% in 2000 to 10% in 2015
<b>Target 6.6:</b> Increasing the percentage of HIV infected pregnant women attending ANC receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT from 2.7% in 2002 to 50% in 2015
<b>Target 6.7:</b> Increasing the percentage of people with advanced HIV infection receiving antiretroviral combination therapy from 3% in 2002 to 75% in 2015
<b>Overall target 12: Decreasing the spread of malaria, DF and TB</b>
<b>Target 6.8:</b> Decreasing the malaria case fatality rate reported by public health sector from 0.4% in 2000 to 0.1% in 2015
<b>Target 6.9:</b> Increasing the proportion of population at high risk who slept under insecticide-treated bed nets during the previous night from 57% in 2002 to 98% in 2015
<b>Target 6.10:</b> Decreasing the number of malaria cases treated in the public health sector per 1 000 population from 11.4 in 2000 to 4.0 in 2015
<b>Target 6.11:</b> Increasing the proportion of public health facilities able to confirm malaria diagnosis according to national guidelines with 95% accuracy from 60% in 2002 to 95% in 2015
<b>Target 6.12:</b> Decreasing the number of dengue cases treated in the public health sector per 1000 population from 1 in 2001 to 0.4 in 2015
<b>Target 6.13:</b> Decreasing the dengue case fatality rate reported by public health facilities from 1.5% in 2003 to 0.3% in 2015
<b>Target 6.14:</b> Decreasing the prevalence of smear-positive TB per 100 000 population from 428 in 1997 to 135 in 2015
<b>Target 6.15:</b> Decreasing the TB deaths rate per 100 000 population from 90 in 1997 to 32 in 2015
<b>Target 6.16:</b> Increasing the proportion of all estimated new smear-positive TB cases detected under DOTS from 57% in 2002 to more than 70% in 2010 and 2015
<b>Target 6.17:</b> Maintaining the proportion of registered smear-positive TB cases successfully treated under DOTS above 85% through 2005
<b>Cambodia MDG7: Ensure environmental sustainability</b>
<b>Overall target 13: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources</b>
<b>Target 7.1:</b> Maintaining forest coverage at the 2000 level of 60 % of total land area through 2015
<b>Target 7.2:</b> Maintaining the surface of 23 protected areas at the 1993 level of 3.3 million ha through 2015
<b>Target 7.3:</b> Maintaining the surface of 6 new forest-protected area at the present level of 1.35 million ha through 2015
<b>Target 7.4:</b> Increasing the number of rangers in protected areas from 600 in 2001 to 1,200 by 2015
<b>Target 7.5:</b> Maintaining the number of rangers in forest protected areas at the level of 500 through 2015
<b>Target 7.6:</b> Increasing the proportion of fishing lots released to local communities from 56% in 1998 to 60% in 2015
<b>Target 7.7:</b> Increasing the number of community-based fisheries from 264 in 2000 to 589 in 2015
<b>Target 7.8:</b> Increasing the surface of fish sanctuaries from 264500 ha in 2000 to 580800 ha in 2015
<b>Target 7.9:</b> Reducing the fuel wood dependency from 92% of households in 1993 to 52% in 2015
<b>Overall target 14: Halve by 2015 the proportion of people without sustainable access to safe drinking water</b>
<b>Target 7.10:</b> Increasing the proportion of rural population with access to safe water source from 24% in 1998 to 50% in 2015
<b>Target 7.11:</b> Increasing the proportion of urban population with access to safe water source from 60% in 1998 to 80% in 2015
<b>Overall target 15: Halve by 2015 the proportion of people without sustainable access to improved sanitation</b>

## ANNEX 4: CAMBODIA MDGs INDICATORS AND TARGETS

<b>Target 7.12:</b> Increasing the proportion of rural population with access to improved sanitation from 8.6% in 1996 to 30% in 2015
<b>Target 7.13:</b> Increasing the proportion of urban population with access to improved sanitation from 49% in 1998 to 74% in 2015
<b>Overall target 16:</b> Increase the proportion of the population in both urban and rural areas with access to land security by 2015
<b>Target 7.14:</b> Increase the percentage of land parcels having titles in both urban and rural areas from 15% in 2000 to 65% in 2015
<b>MDG8: Forge A Global Partnership For Development<sup>2</sup></b>
<b>Overall target 17:</b> Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
<b>Indicator 8.1:</b> Net ODA as percentage of DAC donors' GNI [targets of 0.7% in total and 0.15% for LDCs]
<b>Indicator 8.2:</b> Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
<b>Overall target 18:</b> Address the Special Needs of the Least Developed Countries
<b>Indicator 8.3:</b> Proportion of ODA that is untied
<b>Indicator 8.4:</b> Proportion of ODA for environment in small island developing states
<b>Indicator 8.5:</b> Proportion of ODA for transport sector in land-locked countries
<b>Indicator 8.6:</b> Proportion of exports (by value and excluding arms) admitted free of duties and quotas
<b>Indicator 8.7:</b> Average tariffs and quotas on agricultural products and textiles and clothing
<b>Overall target 19:</b> Address the Special Needs of landlocked countries and small island developing states
<b>Indicator 8.8:</b> Domestic and export agricultural subsidies in OECD countries
<b>Indicator 8.9:</b> Proportion of ODA provided to help build trade capacity
<b>Overall target 20:</b> Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term
<b>Indicator 8.10:</b> Proportion of official bilateral HIPC debt cancelled
<b>Indicator 8.11:</b> Debt service as a percentage of exports of goods and services
<b>Indicator 8.12:</b> Proportion of ODA provided as debt relief
<b>Indicator 8.13:</b> Number of countries reaching HIPC decision and completion points
<b>Overall target 21:</b> In co-operation with developing countries, develop and implement strategies for decent and productive work for youth
<b>Indicator 8.14:</b> Unemployment rate of 15-24 year old
<b>Overall target 22:</b> In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries
<b>Indicator 8.15:</b> Proportion of population with access to affordable essential drugs on a sustainable basis
<b>Overall target 23:</b> In co-operation with the private sector, make available the benefits of new technologies, especially information and communications
<b>Indicator 8.16:</b> Telephone lines per 1000 people
<b>Indicator 8.17:</b> Personal computers per 1000 people
<b>Cambodia MDG9: De-mining, UXO and Victim Assistance<sup>3</sup></b>
<b>Overall target 24:</b> Moving towards zero impact from landmines and UXOs by 2012
<b>Target 9.1:</b> Reduce the annual number of civilian casualties recorded to 0 by 2012
<b>Target 9.2:</b> Clear completely all high/medium/low suspected contaminated areas by 2012
<b>Overall target 25:</b> Eliminate the negative humanitarian and socio-economic impacts of landmines and UXOs by 2025
<b>Target 9.3:</b> Develop a comprehensive victim assistance framework by 2005 and fully implement it.
<b>Target 9.4:</b> Increase the numbers of landmine/UXO victims receiving an assistance package and integrated into the society (to be set).

<sup>2</sup> The localization of global MDG8 into CMDG8 will be finished by CDC.

<sup>3</sup> Goal 9 was proposed by RGC.



