FOREWORD

The Millennium Declaration was adopted in September 2000 by all 189 member states of the United Nations General Assembly, as the world leaders agreed to a set of time-bound and measurable goals and targets for combating extreme poverty, hunger, diseases, illiteracy, environmental degradation and discrimination against women. These goals, which have been part of the global development agenda for a number of years as endorsed by member countries of the United Nations, are now best known as the Millennium Development Goals (MDGs).

The Royal Government of Cambodia (RGC) is firmly committed to bridge the gap between global commitments and national progress, and between aggregate national and local development outcomes. After January 7, 1979, Cambodia initiated a gradual but steady process of development that over the years has produced remarkable progress. Since the National Election in 1993, by building on these early achievements, the RGC has been committed to spur more action, greater leadership for results at all levels of society, trusted partnership and enhanced mobilization of and efficiency in the use of development resources, both domestic and external, to make the achievement of the MDGs a reality for all Cambodians.

Indeed, Cambodia has several challenges to overcome on the road to the MDGs. Despite prolonged economic growth during the past decade, there are indications that poverty has not declined significantly. Rural growth has barely kept pace with population growth and unemployment is a considerable challenge. Health and sanitary conditions of a significant share of the population are still a matter of concern. Under-five mortality rate has likely increased slightly over the last decade and progress in reducing maternal mortality has been limited. Cambodia's natural resources must remain the focus of our attention if we are to pass on this tremendous legacy of a rich environmental heritage to the next generation. The challenges are formidable. Yet, the MDGs are within reach if we all put our hearts and minds into the realization of Cambodia's developmental potential.

This document is the second report on the status of MDGs in Cambodia. The first report in 2001 was facilitated by United Nations Country Team and had the merit of laying the foundations of future reporting and sensitizing a large audience of stakeholders. The current 2003 CMDGs Progress Report has been prepared under the leadership of the Council for Social Development (CSD) applying a participatory approach that has included all major development stakeholders. The report involved contextualizing the MDGs, now called Cambodian MDGs (CMDGs), to better reflect realities in Cambodia. It also provides a diagnosis of Cambodia's major policies and programs contributing to each CMDG, and identifies major challenges to reach CMDGs. The report is a work in progress and will be further fine-tuned in the future as the country strengthens its statistical and overall policy analysis capacity.

The Royal Government of Cambodia (RGC) is fully committed to achieve the CMDGs that rapidly become the cornerstones of our development policies and strategies. Documenting our actions, successes, experiences and the challenges ahead, the report proves our firm commitment and spurs all parties to work to build a strong partnership for the development of Cambodia.

Hun Sen
Prime Minister
Royal Government of Cambodia

Geographical location and situation of Cambodia in Southeast Asia

Cambodia is located in the South East Asia peninsula. With a surface area of 181,035 square kilometres, it is a little over one half the size of Vietnam and about one third the size of Thailand. For nearly 20 years, Cambodia was isolated from the international community by war and internal strife that began in the early 1970s and resulted in a massive loss of life as well as the devastation of the economic and social infrastructure. To a large extent, the considerable development challenges facing Cambodia are a result of this legacy of war. For the first time in almost three decades, with the return of peace and the restoration of macroeconomic stability after the 1993 elections, Cambodia has the opportunity to make far-reaching progress in all facets of economic and social life. Administratively, Cambodia is divided into 24 provinces, 185 districts, 1,621 communes, and 13,707 villages (National Election Committee, 2003).
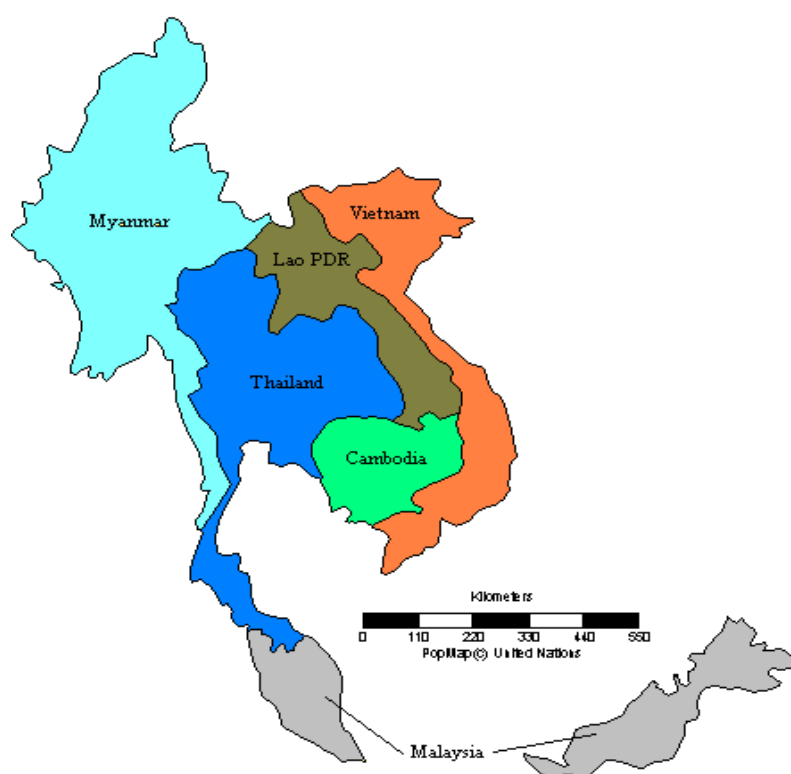
Summary of key development indicators

Indicators	Cambodia	Lao PDR	Thailand	Viet Nam	Myanmar	Malaysia
HDI rank	130	135	74	109	131	58
Human development index 2001	0.556	0.525	0.768	0.688	0.549	0.790
Gender-related Development Index	0.551	0.518	0.766	0.687	n.a.	0.784
Gini index in income/consumption	40.4	37	43.2	36.1	n.a.	49.2
Education index	0.64	0.63	0.88	0.83	0.72	0.83
Population (Million) 2001	13.5	5.4	61.6	79.2	48.2	23.5
Annual population growth rate 2001	2.5	2.2	1.5	1.9	1.8	2.5
Total fertility rate	4.8	4.8	1.9	2.3	2.9	2.9
GDP per capita 2001	278	326	1874	411	n.a.	3699
Incidence of poverty 2000	36.1	38.6	13.1	n.a	n.a.	n.a.
Life expectancy at birth 2001	57.4	53.9	68.9	68.6	57.0	72.8
Access to rural safe water 2000 (%)	26	29	81	72	66	94
Adult HIV prevalence 2001[1]	2.7	< 0.1	1.8	0.3	n.a.	0.4
Land areas covered by forests 2000	52.9	54.4	28.9	30.2	52.3	58.7

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[1] http://www.unaids.org.

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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 22.6% 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
Target3.3: 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
Target 3.9: Increasing the proportion of seats held by women in the Senate from 13% in 2003 to 30% by 2015
Target 3.10: Increasing the proportion of female ministers from 8% in 2003 to 15% by 2015
Target 3.11: Increasing the proportion of female secretaries of state from 6% in 2003 to 18% by 2015
Target 3.12: Increasing the proportion of female under secretaries of state from 5% in 2003 to 20% by 2015
Target 3.13: Increasing the proportion of female provincial governors from 0% in 2003 to 10% by 2015
Target 3.14: Increasing the proportion of female deputy provincial governors from 1% in 2003 to 15% by 2015
Target 3.15: Increasing the proportion of seats held by women in commune councils from 8% in 2003 to 25% by 2015
Overall target 8: Reduce significantly all forms of violence against women and children
Target 3.16: Increasing the proportion of cases of domestic violence counselled by qualified personal to 100 by 2015
Target 3.17: Increasing the population percentage aware that violence against women is wrongful behaviour and a criminal act to 100 by 2015
Target 3.18: Developing and implementing laws against all forms of violence against women and children according to international requirements and standards by 2005
Target 3.19: Collecting annual statistics to monitor violence against women by 2005
Target 3.20: Developing and Implementing a Prevention Plan by 2005
Cambodia MDG4: Reduce child mortality
Overall target 9: Reduce the under-five mortality rate
Target 4.1:Reducing the under-five mortality rate from 124 in 1998 to 65 per 1,000 live births by 2015
Target 4.2:Reducing infant mortality rate from 95 in 1998 to 50 per 1,000 live births by 2015
Target 4.3: Increasing the proportion of children under 1 year immunized against measles from 41% in 2000 to 90% by 2015
Target 4.4: Increasing the proportion of children aged 6-59 months receiving Vitamin A capsules from 28% in 2000 to 90% by 2015
Target 4.5: Increasing the proportion of children under 1 year immunized against DPT3 from 43% in 2000 to 90% by 2015
Target 4.6: Increasing the proportion of infants exclusively breastfed up to 6 months of age from 11.4% in 2000 to 49% in 2015
Target 4.7: Increasing the proportion of mothers who start breast-feeding newborn child within 1 hour of birth from 11% in 2000 to 62% in 2015
Cambodia MDG5: Improve maternal health
Overall target 10: Reduce the maternal mortality ratio
Target 5.1: Reducing the maternal mortality ratio from 437 in 1997 to 140 per 100,000 live births in 2015
Target 5.2: Reducing the total fertility rate from 4 in 1998 to 3 in 2015
Target 5.3: Increasing the proportion of births attended by skilled health personnel from 32% in 2000 to 80% in 2015
Target 5.4 Increasing the proportion of married women using modern birth spacing methods from 18.5% in 2000 to 60% by 2015
Target 5.5: Increasing the percentage of pregnant women with 2 or more ANC consultations from skilled health personnel from 30% in 2000 to 90% in 2015
Target 5.6: Reducing the proportion of pregnant women with Iron Deficiency Anaemia from 66% in 2000 to 33% in 2015
Target 5.7: Decreasing the proportion of women aged 15-49 with BMI<18.5Kg/Sq. meter from 21% in 2000 to 8% in 2015
Target 5.8: Decreasing the proportion of women aged 15-49 with Iron Deficiency Anaemia from 58% in 2000 to 19% in 2015
Target 5.9: Increasing the proportion of pregnant women who delivered by Caesarean Section from 0.8% in 2000 to 4% in 2015

Cambodia MDG6: Combat HIV/AIDS, malaria and other diseases
Overall target 11: Decreasing the spread of HIV/AIDS
Target 6.1: Reducing HIV prevalence rate among adults aged 15-49 from 2.6% in 2002 to 1.8% in 2015
Target 6.2: Reducing the HIV prevalence rate among pregnant women aged 15-24 visiting ANC from 2.7% in 2002 to 1.5% in 2015
Target 6.3: Increasing the condom use rate among commercial sex workers during last commercial sexual intercourse from 91% in 2002 to 98% in 2005
Target 6.4: 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
Target 6.5: Increasing the proportion of condom use reported by married women who identified themselves at risk from 1% in 2000 to 10% in 2015
Target 6.6: 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
Target 6.7: Increasing the percentage of people with advanced HIV infection receiving antiretroviral combination therapy from 3% in 2002 to 75% in 2015
Overall target 12: Decreasing the spread of malaria, DF and TB
Target 6.8: Decreasing the malaria case fatality rate reported by public health sector from 0.4% in 2000 to 0.1% in 2015
Target 6.9: Increasing the proportion of population a t high risk who slept under insecticide-treated bed nets during the previous night from 57% in 2002 to 98% in 2015
Target 6.10: 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
Target 6.11: 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
Target 6.12: Decreasing the number of dengue cases treated in the public health sector per 1000 population from 1 in 2001 to 0.4 in 2015
Target 6.13: Decreasing the dengue case fatality rate reported by public health facilities from 1.5% in 2003 to 0.3% in 2015
Target 6.14: Decreasing the prevalence of smear-positive TB per 100 000 population from 428 in 1997 to 135 in 2015
Target 6.15: Decreasing the TB deaths rate per 100 000 population from 90 in 1997 to 32 in 2015
Target 6.16: 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
Target 6.17: Maintaining the proportion of registered smear-positive TB cases successfully treated under DOTS above 85% through 2005
Cambodia MDG7: Ensure environmental sustainability
Overall target 13: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
Target 7.1: Maintaining forest coverage at the 2000 level of 60 % of total land area through 2015
Target 7.2: Maintaining the surface of 23 protected areas at the 1993 level of 3.3 million ha through 2015
Target 7.3: Maintaining the surface of 6 new forest-protected area at the present level of 1.35 million ha through 2015
Target 7.4: Increasing the number of rangers in protected areas from 600 in 2001 to 1,200 by 2015
Target 7.5: Maintaining the number of rangers in forest protected areas at the level of 500 through 2015
Target 7.6: Increasing the proportion of fishing lots released to local communities from 56% in 1998 to 60% in 2015
Target 7.7: Increasing the number of community-based fisheries from 264 in 2000 to 589 in 2015
Target 7.8: Increasing the surface of fish sanctuaries from 264500 ha in 2000 to 580800 ha in 2015
Target 7.9: Reducing the fuel wood dependency from 92% of households in 1993 to 52% in 2015
Overall target 14: Halve by 2015 the proportion of people without sustainable access to safe drinking water
Target 7.10: Increasing the proportion of rural population with access to safe water source from 24% in 1998 to 50% in 2015
Target 7.11 :Increasing the proportion of urban population with access to safe water source from 60% in 1998 to 80% in 2015

Overall target 15: Halve by 2015 the proportion of people without sustainable access to improved sanitation
Target 7.12: Increasing the proportion of rural population with access to improved sanitation from 8.6% in 1996 to 30% in 2015
Target 7.13: Increasing the proportion of urban population with access to improved sanitation from 49% in 1998 to 74% in 2015
Overall target 16: Increase the proportion of the population in both urban and rural areas with access to land security by 2015
Target 7.14: Increase the percentage of land parcels having titles in both urban and rural areas from 15% in 2000 to 65% in 2015
MDG8: Forge A Global Partnership For Development[2]
Overall target 17: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system
Indicator 8.1: Net ODA as percentage of DAC donors' GNI [targets of 0.7% in total and 0.15% for LDCs]
Indicator 8.2: Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
Overall target 18: Address the Special Needs of the Least Developed Countries
Indicator 8.3: Proportion of ODA that is untied
Indicator 8.4: Proportion of ODA for environment in small island developing states
Indicator 8.5: Proportion of ODA for transport sector in land-locked countries
Indicator 8.6: Proportion of exports (by value and excluding arms) admitted free of duties and quotas
Indicator 8.7: Average tariffs and quotas on agricultural products and textiles and clothing
Overall target 19: Address the Special Needs of landlocked countries and small island developing states
Indicator 8.8: Domestic and export agricultural subsidies in OECD countries
Indicator 8.9: Proportion of ODA provided to help build trade capacity
Overall target 20: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term
Indicator 8.10: Proportion of official bilateral HIPC debt cancelled
Indicator 8.11: Debt service as a percentage of exports of goods and services
Indicator 8.12: Proportion of ODA provided as debt relief
Indicator 8.13: Number of countries reaching HIPC decision and completion points
Overall target 21: In co-operation with developing countries, develop and implement strategies for decent and productive work for youth
Indicator 8.14: Unemployment rate of 15-24 year old
Overall target 22: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries
Indicator 8.15: Proportion of population with access to affordable essential drugs on a sustainable basis
Overall target 23: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications
Indicator 8.16: Telephone lines per 1000 people
Indicator 8.17: Personal computers per 1000 people
Cambodia MDG9: De-mining, UXO and Victim Assistance[3]
Overall target 24: Moving towards zero impact from landmines and UXOs by 2012
Target 9.1: Reduce the annual number of civilian casualties recorded to 0 by 2012
Target 9.2: Clear completely all high/medium/low suspected contaminated areas by 2012
Overall target 25: Eliminate the negative humanitarian and socio-economic impacts of landmines and UXOs by 2025
Target 9.3: Develop a comprehensive victim assistance framework by 2005 and fully implement it.
Target 9.4: Increase the numbers of landmine/UXO victims receiving an assistance package and integrated into the society (to be set).

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[2] The localization of global MDG8 into CMDG8 will be finished by CDC.
[3] Goal 9 was proposed by RGC.

CAMBODIA MDGs STATUS AT A GLANCE

Overall targets	Will the overall target be met?				State of supportive environment			
	Probably	Potentially	Unlikely	No data	Strong	Fair	Weak but improving	Weak
Overall target 1: Halve, between 1993 and 2015, the proportion of people whose income is less than the national poverty line		✓				✓		
Overall target 2: Halve, between 1993 and 2015, the proportion of people who suffer from hunger		✓				✓		
Overall target 3: Ensure all children complete primary schooling by 2010 and nine-year basic schooling by 2015		✓				✓		
Overall target 4: Eliminate gender disparity in nine-year basic education by 2010		✓				✓		
Overall target 5: Reduce significantly gender disparities in upper secondary education and tertiary education			✓				✓	
Overall target 6: Eliminate gender disparities in wage employment in all economic sectors		✓				✓		
Overall target 7: Eliminate gender disparities in government			✓			✓		
Overall target 8: Reduce significantly all forms of violence against women and children				✓			✓	
Overall target 9: Reduce the under-five mortality rate			✓			✓		
Overall target 10: Reduce the maternal mortality ratio			✓			✓		
Overall target 11: Decreasing the spread of HIV/AIDS	✓				✓			
Overall target 12: Decreasing the spread of malaria, DF and TB		✓				✓		
Overall target 13: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources	✓					✓		

Overall target 14: Halve by 2015 the proportion of people without sustainable access to safe drinking water	✔		✔
Overall target 15: Halve by 2015 the proportion of people without sustainable access to improved sanitation	✔		✔
Overall target 16: Increase the proportion of the population in both urban and rural areas with access to land security by 2015		✔	✔
Overall target 17: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system			
Overall target 18: Address the Special Needs of the Least Developed Countries			
Overall target 19: Address the Special Needs of landlocked countries and small island developing states			
Overall target 20: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term			
Overall target 21: In co-operation with developing countries, develop and implement strategies for decent and productive work for youth			
Overall target 22: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries			
Overall target 23: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications			
Overall target 24: Moving towards zero impact from landmines and UXOs by 2012		✔	✔
Overall target 25: Eliminate the negative humanitarian and socio-economic impacts of landmines and UXOs by 2025	✔		✔

Aggregate CMDGs Composite Index by Province[4]
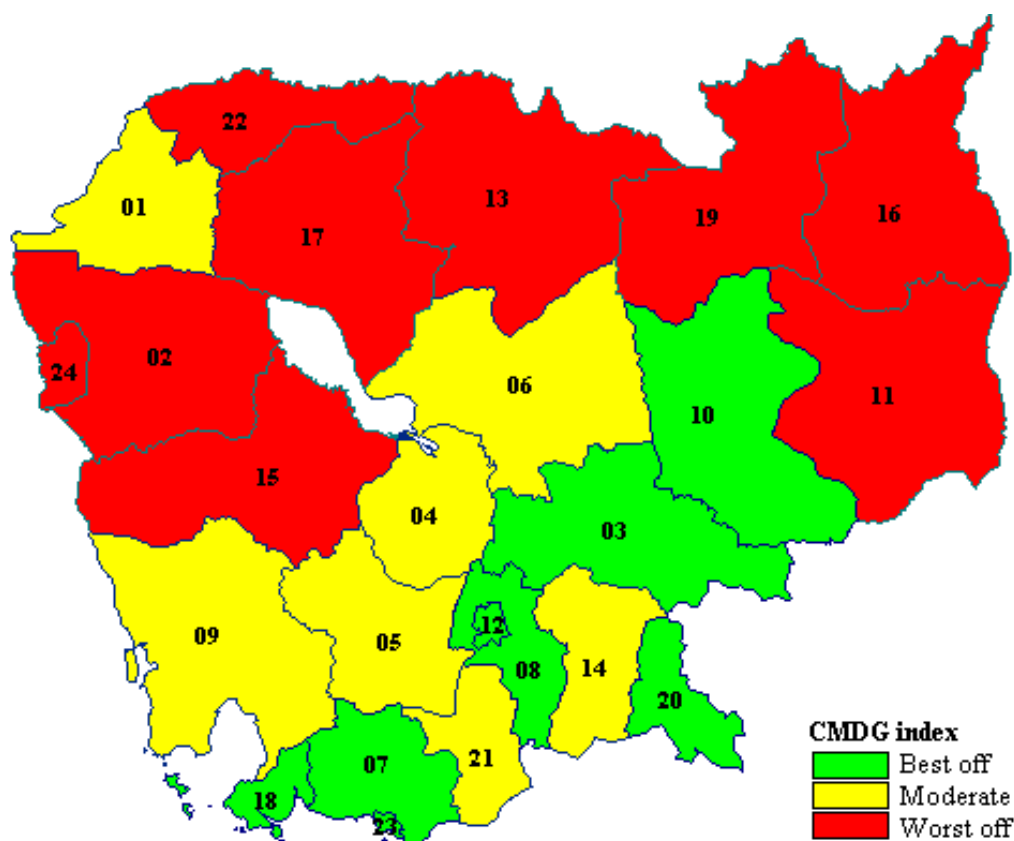
CMDG Composite Indices by Goal

Code	Provinces	CMDG1	CMDG2	CMDG3	CMDG4	CMDG5	CMDG6	CMDG7	CMDG9	CMDG
12	Phnom Penh	0.784	0.962	0.825	0.827	0.786	0.79	0.989	0.999	0.870
08	Kandal	0.692	0.779	0.627	0.47	0.437	0.807	0.409	0.985	0.651
20	Svay Rieng	0.573	0.683	0.631	0.533	0.435	0.727	0.467	0.964	0.627
18	Sihanoukville	0.783	0.702	0.603	0.327	0.539	0.657	0.376	0.998	0.623
23	Kep	0.752	0.655	0.71	0.327	0.539	0.591	0.35	0.996	0.615
07	Kampot	0.79	0.767	0.716	0.327	0.539	0.596	0.231	0.915	0.610
10	Kratie	0.603	0.635	0.735	0.442	0.311	0.612	0.37	0.970	0.585
03	Kampong Cham	0.643	0.722	0.555	0.387	0.326	0.735	0.34	0.897	0.576
14	Prey Veng	0.39	0.611	0.534	0.332	0.399	0.795	0.459	1.000	0.565
21	Takeo	0.723	0.771	0.493	0.549	0.323	0.56	0.119	0.973	0.564
06	Kampong Thom	0.435	0.651	0.686	0.569	0.292	0.738	0.231	0.895	0.562
04	Kampong Chhnang	0.557	0.683	0.484	0.422	0.279	0.682	0.31	0.992	0.551
01	Banteay Meanchey	0.743	0.65	0.517	0.739	0.462	0.552	0.108	0.641	0.551
05	Kampong Speu	0.675	0.602	0.441	0.806	0.208	0.555	0.17	0.940	0.550
09	Koh Kong	0.685	0.408	0.306	0.549	0.545	0.675	0.351	0.873	0.549
02	Battambang	0.697	0.693	0.604	0.38	0.746	0.667	0.34	0.000	0.516
24	Pailin	0.612	0.544	0.418	0.38	0.746	0.223	0.416	0.785	0.516
13	Preah Vihear	0.604	0.362	0.458	0.442	0.311	0.868	0.228	0.856	0.516
19	Stueng Treng	0.674	0.397	0.417	0.442	0.311	0.701	0.243	0.899	0.511
15	Pursat	0.644	0.654	0.637	0.238	0.334	0.735	0.29	0.547	0.510
17	Siem Reap	0.532	0.595	0.486	0.386	0.189	0.504	0.165	0.553	0.426
22	Otdar Meanchey	0.598	0.327	0.191	0.386	0.189	0.938	0.004	0.642	0.409
11	Mondulkiri	0.363	0.149	0.299	0.254	0.097	0.819	0.25	0.993	0.403
16	Ratanakiri	0.308	0.153	0.309	0.254	0.097	0.574	0.117	0.957	0.346

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[4] The methodology of computing index is presented in annex C. The composite index is simple average of all CMDG indices.

EXECUTIVE SUMMARY

1. The Royal Government of Cambodia (RGC) signed the Millennium Declaration and committed to the MDGs process. The RGC intends to measure national development performance with respect to the CMDGs and to prepare regular CMDGs progress reports.

2. Cambodia has made some progress toward achieving the MDGs but more efforts will be needed over the next decade. Since 1999, Cambodia has followed and made significant progress in implementing a macroeconomic framework aimed at achieving long-term economic growth and sustainable development. Cambodia has also made impressive strides in strengthening political and economic stability. Sound economic management, macro-economic stability and sustainable economic growth are required for sustainable poverty reduction and for Cambodia to achieve its CMDGs.

3. Despite steady economic growth during the past decade, poverty has not declined significantly, falling from only 39 to 36 percent between 1994 and 1999. Rural growth has barely kept pace with population growth and there are worrying trends of rising rural unemployment and lack of growth in non-farm employment. If past trends continue, poverty incidence would decline to 28 percent by 2015. Clearly, this falls short of the set target of reducing the poverty headcount to 19.5 percent. Meeting the MDGs targets would require faster economic growth and more poverty reduction associated with that growth.

4. On the social side, progress has been slow and uneven. While access to primary education has improved significantly over the last decade, Cambodia is unlikely to reach its targets in terms of access to lower-secondary education.

5. Gender equality remains a major issue in most areas of socio-economic life despite clear government commitment to female empowerment. It is too early to assess whether targets will be met. However, the challenges are significant given the relatively recent mainstreaming of gender issues in the policy process and the scale of attitudinal and behavioural change required to reach the targets by 2015.

6. Health and sanitary conditions of a significant share of the population are still unacceptable. Under-five mortality rates have likely increased slightly over the last decade. Cambodia is unlikely to meet its target of reducing under-five mortality to 65 per 1000 by 2015.

7. Cambodia has made limited progress in recent years in improving maternal mortality. The most recent data from the mid 1990s show very high maternal mortality ratio of around 437 per 100,000 live births. There is a considerable gap between these levels and CMDG target, which aims at reducing the maternal mortality ratio to 140 per 100,000 live births by 2015.

8. The HIV prevalence rate in the adult (15-49) population fell from 3.3 to 2.6 percent between 1997 and 2002. A linear trend extrapolation would suggest that Cambodia would meet its CMDG target of 1.8 percent in 2015. As elsewhere in this document, the linear projection of past trends should be treated with caution as many factors may change such as the life span of those infected with the virus and behavioural patterns.

9. Cambodia's natural resources are degrading at an accelerating pace. Forest cover declined to 58.7 percent of Cambodia's total land area by 1997 despite the re-plantation of 11,125 hectares between 1985 and 2002. The reduction in forest cover between the 1960s and

1997 amounted to almost 2 million ha which represents a rate of reduction of less than half a percentage point per year. At this rate, Cambodia will fall below its CMDG target of 60 percent from 2005 to 2015.

10. Considering the large negative impact of mines on the livelihood of people living in rural areas, mine action is considered one of the top priorities for the country's rehabilitation and development. Although great progress has been made in reducing civilian landmine related casualties, still hundreds of civilian casualties occur every year and many more carry the burden of past injuries. If Cambodia is to fulfil its targets, sustained commitment from the RGC, the NGO sector and the donor community is needed.

11. There are significant discrepancies among provinces in terms of progress toward CMDGs. The situation varies from one CMDG to another. However, the coastal area and Eastern provinces bordering with Viet Nam appear to be comparatively better off.

12. The first development challenge is to maintain a high growth rate to generate employment and income earning opportunities for an ever-growing population. Trade is a potential candidate to become this growth engine since it opens vast market opportunities in a globalized world economy. Trade can also play a leading role in initiating reforms and policy changes in other sectors including: legal reforms to comply with international standards and ensure a FDI-friendly environment; public sector reforms to reduce red tape and corruption; education sector reforms to train youths in sectors where Cambodia enjoys a comparative advantage and investment in rural and urban infrastructure to reduce transaction costs for the private sector and make it more competitive.

13. The second development challenge is to pursue a growth strategy, which will benefit all Cambodians. More attention will need to be given to pro-poor growth policies through investment in sectors where the poor are concentrated and can find sustainable employment. Moreover, growth should translate into increased government revenue, part of which should be allocated to social protection programs for those unable to seize economic opportunities.

14. Given its size and its pervasiveness in all sectors of society, the efficient use of ODA is *defacto* a cross-cutting issue. Cambodia is extremely limited in its capacity to finance public programs required to spur development. The overall public budget is small and the share allocated to development programs is modest when compared with the needs of the growing population and the wide gaps to be filled by 2015. Thus, ODA, which represents more than 100 percent of the national budget, will have to play a major role if Cambodia is to achieve its CMDGs. More efficient and better-targeted aid, in line with national priorities, is a critical condition for Cambodia to reach its targets. Donors have a major responsibility of assisting the government of Cambodia to reach its goals. The government will be happy to share the credit with the international community for successes, but will also share responsibilities in case of failures.

15. The achievement of the CMDG targets is likely to be spurred through increased participation of a wide range of stakeholders in the development process and greater popular involvement in decision-making processes such as the democratisation process. For example, greater parental involvement in the management of schools through parent-teacher associations has the potential to increase efficiency of resource use, quality of education and educational outcomes. This reasoning can also be applied to primary health care services and natural resources management, through community-based management initiatives. Generally, effective processes of decentralization, which bring service

providers closer to users, have the potential to increase transparency, efficiency and quality of services provided.

16. Institutional strengthening must address three problems which impede the attainment of the CMDGs: (i) too few effective civil society organizations, (ii) weak coordination and management within the public sector, and (iii) limited human resource capacities.

17. While there are numerous national NGOs active in a wide range of sectors that contribute to grassroots development, there is considerable scope to improve their performance in terms of effectiveness and efficiency. In addition, the private sector is quite limited in its activities, and heavily concentrated in small-scale informal operations, apart from the garment industry.

18. Effective poverty reduction entails the implementation and the operationalisation of programs and projects aimed at improving living conditions of the poorest. In a context of severe human where resource constraints and limited public sector capacities, the high, and sometimes conflicting, demands of donors may be counterproductive by draining scarce resources from the implementation of concrete development activities. One challenge for the government is to improve strategic planning in the use of its resources and enhances coordination among partners. A second is to put in place an effective system of monitoring and evaluation of its policies and programs.

19. There is a general need to improve human capacity in order to increase the impact of resources committed to reaching the CMDGs. Furthermore, over the longer term, increasing the skills and education level of the population will be necessary to set the nation on a more dynamic and diversified growth path.

20. Inequalities take various forms in Cambodia. There are significant gender disparities in social, economic and political spheres of life highlighted in the discussion of CMDG3. Inequalities are also important between rural and urban communities, especially Phnom Penh. Standards of living and income earning opportunities are generally much higher in urban than rural areas. Inequalities are also significant within rural areas, usually to the detriment of regions where minorities are concentrated. Making progress toward CMDG targets over the next decade requires increased investment in physical and human capital, which targets areas that are comparatively worse off.

21. High population growth has implications for virtually all CMDGs and represents a major challenge for Cambodia. An effective population policy attuned to the social and cultural context of Cambodia that addresses such issues as female education and access to contraception is required for Cambodia to reverse trends in resource degradation and poverty.

22. While major challenges will have to be overcome over the next decade, the prospects for Cambodia to achieve many of its MDG targets are good. For the first time in almost three decades, with the return of peace and the restoration of macroeconomic stability after the 1993 elections, Cambodia now has the opportunity to make far-reaching reforms in all facets of economic and social life. The task is enormous and will require a strong commitment by all parties to work in a coordinated way with the overall objective of progressing towards Cambodia's MDG targets.

23. Measuring progress towards CMDGs requires effective systems of monitoring and evaluation embedded in a sound institutional framework The monitoring of sectoral programs and projects will be under the responsibility of line ministries and other implementing agencies. Their focus will be on input, process, and output indicators. The

main task for the General Secretariat of the Council for Social Development (GSCSD) and its technical arm, the Poverty Monitoring and Analysis Technical Unit (PMATU), will be to focus on outcome monitoring and impact assessment. To achieve synergies, the various agencies will need to be partners in this system. The overall responsibility at the policy formulation level lies with the CSD.

24. At present, a wide range of uncoordinated M&E activities are being conducted and the information generated is dispersed among various government bodies and stakeholders. To remedy this situation, CMDGs monitoring will be integrated within a national poverty monitoring and impact assessment system coordinated by the Government of Cambodia. A key component of this system will be a user-friendly information system to facilitate information storage, management and dissemination. Cambodia has chosen to set up a Poverty Management Information System (PMIS), which will take the form of a national data warehouse and be well integrated into existing national structures.

LIST OF ACRONYMS

ADB	Asian Development Bank
ANC	Ante Natal Care
ARV	Anti Retro Viral
ASEAN	Association of South East Asian Nations
BMC	Budget Management Centre
BMI	Body Mass Index
BSS	Behavioural Surveillance Survey
CCA	Common Country Assessment
CDC	Council for Development of Cambodia
CDHS	Cambodia Demographic and Health Survey
CEDAW	Convention for the Elimination of All Forms of Discrimination Against Women
CENAT	National Centre for Tuberculosis and Leprosy Control
CFR	Case Fatality Rate
CG	Consultative Group
CHDR	Cambodia Human Development Report
CMAA	Cambodia Mine Action and Victim Assistance Authority
CMAC	Cambodian Mine Action Center
CMDGs	Cambodia Millennium Development Goals
CMVIS	Cambodia Mine/UXO Victim Information System
CNCW	Cambodian National Council for Women
CNIP	Cambodia Nutrition Investment Plan
CNM/NMC	National Malaria Centre
CPMAS	Cambodia Poverty Monitoring and Analysis System
CPMIS	Cambodia Poverty Management Information System
CRC	Cambodian Red Cross
CSD	Council for Social Development
CSES	Cambodia Socio-Economic Survey
CSOs	Civil Society Organizations
CSWs	Commercial Sex Workers
DAC	Development and Cooperation
DAFF	Department of Agriculture, Forestry and Fisheries
D(H)F	Dengue (Hemorrhagic) Fever
DOTS	Directly Observed Treatment Short Course
DPT	Diphtheria Pertussis Tetanus
EFA	Education for All
EMIS	Education Management Information System
ESI	Education Statistics & Indicators
ESP	Education Strategic Plan
ESSP	Education Sector Support Programme
FAO	Food Agriculture Organization
FDI	Foreign Direct Investment
FPL	Food Poverty Line
FYMAP	Five-Year Mine Action Plan
GAP	Governance Action Plan
GDI	Gender related Development Index
GDP	Gross Domestic Product
GNI	Gross National Income
GNP	Gross National Product
GSCSD	General Secretariat of Council for Social Development
GSNA	General Secretariat of National Assembly
GSP	Generalized System of Preferences
GTZ	German Technical Cooperation

HALO Trust	HALO Trust
HC	Health Centre
HDI	Human Development Index
HI	Handicap International
HIPC	Heavily Indebted Poor Country
HIV/AIDS	Human immunodeficiency virus/Acquired immune deficiency syndrome
HP	Health Post
HPI	Human Poverty Index
HSS	HIV Sentinel Surveillance
ICORC	International Committee on Reconstruction Cambodia
ICT	Information and Communication Technologies
IDA	Iron Deficiency Anaemia
IEC	Information Education and Communication
ISIC	International Standard of Industry Classification
ITN	Insecticide Treated-bed Nets
IUCN	The World Conservation Union
LDC	Least Developed Country
LFS	Labour Force Survey
LMAP	Land Management Administration Project
LMUPC	Land Management Urban Planning and Construction
M&E	Monitoring and Evaluation
MAFF	Ministry of Agriculture Forestry and Fisheries
MAG	Mine Advisory Group
MDGs	Millennium Development Goals
MFN	Most Favoured Nations
MIME	Ministry of Industry, Mine and Energy
MOE	Ministry of Environment
MOEYS	Ministry of Education, Youth and Sport
MOH	Ministry of Health
MOI	Ministry of Interior
MOP	Ministry of Planning
MOSALY	Ministry of Social Affairs, Labour, Youth and Rehabilitation
MOWVA	Ministry of Woman and Veteran's Affair
MRD	Ministry of Rural Development
MTCT	Mother-to-Child Transmission
MTEF	Medium-Term Expenditure Framework
MTEP	Medium-Term Expenditure Plan
NAA	National AIDS Authority
NARG1	Net Admission Rate in Grade 1
NCHADS	National Centre for HIV/AIDS Dermatology and STDs
NDCP	National Dengue Control Program
NDFC	National Dengue Fever Centre
NEC	National Election Committee
NERLSE	Net Enrolment Ratio in Lower-Secondary School
NERPE	Net Enrolment Ratio in Primary School
NFE	Non-Formal Education
NGOs	Non Governmental Organizations
NHS	National Health Survey
NIS	National Institute of Statistics
NIV	Normalization of the Indicator Value
NPF	National Poverty Forum
NPRS	National Poverty Reduction Strategy
NTP	National Tuberculosis Control Program
OD	Operational Districts

ODA	Official Development Assistance
OECD	Organization for Economic Cooperation and Development
PAP	Priority Action Programme
PC6-14OS	Proportion of Children 6-14 years old out of School
PGER	Primary Gross Enrolment Rate
PLWHA	People Living with HIV/AIDS
PMA	Poverty Monitoring and Analysis
PMATU	Poverty Monitoring and Analysis Technical Unit
PMIS	Poverty Management Information System
PVI	Poverty Vulnerability and Inequality
RCAF	Royal Cambodian Armed Force
RGBLSE	Ratio of Girls to Boys in Lower-Secondary Education
RGBPE	Ratio of Girls to Boys in Primary Education
RGBUSE	Ratio of Girls to Boys in Upper Secondary Education
RGC	Royal Government of Cambodia
RLFM	Ratio of Literate Females to Males
RWSS	Rural Water and Sanitation Strategy
SAC	Statistics Advisory Council
SCC	Statistics Coordination Committee
SEDPII	Second Socio-Economic Development Plan
SEILA	SEILA
SPQ	Share of Poorest Quintile
SRG1-5	Survival Rate from Grade 1 to Grade 5
SRG1-6	Survival Rate from Grade 1 to the last Grade of 6 years Primary Education
SRG1-9	Survival Rate from Grade 1 to the last Grade of 9 years Basic Education
STDs	Sexually Transmitted Diseases
STI	Sexually Transmitted Infection
SWAP	Sector Wide Approach
SWOT	Strengths, Weaknesses, Opportunities and Threats
TB	Tuberculosis
TBA	Traditional Birth Attendance
TTC	Teacher Training College
TVET	Technical and Vocational Education and Training
TWG	Technical Working Group
UNCT	United Nations Country Team
UNDP	United Nations Development Programme
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Education, Scientific and Cultural Organisation
UNGASS	United Nations General Assembly Special Session
UNICEF	United Nations Children's Fund
UNMAS	United Nations Mine Action Service
USAID	United States Agency for International Development
UXO	Unexploded Ordnance
VCT	Voluntary Counselling and Testing
WATSAN	Water and Sanitation
WB	World Bank
WFP	World Food Program
WG	Working Group
WHO	World Health Organization
WTO	World Trade Organization
YLR	Literacy Rate of 15-24 years old

INTRODUCTION

The Millennium Declaration, of which the RGC is a signatory, is a document of major importance. It affirms Cambodia's commitment to reach the Millennium Development Goals. These MDGs focus attention and efforts on achieving a minimum set of key results. The RGC is clearly committed to act as a leader, coordinator and facilitator to reach Cambodia's MDGs (CMDGs). All development stakeholders in Cambodia, including representatives of government, civil society, the private sector, and the donor community are committed to work together toward the MDGs.

This report is the second MDGs report in Cambodia. The first report produced in 2001 was prepared mainly under the direction of the UNCT. It had the merit of introducing Cambodia to the MDGs and raising awareness among development stakeholders of the importance of reaching those goals.

The 2003 CMDGs Progress Report innovates in several respects. First and foremost, it has been prepared under the leadership of the Council for Social Development with consultation of major development stakeholders. Second, it involved contextualizing the MDGs, now labelled Cambodia's MDGs (CMDGs), to better reflect Cambodian realities. Third, it has provided a more in-depth diagnostic of the country situation. Fourth, major policies and programs contributing to each CMDG have been identified and described. Fifth, it has identified major challenges in the pursuit of CMDGs and set out a framework to meet those challenges and reach those goals. Sixth, it has outlined critical linkages among CMDGs. Finally, a roadmap for the effective monitoring and evaluation of CMDGs progress has been outlined.

The 2003 MDGs Progress Report is divided into three major sections. Section I introduces the development context in Cambodia. Section II presents (i) CMDG indicators and targets; (ii) the current situation, past and future trends as well as gaps between targets and trends; (iii) major current policies and programs contributing to CMDGs; (iv) key challenges for meeting CMDG targets; and (v) a framework for meeting the key challenges and reaching CMDG targets. Section III outlines the way forward for CMDGs progress monitoring and evaluation. The main report is complemented by a set of annexes including a glossary of technical terms and discussion of methodological issues.

SECTION I

DEVELOPMENT CONTEXT IN CAMBODIA

1.1 STRUCTURAL CHARACTERISTICS AND RECENT HISTORY OF CAMBODIA

Cambodia is situated on the Southwestern part of the Indochina peninsula in South East Asia. With a surface area of 181,035 square kilometres, it is a little over one half of Vietnam and about one third of Thailand. It is bordered by Thailand to the West and Northwest, by Lao PDR to the North, by Vietnam to east and Southeast, and by the Gulf of Thailand to the South and Southwest. The country consists mainly of low plains criss-crossed by many rivers that flow into the Mekong River and the Great Lake Tonle Sap. There are low mountain ranges in the Southwest of the country and along the northern border with Thailand while the Northeast is a forested plateau with higher altitude than the central plain. Rainfall varies in different parts of the country as well as from year to year. Rainfall in Cambodia is uneven and irregular, resulting in periodic droughts or floods, sometimes concurrently in different parts of the country. The period of heavy rainfall is frequently interrupted by a so-called "small dry season", a period of normally one or two weeks of relatively less, or even no, rainfall during the period June/July. This period is very critical for rice cultivation.

It is important to recall that for nearly 20 years, Cambodia was isolated from the international community by war and internal strife that began in the early 1970s and resulted in a massive loss of life and human capital as well as the devastation of the economic and social infrastructure. To some extent, the considerable socio-economic challenges facing Cambodia are a legacy of this period.

For the first time in almost three decades, with the return of peace and the restoration of macroeconomic stability after the 1993 elections, Cambodia has the opportunity to make far-reaching reforms in all facets of economic and social life. The objective is to raise productivity and living standards, ultimately to alleviate poverty, in the context of one of the lowest levels of per capita income in the world. After almost three decades of disorder, the Royal Government of Cambodia (RGC) is now grappling with complex socio-economic problems faced by developing economies.

The demographic profile of the country also reflects the legacy of a long drawn-out period of civil strife. According to the 1998 Census, the population of Cambodia stands at 11.4 million, including 5.5 million males and 5.9 million females. The population growth rate is 2.5 percent per annum. Nearly 85 percent of the population lives in rural areas. The population is very young with nearly 43 percent below age 15 in 1998[5]. The Khmer Rouge period has distorted the age and gender structure of the population. The overall sex composition of 93 males for every 100 females reflects an abnormal shortage of males due to the losses suffered at ages 20 and above during the Khmer Rouge period of 1975-1979.

1.2 ENABLING ENVIRONMENT FOR DEVELOPMENT AND POVERTY REDUCTION

The Millennium Declaration is a commitment to human rights, democracy, peace and security and good governance. The Declaration acknowledges the importance of such an enabling environment to achieve poverty reduction and development. The Royal Government of Cambodia (RGC) views the rule of the law and good governance principles, such as transparency, predictability, accountability and participation as essential prerequisites to sustainable socio-economic development, social justice and poverty reduction.

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[5] General Population Census of Cambodia 1998: Analysis of Census Results Report 6: Population Projections 2001-2021. National Institute of Statistics, Ministry of Planning, Phnom Penh.

After more than 25 years of instability and conflict, which led to the near collapse of governance institutions and systems in the country, the country is now a land at peace, open to the world. Cambodia has resolutely embraced principles of liberal democracy and human rights, free enterprise and the market economy, and full integration into the regional and world economy. Yet, the country is in the early stages of a long road paved with high expectations and severely limited resources. The change agenda as outlined in various official documents such as the CMDGs, the Second Socio-Economic Development Plan (SEDPII) and the National Poverty Reduction Strategy (NPRS) is demanding. Success will depend on the extent to which shared principles of good governance are upheld.

In the words of the Human Development Report 2000: "A decent standard of living, adequate nutrition, health care, education … are not just development goals – they are also human rights" (p. 8). Cambodia is a party to the six main international human rights instruments. The Royal Government ratified the Convention on the Elimination of All Forms of Racial Discrimination in 1983. It acceded to the International Covenant on Civil and Political Rights, the International Covenant on Economic, Social, and Cultural Rights, the Convention of the Elimination of All Forms of Discrimination against Women, the Convention against Torture and Other Cruel, Inhumane, or Degrading Treatment or Punishment, and the Convention on the Rights of the Child in 1992. These provisions reinforce and complement the CMDGs by addressing the issues at the centre of the Millennium Development Goals: poverty, hunger, slum dwellers, education, gender inequality and disempowerment of women, child mortality, maternal ill health, HIV/AIDS, and other communicable diseases, the need for environmental sustainability, including safe drinking water.

The major current policies and programmes undertaken by Cambodia that have been identified in the CMDGs report contribute to the realization of human rights, and especially show the congruence between a number of measures taken by Cambodia and the content of some of the international human rights commitments of Cambodia. The efforts by the Royal Government to meet the CMDG targets constitute important steps toward the fulfilment of a number of its international human rights obligations.

A Governance Action Plan (GAP) was formulated through a series of national consultations and approved in March 2001. The GAP, which serves as the RGC's road map to guide and coordinate major governance reform initiatives, covers eight priority areas: Legal and Judicial Reform, Administrative Reform and Deconcentration, Decentralisation and Local Governance, Public Finance Reform, Anti-corruption, Gender Equity, Demobilisation and Reform of the Armed Forces, and the reform of Natural Resources Management (Land, Forestry and Fisheries). Most initiatives singled out as early priorities have been completed and medium-term initiatives are underway. The plan is being updated to take stock of progress after two years and to set priorities for the next three years. It is also being expanded to better focus on social development issues.

To bring the government closer to the people, the RGC has taken the initial step towards decentralizing the state with the passage of two landmark laws on decentralization and commune election in 2001. The successful holding of the Commune elections in 2002 and the national elections in July 2003 is a testimony to the country's willingness to build an inclusive democratic society.

A key aspect of governance that is critical to the achievement of the CMDGs is participation of different stakeholders in various aspects of the policy formulation and implementation cycle. Enhancing participation is critical to improving transparency and accountability by ensuring local ownership and support through greater and more active involvement of citizens in the development process. The process of increased citizen's participation towards achieving

the CMDGs has more fundamental and long-term effects. It also promotes greater civic engagement, increases awareness of citizens to their socio-economic rights and contributes to deepening the democratic process in Cambodia.

Effective processes of decentralization, which bring service providers closer to users, increase transparency, efficiency and quality of services provided. However, for effective decentralization to contribute significantly to the achievement of the CMDGs, a number of fundamental issues need to be addressed on various fronts. In particular, there is a need to articulate a clear and a coherent nationally-owned strategy for implementing decentralization reforms, including assigning specific functions and roles to communes and various levels of government with regards to service delivery, complemented with commensurate revenues, a permanent structure and a mechanism for support and supervision of Commune/Sangkat Councils, and coordinated initiatives among ministries to de-concentrate service delivery at the appropriate level.

Strengthening public sector institutions to deliver results requires building the necessary human capacities but also addressing the fundamental incentive system to enable the civil service to recruit and retain the most competent personnel. Improving public sector pay and employment in the context of a public accountability framework is therefore critical to the achievement of the CMDGs.

The legislature and the judiciary remain weak relative to the executive branch. As a result the horizontal check and balances are limited. These pillars of accountability must be strengthened to ensure that they are able to perform their proper role in policy formulation and in the exercise of monitoring and implementation oversight. Functioning, effective and accountable governmental institutions and vibrant civil society are critical to the achievement of development outcomes as reflected in the CMDGs.

1.3 SOCIO-ECONOMIC DEVELOPMENT CHALLENGES AND PERFORMANCE OVER THE LAST DECADE

In 1990, the first year of the Human Development Report, Cambodia's Human Development Index was calculated at only 0.512, placing the country at the "low human development" status. In 2001, Cambodia's HDI is 0.556, having moved up to the "medium human development" category, placing Cambodia at 130th place out of 175 nations. This reflects the RGC's efforts in social development. Poverty in Cambodia, however, remains widespread. Thirty six percent of the Cambodian population lives below the national poverty. Poverty in Cambodia is the results of many factors including, high population growth, inadequate opportunities, low capabilities, insecurity, exclusion, and vulnerability.

1.3.1 Economic Growth

The RGC's recipe for sound economic management includes an appropriate blend of macro-economic stabilisation policies and microeconomic structural reforms. Since 1999, Cambodia has followed and made significant progress in implementing a macroeconomic framework aimed at achieving equitable long-term economic growth and sustainable development. The focus of this framework has been on maintaining macroeconomic stability, strengthening banking and financial institutions, implementing fiscal reform measures, ensuring sound management of public property, and increasing public investment to develop the physical and social infrastructure and human resource of the nation. Cambodia has made impressive strides in strengthening political and economic stability and re-integrating itself into the international community.

From the establishment of the RGC in 1993 up to 2002, average GDP growth was 5.5 percent. Agriculture accounts for 33.4 percent of GDP, and employs more than 70.7 percent of the labour force. The sector is growing on average by 3.6 percent, but agricultural output has experienced large year-to-year fluctuations, reflecting insufficient investment in the sector, over-exploitation of natural resources, and precarious weather conditions.

The industrial sector has been the main engine of growth, increasing annually by an average of 17.7 percent. The sector consists mainly of the manufacturing sub-sector (78.5 percent) and the construction sub-sector (18.8 percent). The textile and garment sub-sector led this spurt, displaying a dramatic growth in its exports during the last four years, following the US granting Most Favoured Nation (MFN) status in 1996 and the Generalised System of Preferences (GSP) in 1997. The output share of services sector's output has contracted gradually as the industrial sector has expanded. It fell from 39 percent of GDP in 1993 to 34.2 percent in 2002.

Over the last few years, the tourism sub-sector has made a significant contribution to economic growth by attracting foreign investment, creating jobs and generating income for the local people. This sub-sector generates about US$200 million per year in income, creating about 100,000 jobs. Thus, tourism has significantly contributed to the country's economic development and poverty reduction. This is a promising sector that could potentially contribute to growth and employment.

1.3.2 Inequality

Inequalities take various forms in Cambodia. There are significant gender disparities in social, economic and political spheres of life highlighted in the discussion of CMDG3. Inequalities are also important between rural and urban communities, especially Phnom Penh. Standards of living and income earning opportunities are generally much higher in urban than rural areas. Inequalities are also significant within rural areas, usually to the detriment of regions where minorities are concentrated. Making progress toward CMDG targets over the next decade requires increased investment in physical and human capital, which targets areas that are comparatively worse off.

1.3.3 Population

High population growth has implications for virtually all CMDGs. First, it affects poverty by increasing the number of dependents to income earners within the household, by increasing under and unemployment and depressing wages if the increasing labour pool is not absorbed into the economy. Second, it impacts on educational outcomes by increasing the pressure on public service delivery in education. Third, it often reflects significant gender inequality insofar as women are without reproductive choice and subject to traditional norms about female sexuality. Fourth, infant and child mortality are closely related to birth spacing and mother's age at childbirth, both of which are adversely affected by high population growth, as is the quality of health care provision. The same point applies to maternal mortality. In addition, the burgeoning young population living in very poor hygienic conditions puts undue stress on the health care system, which is unable to respond effectively. Fifth, the high demand for social services strain government finance and threaten macroeconomic balances. Sixth, rapid population growth in rural areas is likely to lead to deforestation, degradation of the land, depletion of water resources and reduction in biodiversity. In urban areas it puts pressure on water and sanitation provision, and often harms air quality. In addition, high population growth is often associated with increasing conflict over land in rural areas and to social ills in urban areas such as overcrowding, spread of infectious diseases and delinquency. The

challenge is to implement an effective population policy attuned to the social and cultural context of Cambodia by special taking education as the basis for development.

Through the national population policy government would like to reaffirm its respect and support for the right for all couples and individuals to have the basic right to decide freely and responsibly on the number and spacing of their children, and to have access to information, education, services, and means to do so. The RGC is studying the potential available resources in Cambodia whether how much they can supply to how many populations.

Table 1.1: Recent Socio-economic Indicators for Cambodia[6]

Indicators	Values
Gross Domestic Product (GDP per capita), 2002 (US$)	297
GDP annual growth rate, 1993-2002 (%)	5.5
Share of GDP by sectors, 2002 (%)	
Agriculture	33.4
Industry	26.3
Services	34.2
Employment by sectors, 2002 (%)	
Agriculture	70.7
Industry	10.5
Services	19.5
Population (2001 Projection)	13,099,472
Annual population growth rate (1998 Census) (%)	2.49
Population in rural areas, 1998 (%)	84.3
Rank in the Human Development Index, 2001	130
Human Development Index, 2001	0.556
Gender Development Index, 2001	0.551
Net enrolment ratio in primary school, 2001	87.0
Net enrolment ratio in lower-secondary school, 2001	19.0
Net enrolment ratio in upper-secondary school, 2001	7.4
Adult literacy rate, 1998	71.0
Infant mortality rate, 1995-2000 (per 1000 live births)	95.0
Maternal mortality ratio, 1994-2000 (per 100,000 live births)	437.0
Life expectancy, 1998 (years)	54.0
Underweight children under five, 2000 (%)	45.2
Access to safe drinking water, 1998 (%)	29.0
Population under the poverty line, 1999 (%)	36.0
Protein Energy Malnutrition, 2000 (% of children aged 6 to 59 months)	45.0
Difference between male and female illiterates, 1998 (%)	28.3
Persons per doctor, 1998	6,808
Persons per health worker, 1998	598

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[6] Sources:
National Institute of Statistics 2001: "Cambodia Demographic and Health Survey 2000".
National Institute of Statistics 1999: "General Population Census of Cambodia 1998, Final Census Results".
Council for Social Development 2002: "National Poverty Reduction Strategy, 2003-2005".
Royal Government of Cambodia 2002: "Second Five-Year Socio-Economic Development Plan, 2001-2005".
Ministry of Health, Department of Planning and Health Information 1999: "Consultative Group Position Paper".
National Institute of Statistics 2003: "National Accounts of Cambodia 1993-2002".
National Institute of Statistics 2003: "Statistical Yearbook 2002".
United Nations Development Program 2003: "Human Development Report 2003".
MoEYS 2003: "Education Indicators 1998 –2002".

1.4 DEVELOPMENT STRATEGY OF THE ROYAL GOVERNMENT OF CAMBODIA

For the RGC, growth is the most powerful weapon in combating poverty and it remains committed to pursuing policies that encourage macroeconomic stability, shift resources to more efficient sectors, and promote integration within the global economy. Renewed political stability, a greater sense of security in the country and the pace and pattern of economic recovery in the region have helped Cambodia consolidate, broaden and deepen the reforms under way and to maintain the momentum for sustainable social and economic development.

The Government's long-term vision is to have a socially cohesive, educationally advanced, and culturally vibrant Cambodia without poverty, illiteracy and ill health whereby all Cambodian citizens live in harmony free from hunger, inequity, exclusion, and vulnerability.

In the NPRS, the RGC has affirmed its commitment to making an intensive and sustainable national effort to free Cambodia from the yoke of poverty so that all Cambodians can enjoy the benefits of economic growth and participate in the development process. To address the above-mentioned causes of poverty, the RGC's policies set out in the NPRS strive to: (1) create opportunities, (2) enhance security, (3) strengthen capabilities, and (4) empower the poor.

In order to strengthen institutions and to improve governance in support of poverty alleviation, four critical areas are to be given emphasis: (1) a justice system that supports development and rights; (2) a system of local governance that empowers people and communities; (3) an administration that is an effective provider of public services and a trusted partner in development; and (4) an environment where corruption does not impede development and social justice.

Such reforms are long-term in nature. It will take time for impact and outcomes to materialise. The general approach is, thus, to build foundations for sustainability and address the most urgent issues of concern and interest to citizens.

The Millennium Declaration was signed by the RGC because it is consistent with the long term commitment of the Government to improve living conditions and reduce poverty as well mentioned in its SEDPII and the NPRS.

1.5 THE MDGs PROCESS IN CAMBODIA

The process of selecting MDG indicators and targets involved widespread participation and aimed to tailor the MDGs to the Cambodia context. It involved multiple consultations among stakeholders at the national and sub-national levels, informed by detailed analysis of the national and sub-national level situation. It was viewed as imperative to make this a genuine national effort to the greatest extent possible.

The Council for Social Development and its secretariat (CSD and GSCSD) provided overall guidance. Line ministries with their expertise were vital for providing sector specific guidance. The research arm of CSD/GSCSD, the Poverty Monitoring and Analysis Technical Unit (PMATU) was assigned the duty to facilitate an inclusive, broad-based, and transparent consultation process in order to capture as many aspects/views/experiences from Cambodia as possible.

The process was basically divided into two phases. Initial assessments of trends to date for key MDGs were done by PMATU. While intended to serve as a basis for discussion during the

consultations, these initial assessments were also an integral part of the capacity building of the PMATU national professionals. The assessments thus served the two-fold purpose of gaining insights into the underlying problems of Cambodia in order to achieve the MDGs and of increasing the knowledge and capacity of national professionals. The initial assessments were discussed during a National Poverty Forum with broad-based participation.

The second phase involved in-depth consultation. The consultation was initiated through a workshop with participation from line ministries, donors and NGOs. Inter-ministerial consultations were held at the national level and included the participation of major agencies outside government. Proposals for relevant indicators and appropriate targets were reviewed and discussed during a series of meetings facilitated by individual national professionals of the PMATU. The professionals also visited three provinces for local level consultations[7]. During these visits, discussions were held with provincial level officials, commune councils, community-based NGOs as well as with individual households to chat feedback for the final target setting.

Following the first round of consultations, a draft report including proposed indicators and targets for Cambodia was produced. The draft was widely circulated inside as well as outside of government and thereafter discussed at a National Poverty Forum before being finalized and submitted to the Council of Ministers for approval.

In parallel to the process to contextualise the MDGs, an awareness-raising campaign had been undertaken. In the context of implementing and monitoring the National Poverty Reduction Strategy (NPRS), the RGC has opted to undertake a broad national awareness campaign on the Millennium Development Goals (MDGs). In doing so, the RGC builds upon the early work undertaken by the United Nations Country Team in promoting the MDGs (March-June, 2002), and the first phase of the MDGs Campaign in seven provinces of Cambodia (August-December 2002). The Cambodia MDGs report 2001 and MDGs technical reports (PMATU/GSCSD) 2003 have been used as the main tools to engage local constituencies in the context of stakeholders' workshops to be held throughout the country. Such a strengthened MDGs constituency would provide additional windows of opportunities for institutionalising local level participation in the development, implementation and monitoring of the national PRS. The Campaign is organised in the form of workshops, radio call-ins, TV talk shows and MDGs poster contests with high school students throughout the country.

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[7] Provinces visited were Mondul Kiri, Koh Kong and Kandal.

SECTION II

CAMBODIA MILLENNIUM DEVELOPMENT GOALS:

CHALLENGES AND FRAMEWORK FOR ACTION

2 INTRODUCTION

In this section, the individual CMDG is analyzed in turn. For CMDG 1 to 9, except CMDG8 is in the process of localizing by CDC, the following items are reviewed:

- Generic MDG indicators and targets are contextualized to reflect Cambodian realities;
- Past trends of selected indicators are reviewed and gaps between MDGs and trends values are analyzed;
- Major current policies and programs contributing to CMDGs are reported in order to capture exiting policy efforts;
- Key challenges for meeting the CMDG targets are identified to focus the attention of all stakeholders on priorities;
- A framework for addressing those challenges is proposed, building upon exiting national and sectoral strategies and plans to outline policy orientation of major importance in the perspective of reaching all CMDGs;
- Finally, a CMDG composite index is computed to capture heterogeneity among provinces.

2.1 GOAL 1: ERADICATE EXTREME POVERTY AND HUNGER

Goal 1 aims at reducing the proportion of people whose income/consumption expenditure level is below the national poverty line as well as reducing hunger and malnutrition.

2.1.1 CMDG1 indicators and targets

Table 2.1.1 presents in the left column the generic list of targets and indicators proposed by the United Nations while the right column indicates the targets and indicators chosen by the RGC after consulting with major stakeholders.

Table 2.1.1: Contextualizing the MDG1 into CMDG1

Global MDG1	Cambodia MDG1
Target 1: Halve, between 1990 and 2015, the proportion of people whose income is less than 1$ a day	**Overall target 1:** Halve, between 1993 and 2015, the proportion of people whose income is less than the national poverty line
Indicator 1: *Proportion of population below $1 per day (ppp)*	**Indicator 1.1:** *Proportion of people whose income is less than the national poverty line*
Indicator 2: *Poverty gap ratio*	
Indicator 3: *Share of poorest quintile in national consumption*	**Indicator 1.2:** *Share of poorest quintile in national consumption*
	Indicator 1.3: *Proportion of working children aged 5-17 years old.*
Target 2: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	**Overall target 2:** Halve, between 1993 and 2015, the proportion of people who suffer from hunger
Indicator 4: *Prevalence of underweight children under five year of age*	**Indicator 1.4:** *Prevalence of underweight (weight for age <2 SD) children under-five years of age*
Indicator 5: *Proportion of population below minimum level of dietary energy consumption*	**Indicator 1.5:** *Proportion of population below the food poverty line*
	Indicator 1.6: *Prevalence of stunted (height for age <2 SD) children under five years of age*
	Indicator 1.7: *Prevalence of wasted (weight for height <2 SD) children under five years of age*
	Indicator 1.8: *Proportion of households using iodised salt*

Table 2.1.2 presents the benchmark and target values for CMDG1 indicators at key time horizons. The benchmark year variy according to data availability.

Table 2.1.2: Benchmark and target values for CMDG1 indicators at key time horizons

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2015
1.1 Proportion of people whose income is less than the national poverty line	39	1993	31	25	19.5
1.2 Share of poorest quintile in national consumption	7.4	1993	9	10	11
1.3 Proportion of working children aged 5-17 years old	16.5 (1)	1999	13	10.6	8
1.4 Prevalence of underweight (weight for age <2 SD) children under five years of age (2)	45.2	2000	36	29	22.6
1.5 Proportion of population below the food poverty line	20	1993	16	13	10
1.6 Prevalence of stunted (height for age <2 SD) children under five years of age	44.6	2000	35	28	22
1.7 Prevalence of wasted (weight for height <2 SD) children under five years of age	15	2000	13	10	9
1.8: Proportion of households using iodized salt	14	2000	80	90	90

(1) Computed by MOSALVY based on the CSES 1999.
(2) Standard Deviation.

2.1.2 Past trends and gap analysis for CMDG1 indicators

Consumption poverty remains widespread in Cambodia despite efforts to reduce it. Official figures indicate that the poverty headcount index at national level declined slightly from 39 to 35.9 percent between 1993 and 1999. A number of households are also very close to the poverty line and highly vulnerable to falling into poverty.

Figure 2.1.1: Trends and targets for the proportion of population under national poverty line
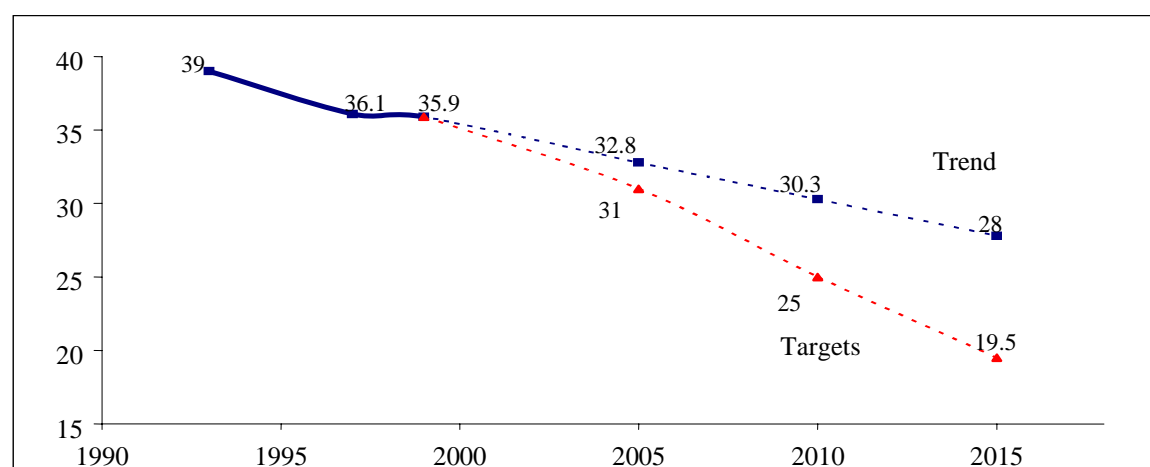
Data source: MoP, 1999

The rate of poverty reduction is higher in urban than rural areas where the headcount index has remained stable at 40 percent over the decade. In addition, discrepancies between provinces abound. Rates of poverty vary from 8 percent in Koh Kong province to 97 percent in Krong Pailin. Other indicators, such as the poverty gap index and the severity index show similar trends and disparities between regions and provinces.

If past trends continue, poverty incidence would decline to 28 percent by 2015. Clearly, this falls short of the set target of reducing the poverty headcount to 19.5 percent. Meeting the MDG target would require faster economic growth and more poverty reduction associated with that growth.

The share of the poorest quintile (SPQ) in national consumption increased from 7.4 percent in 1993 to 8.9 percent in 1999. Extrapolating from past trends, this indicator would reach 13 percent by 2015, slightly above the set target of 11 percent.

Figure 2.1.2: Trends and targets for the share of the poorest quintile in national consumption
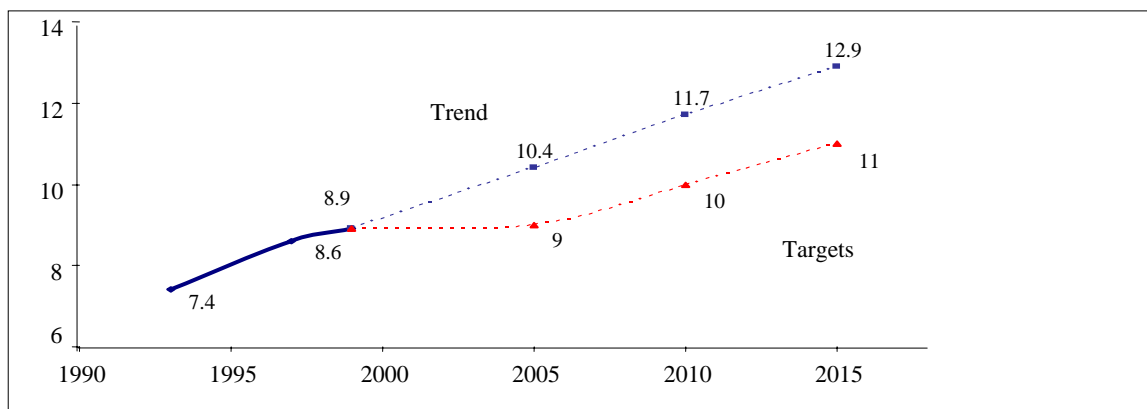
Data source: MoP, 1995, 1998, 2000.

Targets for the proportion of working children aged 5-17 years old is presented in Table 2.1.2. In the absence of time series data, it was not possible to project trends. From a proportion of 16.5 percent in 1999 (CSES, 1999), the government wishes to achieve a rate of 8 percent by 2015.

Figure 2.1.3 shows the trend and targets for the proportion of the population below the food poverty line. If past trend continue, this measure would fall to 0.16 percent in 2007. Based on this trend, Cambodia is easily to reach its target. Regarding the setting targets Cambodia is expected to meet its target of 10 percent by 2015.

Figure 2.1.3: Trends and targets for the proportion of population below the food poverty line
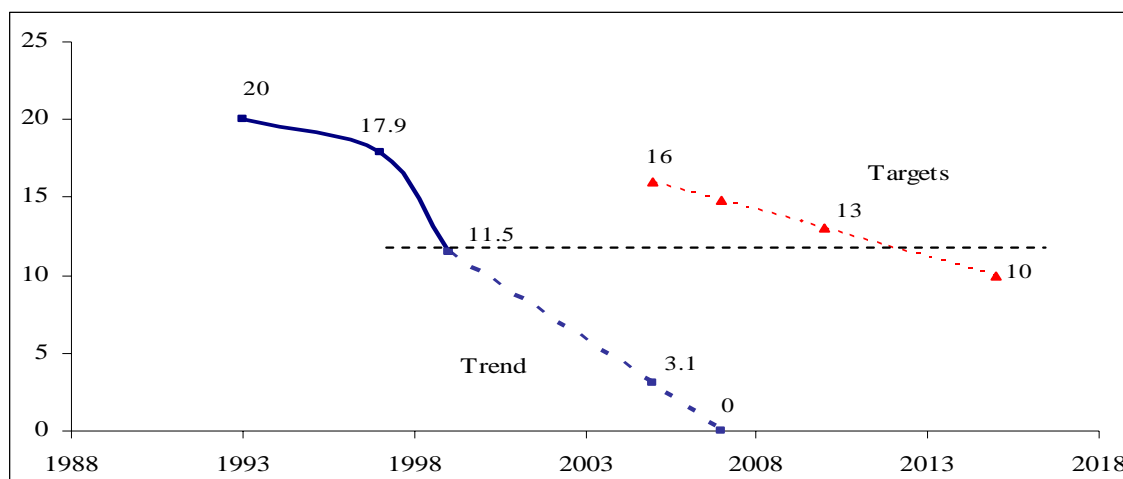
Data source: MoP, 1997, 1999.

Indicators for the prevalence of underweight children under-five years of age, the prevalence of stunted, wasted children under-five years of age and indicator for the proportion of households using iodised salt are presented in Table 2.1.2. In the absence of time series data, these indicators were not possible to conduct trends for these indicators.

For underweight children under-five years of age is very high in Cambodia, at around 45.2 percent in 2000. The government wishes to achieve a rate of 22.6 percent in 2015. Stunting is also quite widespread in Cambodia, at approximately 44.6 percent of children under-five in 2000. The government wishes to reach the target 22 percent by 2015. From a prevalence of wasting, 15 percent in 2000 (MOP & MOH, 2001), the government wishes to achieve a rate of 9 percent in 2015 and the proportion of households using iodized salt, from a proportion of 14 percent in 2000 (MOP & MOH, 2001), the government wishes to reach the target 90 percent by 2015.

2.1.3 Major current policies and programs contributing to CMDG1

Apart from the sectoral action plans, the two major reference documents outlining Cambodia's strategies to promote socio-economic development and poverty reduction are the 2001-2005 SEDPII and the 2003-2005 NPRS. The latter builds on the former but further sharpens the poverty focus for the coming three years. The NPRS has been adopted as a comprehensive framework that aims at maintaining macroeconomic stability as well as promoting pro-poor policies to improve rural livelihoods, promote job opportunities, ensure better health, nutrition and education, reduce vulnerability, improve capabilities, strengthen institutions and governance, promote gender equity and focus on population concerns.

The SEDPII is the national strategy, which outlines policies and programs that promote economic growth and poverty reduction on the long run. SEDPII fosters broad-based sustainable economic growth with equity. It promotes social and cultural development by improving the access of the poor to education, health, water and sanitation, power, credit, markets and use of natural resources and the environment; and to improve the governance environment through effective implementation of the Governance Action Plan (GAP). Food security in rural areas and strengthening the legal framework (e.g. land law, forestry law and fisheries law) in order to increase security are central to this action plan.

There are common features of these two strategies that are relevant to note. Both aim at promoting a broad-based development process through pro-poor growth, human resources development, the promotion of agriculture and rural small and medium-sized enterprises, and good governance with a focus on combating corruption.

2.1.4 Key challenges for meeting CMDG1 targets

Poverty has declined slightly over the last decade in Cambodia. While this trend is encouraging, a number of challenges will need to be addressed in the years to come. Economically, there is a need to ensure that the growth process is increasingly pro-poor, generating benefits for those in most need. Politically, democratic reforms must be pursued, along with the decentralisation process. On the social front, measures of effective social protection need to be strengthened and human capacities reinforced. More generally, institutional changes must be pursued to strengthen the role of civil society and the private sector in the development process and good governance effectively mainstreamed in public life. It is clear that poverty and hunger eradication require a multi-faceted response incorporating economic, social and political issues as well as those relating to gender and the environment. The following discussion pertains only to those aspects of poverty reduction,

which are not dealt with under other specific MDGs, or within the section on cross-cutting issues.

On the macroeconomic front, Cambodia's challenge will be to maintain macroeconomic stability while promoting sustainable economic growth with greater equity. There are a number of challenges related to public finance including excessive dependency on Official Development Assistance (ODA), a narrow tax base, and weak expenditure management. Generally, there is scope for improvement in public financial management and a need to redirect resources to poverty reduction while enhancing the efficiency of resource use.

The characteristics of poverty highlight a number of important challenges at the microeconomic level. In Cambodia, poverty tends to be predominantly rural associated with landlessness or small farm size, limited diversification of economic activity, large household size and limited formal education. A critical ingredient of effective poverty reduction will be to increase agricultural production and employment with a view to increase basic consumption of food and other necessities. It will also be important for rural smallholders to diversify their economic activities to better be able to cope with external shocks and stresses. Challenges for government include improving productivity through better access to agricultural technologies and productive assets, and promoting activities within the non-farm rural sector.

In addition to chronic poverty, there are major challenges associated with vulnerability and insecurity, in particular food insecurity and vulnerability to floods and droughts. Vulnerability is central to the lives of poor and calls for measures to reduce the effects of shocks as well as people's capacity to respond to them. There is a need to improve government capacity to manage natural disasters and, more generally, to provide broader social protection to those in greater need. The challenges lie in finding innovative approaches which complement coping strategies of rural populations and to ensure that social assistance programs are directed to those in dire need who are unable to participate in economic life.

In Cambodia, the very high rates of malnutrition are due not only to inadequate food intake, but also to inadequate feeding practices and poor quality diet. Part of the challenge of reducing malnutrition will be to improve knowledge on nutritional issues and to ensure food access for those unable to afford it.

2.1.5 Framework for meeting the key challenges and reaching CMDG1 targets

The major strategic orientations to reduce extreme poverty and hunger come under three main headings:

Macroeconomic Environment

A key factor in meeting the 2015 targets is the ability of the economy to strengthen its resilience to internal and external shocks. The government intends to reinforce macroeconomic stability, mainly through prudent fiscal policies and the implementation of structural reforms, ensuring that such policies and programs are pro-poor. In addition, the government aims at improving public sector management and national capacity in the areas of activity-based budgeting, strategic planning and financial management.

Economic stability goes hand in hand with political stability. The government will accelerate its decentralization process in the years to come with a view to enhance quality of public goods and services in areas where poverty is concentrated. Such measures are likely to contribute to poverty reduction and the attainment of other MDG goals, given the lack of effective service provision in poor, remote areas.

Microeconomic Environment

The government will need to intensify its efforts in the following areas to effectively meet its MDG targets:

- Promoting the adoption of modern technologies, in particular yield-increasing production techniques, integrated pest management (IPM), integrated farming systems, improved seed varieties, and risk-reducing technologies mitigating the impact of natural disasters;
- Promoting the development of agro-industry and marketing channels, and improve quality control of agricultural production;
- Investing in high growth potential sectors in which Cambodia enjoys a comparative advantage and in which large segments of the poor can be employed such as the garment industry, fisheries, sericulture, etc.;
- Facilitating the expansion of micro-financial services, including credit, savings and insurance and non-financial services to support income generating activities and micro-enterprise;
- Investing in pro-poor rural infrastructure such as small-scale irrigation facilities, all weather roads, rural electrification and physical market infrastructure to stimulate production, enhance productivity and facilitate trade and labour mobility. Such investments must involve local participation with respect to project selection, construction and maintenance.
- Enhancing land security and land market and, at the same time, preventing and solving land disputes through non-court resolution mechanism, land management and natural resource management in effective, equitable and sustainable way and equitable land distribution;
- Improving marketing channels to promote agricultural exports and facilitate economic exchange across regions and between rural and urban areas;
- Intensifying measures to promote community-based participation in service delivery and directly productive activities and strengthening the process of decentralisation.

Social Protection and Risk Reduction

There are many sources of vulnerability, which require a more integrated policy response. The government will reinforce its measures designed to combat vulnerability in the following ways:

- Establishing a food insecurity, vulnerability and information mapping system;
- Developing strategic plans and expanding the national special program for food security which is both cost-effective and uses appropriate technology;
- Strengthening non-court resolution mechanism through cadastral committees. Without land title the poor faces with land grabbing and dispute. Once the mechanism is strengthened the people especially the poor possessor will have access to use it for their land dispute resolution with low cost and less time.
- Increasing social protection to economically active groups through community-based rehabilitation services, vocational training and job placement;
- Strengthening social assistance for those enable to participate in the economy such as certain categories of the elderly and the disabled and to assist orphans and street children;
- Enforcing measures to increase child protection in the workplace through the implementation and monitoring of the child labour protection program, which includes measures of nutrition support, legal support, awareness raising, education, monitoring of child labour and provision of alternative livelihoods;
- Improving disaster management through enhanced coordination among key stakeholders and heightened preparedness for future calamities.

- Promoting enforcement of social land concession program for those who have no residential and family agricultural production lands which account for 12 percent of the total population. Poverty links directly with landlessness. Thus, land distribution will lead to poverty reduction by providing the poor productive asset and favourable conditions.

2.1.6 Regional discrepancies in meeting Cambodia MDG1 targets

Figure 2.1.4 illustrates a regional breakdown of the CMDG1 indicators by province. The values represent an equally weighted index of all CMDG1 indicators for which data are available. The resulting composite index presents a disaggregated picture of the country situation with respect to extreme poverty and hunger. Results of this exercise allow for a three-tier classification of provinces according to their index ranking. Provinces in green are those relatively better placed to achieve the targets; provinces in yellow, are those that are in intermediate position; and provinces in red, are those relatively worse placed to reach the targets by 2015[8]. The latter are mainly regrouped in the northwest, northeast, and southeast parts of the country.

Figure 2.1.4: CMDG1 Composite Index by Province
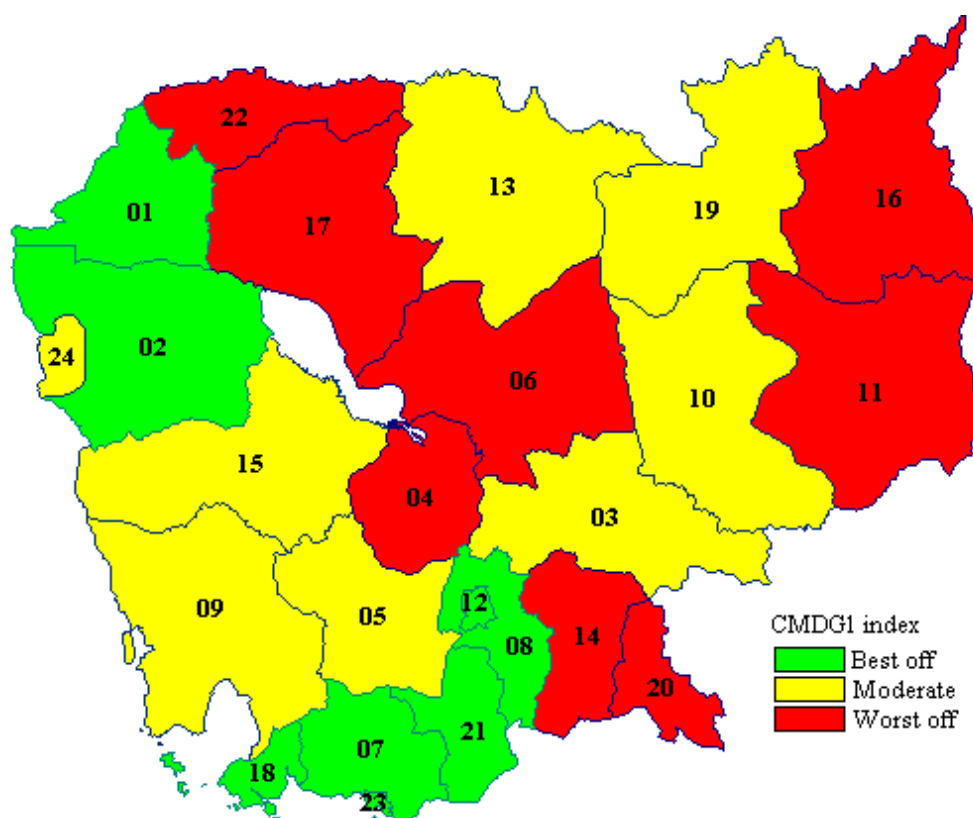
Note: The CMDG1 Index is the normalized weighted average of the provincial rankings on 6 CMDG1-indicator variables.

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[8] The index has been computed following the methodology presented in annex C.

Table 2.1.3: CMDG1 Composite Index by Province

Code	Provinces	Ind. 1.1	Ind. 1.3	Ind. 1.4	Ind. 1.6	Ind. 1.7	Ind. 1.8	CMDG1
07	Kampot	0.882	0.793	0.780	0.395	0.993	0.896	0.790
12	Phnom Penh	0.958	0.928	1.000	1.000	0.413	0.407	0.784
18	Sihanouk Vill	0.709	0.928	0.780	0.395	0.993	0.896	0.783
23	Krong Kep	0.542	0.906	0.780	0.395	0.993	0.896	0.752
01	Banteay Meanchey	0.633	0.826	0.794	0.888	0.333	0.984	0.743
21	Takeo	0.921	0.837	0.775	0.439	0.487	0.879	0.723
02	Battambang	0.795	0.642	0.936	0.636	0.227	0.944	0.697
08	Kandal	0.885	0.824	0.394	0.299	0.847	0.905	0.692
09	Koh Kong	1.000	0.837	0.647	0.000	0.653	0.971	0.685
05	Kampong Speu	0.888	0.713	0.587	0.357	0.507	1.000	0.675
19	Stueng Treng	0.908	1.000	0.450	0.136	0.907	0.642	0.674
15	Pursat	0.634	0.788	0.482	0.296	0.740	0.922	0.644
03	Kampong Cham	0.956	0.727	0.413	0.231	0.593	0.938	0.643
24	Krong Pailin	0.000	0.928	0.936	0.636	0.227	0.944	0.612
13	Preah Vihear	0.765	0.725	0.450	0.136	0.907	0.642	0.604
10	Kratie	0.658	0.824	0.450	0.136	0.907	0.642	0.603
22	Otdar Meanchey	0.653	0.587	0.317	0.146	0.927	0.959	0.598
20	Svay Rieng	0.603	0.909	0.500	0.126	0.767	0.534	0.573
04	Kampong Chhnang	0.591	0.000	0.491	0.310	1.000	0.951	0.557
17	Siem Reap	0.488	0.355	0.317	0.146	0.927	0.959	0.532
06	Kampong Thom	0.765	0.259	0.339	0.265	0.000	0.979	0.435
14	Prey Veng	0.495	0.226	0.000	0.129	0.627	0.864	0.390
11	Mondol Kiri	0.869	0.562	0.128	0.000	0.620	0.000	0.363
16	Rotanakiri	0.993	0.105	0.128	0.000	0.620	0.000	0.308

Note: Computed based on data from MOP/WFP (2002) "Estimation of poverty rates at commune level in Cambodia"; CSES 1999 and CDHS 2000.

2.2 GOAL 2: ACHIEVE UNIVERSAL NINE-YEAR BASIC EDUCATION

Goal 2 aims at making sure that all children are able to complete a full course of basic schooling.

2.2.1 CMDG2 indicators and targets

Table 2.2.1 presents in the left column the generic list of targets and indicators proposed by the United Nations while the right column indicates the targets and indicators chosen by the RGC after consulting major stakeholders.

Table 2.2.1: Contextualizing the MDG2 into CMDG2

Global MDG2	Cambodia MDG2
Target 3: Ensure all children complete primary school by 2015	**Overall target 3**: Ensure all children complete primary schooling by 2010 and nine-year basic schooling by 2015
Indicator 6: Net enrolment ratio in primary education	*Indicator 2.1: Net admission rate*
	Indicator 2.2: Net enrolment ratio in primary education
	Indicator 2.3: Net enrolment ratio in lower-secondary education
	Indicator 2.4: Proportion of 6-14 years old out of school
Indicator 7: Proportion of pupils starting grade 1 who reach grade 5	*Indicator 2.5: Survival rate from grade 1 to 5*
	Indicator 2.6: Survival rate from grade 1 to 6 (last grade of primary cycle)
	Indicator 2.7: Survival rate from grade 1 to 9 (last grade of basic cycle)
Indicator 8: Literacy rate of 15-24 years old	*Indicator 2.8: Literacy rate of 15-24 years old*
Target 4: Eliminate gender disparities in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015	**Overall target 4**: Eliminate gender disparity in nine-year basic education, preferably by 2010
Indicator 9: Ratio of girls to boys in primary, secondary and tertiary education (1)	*Indicator 2.9: Ratio of girls to boys in primary education*
	Indicator 2.10: Ratio of girls to boys in lower-secondary education

(1) Indicator 9 in the generic MDGs list is attached to Goal 3. However, the GSCSD decided to consider in CMDG2 the part of target 4 and indicator 9 that is related to primary education and lower secondary education, given their relevance and the cross-cutting nature of gender-related goals.

Table 2.2.2 presents benchmark and target values for CMDG2 indicators at key time horizons. The benchmark years are the most recent years while the data are available and benchmark values may be in 1999 or 2001. Setting target values are based on Education Sector Performance Report, ESSP Review 2003; Education For All National Plan 2003-2005; and consultation with MOEYS.

Table 2.2.2: Benchmark and target values for CMDG2 indicators at key time horizons

Indicators		Benchmarks		Targets		
		Value	Year	2005	2010	2015
2.1 Net admission rate		81[a]	2001	95	100	100
2.2 Net enrolment ratio in primary education		87[a]	2001	95	100	100
	1. Male	90[c]	2001	96	100	100
	2. Female	84[a]	2001	94	100	100
2.3 Net enrolment ratio in lower secondary education		19[a]	2001	50	75	100
	1. Male	21[c]	2001	51	75	100
	2. Female	16[a]	2001	49	75	100
2.4 Proportion of 6-14 years old out of school		35[b]	1999	22	11	0
2.5 Survival rate from grade 1 to 5		58[c]	2001	77	100	100

2.6 Survival rate from grade 1 to 6 (last grade of primary cycle)	51[c]	2001	73	100	100
2.7 Survival rate from grade 1 to 9 (last grade of basic cycle)	33[c]	2001	52	76	100
2.8 Literacy rate of 15-24 years old	82[b]	1999	90	95	100
2.9 Ratio of girls to boys in primary education	87[c]	2001	98	100	100
2.10 Ratio of girls to boys in lower secondary education	63[c]	2001	96	100	100

Source: [a] - MOEYS 2002a
       [b] - CSES 1999 database
       [c] - Education Statistics & Indicators 2001/2002 database

2.2.2 Past trends and gap analysis of CMDG2 indicators

Access to basic education can be measured by the net admission rate, the net enrolment ratio in primary education, the net enrolment ratio in lower-secondary education, and the proportion of children 6-14 years old out of school. The net admission rate stood at 81 percent in 2001. It has increased significantly between 1997 and 2001. Given past trends, Cambodia will most likely reach its target of 100 percent net admission in grade 1 by 2005 (Figure 2.2.1).

Figure 2.2.1: Trends and targets in net admission rate
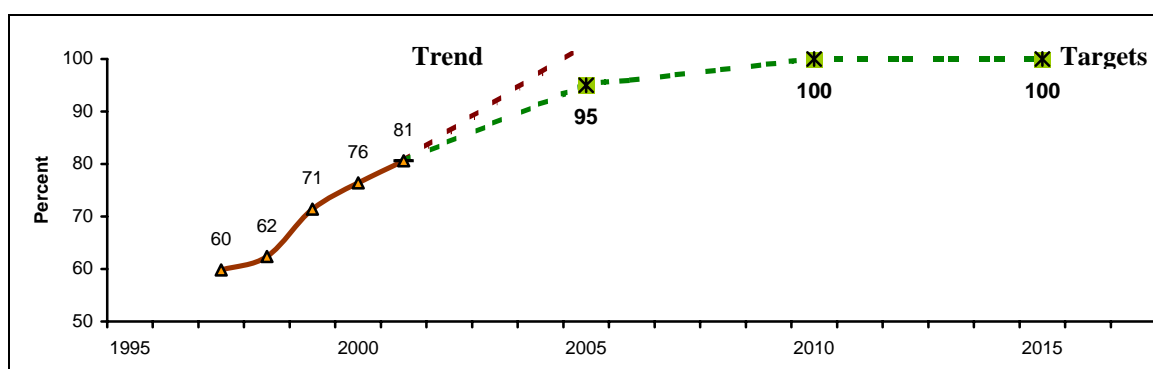
Source: MOEYS 1998, 1999, 2000, 2001 & 2002a

The net enrolment ratio in primary education was 87 percent in 2001. It has being increasing over the last number of years with the exception of 2000 when a slight decrease was observed. Given past trends, Cambodia is likely to reach its target of 100 percent net enrolment ratio before 2010 (Figure 2.2.2).

Figure 2.2.2: Trends and targets in net enrolment ratio in primary education
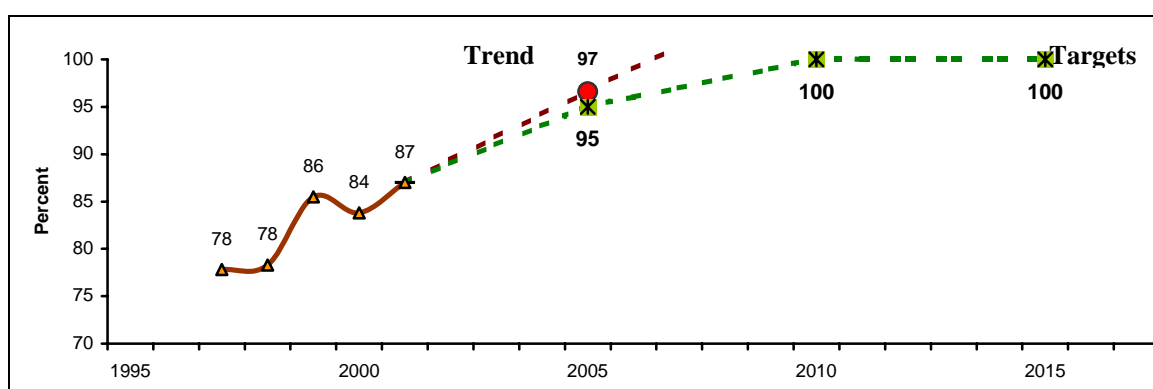
Source: MOEYS 1998, 1999, 2000, 2001 & 2002a

If the data are disaggregated by sex, the trends of both sexes are above their respective targets and will cross each other in 2005. This means Cambodia is able to achieve its targets for male and female. In addition, achieving gender equity in primary net enrolment ratio could also be met in 2005 (Figure 2.2.2.1).

Figure 2.2.2.1: Trends and targets in net enrolment ratio in primary education by sex
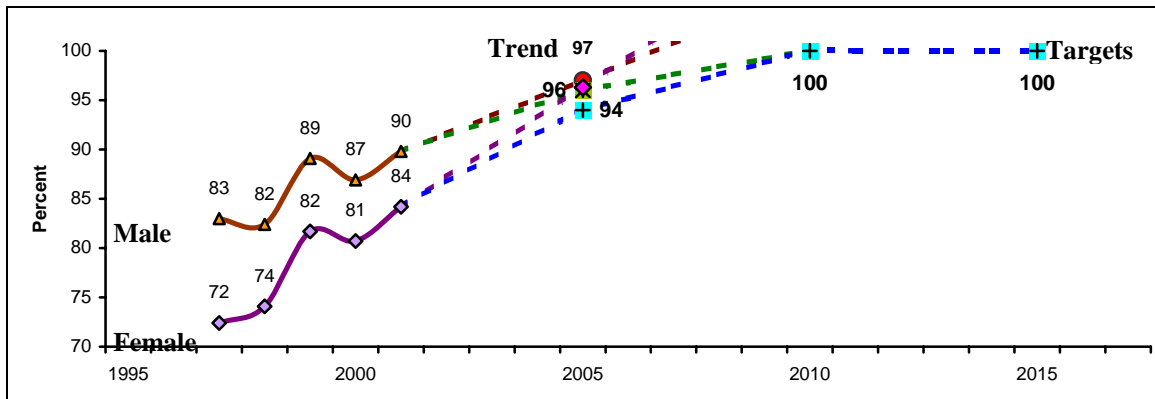
Source: MOEYS 1998, 1999, 2000, 2001 & 2002a and Education Statistics & Indicators 1997/1998, 1998/1999, 1999/2000, 2000/2001 and 2001/2002 databases

The net enrolment ratio in lower secondary education at national level was 19 percent in 2001. It declined in 1998 and has risen slightly since then. Given past trends, Cambodia is unlikely to meet its 100 percent target by 2015 (Figure 2.2.3).

Figure 2.2.3: Trends and targets in net enrolment ratio in lower-secondary education
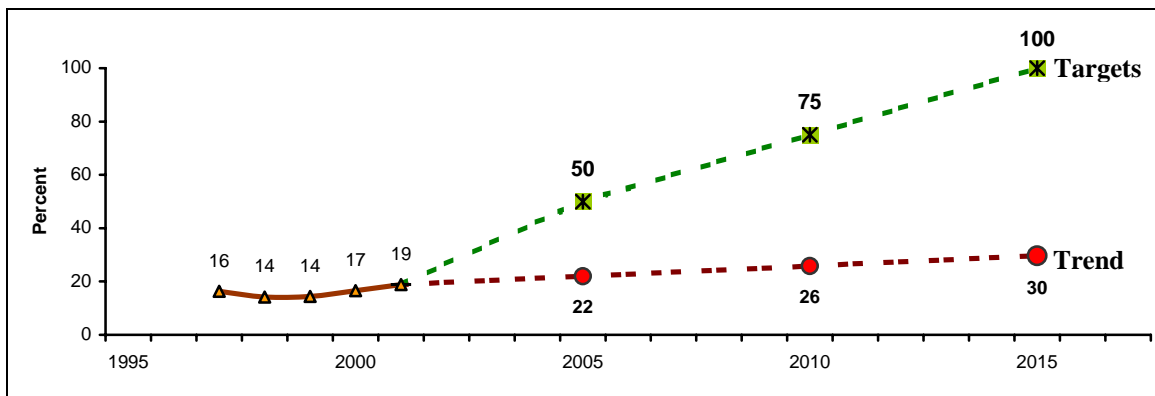
Source: MOEYS 1998, 1999, 2000, 2001 & 2002a

If the data are disaggregated by sex, the trends of both sexes are below their respective targets and will cross each other around 2010. Cambodia is unlikely to achieve its targets for either male or female students. Otherwise, achieving gender equality in lower-secondary net enrolment ratio could be met in 2010 (Figure 2.2.3.1).

Figure 2.2.3.1: Trends and targets in net enrolment ratio in lower-secondary education by sex
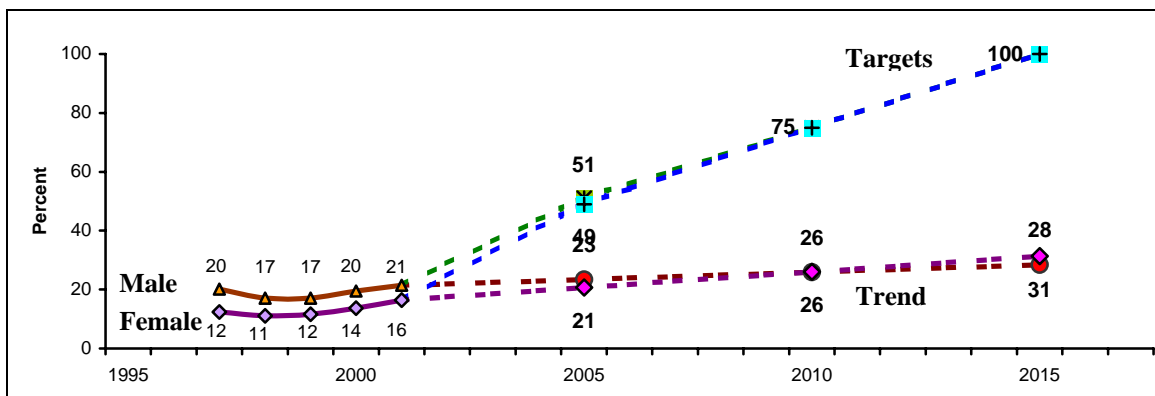
Source: MOEYS 1998, 1999, 2000, 2001 & 2002a and Education Statistics & Indicators 1997/1998, 1998/1999, 1999/2000, 2000/2001 and 2001/2002 databases

The proportion of children 6-14 years old not attending school was 35 percent in 1999. It has declined only marginally since 1997. If past trends continue, Cambodia is unlikely to reach its target of eliminating children 6-14 years old not attending school (Figure 2.2.4).

Figure 2.2.4: Trends and targets in the proportion of children 6-14 years old not attending school
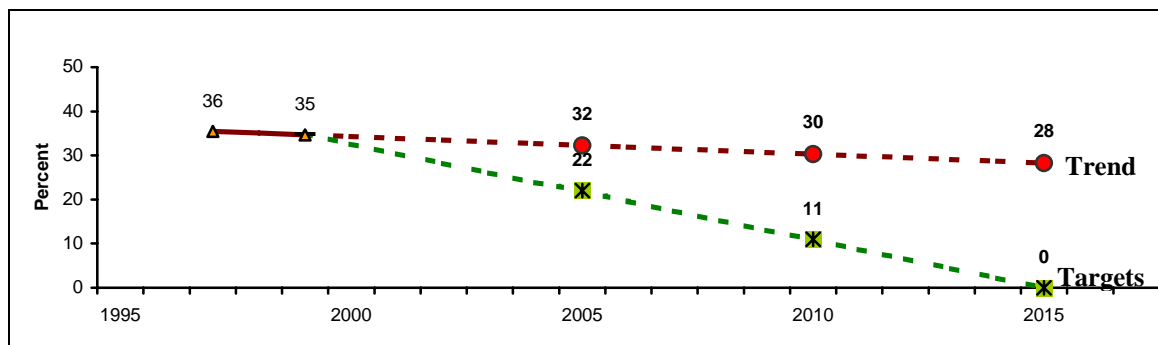
Source: CSES 1997 and 1999 databases

Survival rates measure the efficiency of the educational system. The survival rate from grade 1 to 5 at national level was 58 percent in 2001 and has been substantially increasing over the period 1997 to 2001. Based on past trends, Cambodia is likely to achieve its target of 100 percent survival rate (1-5) before 2015 (Figure 2.2.5).

Figure 2.2.5: Trends and targets in survival rate from grade 1 to 5
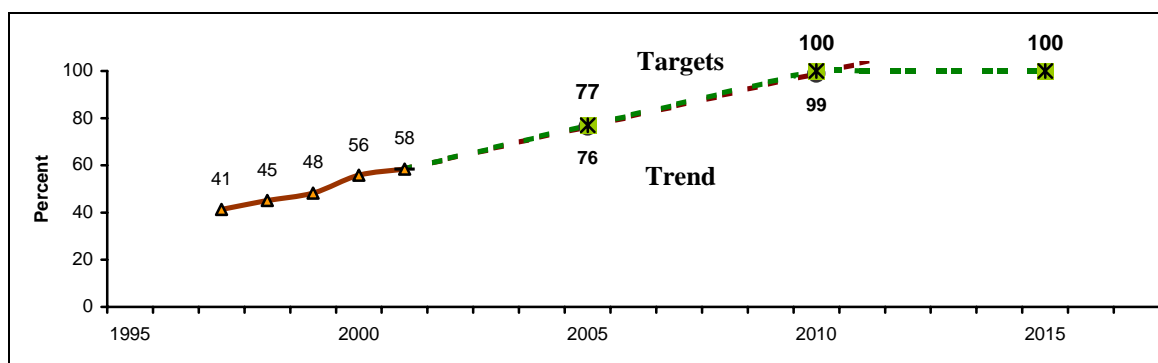
Source: Education Statistics & Indicators 1997/1998, 1998/1999, 1999/2000, 2000/2001 & 2001/2002 databases

The survival rate from grade 1 to 6 at national level was 51 percent in 2001 and has been substantially increasing over the period 1997 to 2001. Based on past trends, Cambodia is likely to achieve its target of 100 percent survival rate (1-6) before 2015 (Figure 2.2.6).

Figure 2.2.6: Trends and targets in survival rate from grade 1 to 6

Source: Education Statistics & Indicators 1997/1998, 1998/1999, 1999/2000, 2000/2001 & 2001/2002 databases

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Survival rate for grades 1 to 9 at the national level was 33 percent in 2001 and increased steadily from 1997. Given past trends, Cambodia is unlikely to reach its target of 100 percent survival rate (1-9) by 2015 (Figure 2.2.7).

Figure 2.2.7: Trends and targets in survival rate from grade 1 to 9
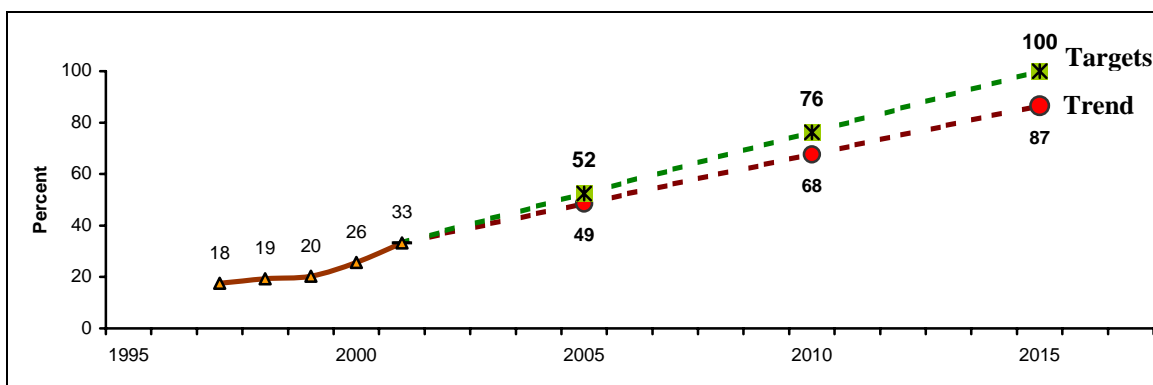
Source: Education Statistics & Indicators 1997/1998, 1998/1999, 1999/2000, 2000/2001 & 2001/2002 databases

The adult literacy rate for 15-24 years old at national level was 82 percent in 1999, increasing from 79 percent in 1996. If this rate continues, Cambodia is unlikely to meet its MDG target of 100 percent literacy by 2015 (Figure 2.2.8).

Figure 2.2.8: Trends and targets in literacy rate of 15-24 years old
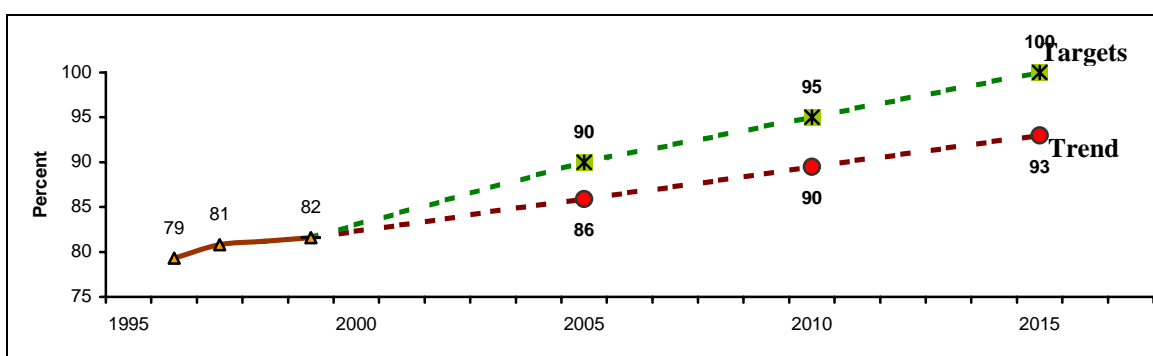
Source: CSES 1996, 1997 and 1999 databases

Gender equality in basic education is measured by the ratios of girls to boys in primary education and in lower-secondary education. The ratio of girls to boys in primary education was 87 percent in 2001 and has increased slightly since 1997. Given past trends, Cambodia is unlikely to bridge the gender gap in primary education by 2010 (Figure 2.2.9).

Figure 2.2.9: Trends and targets of the ratio of girls to boys in primary education
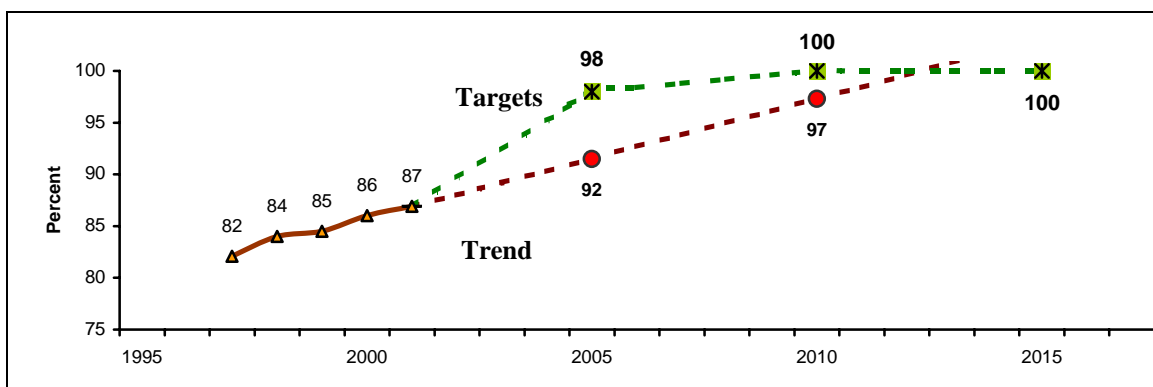
Source: Education Statistics & Indicators 1997/1998, 1998/1999, 1999/2000, 2000/2001 & 2001/2002 databases

The ratio of girls to boys in lower-secondary education at national level was 63 percent in 2001 as compared to 54 percent in 1997. Based on past trends, Cambodia will unlikely be able to achieve gender equality in lower-secondary education as targeted (Figure 2.2.10).

Figure 2.2.10: Trends and targets of the ratio of girls to boys in lower-secondary education
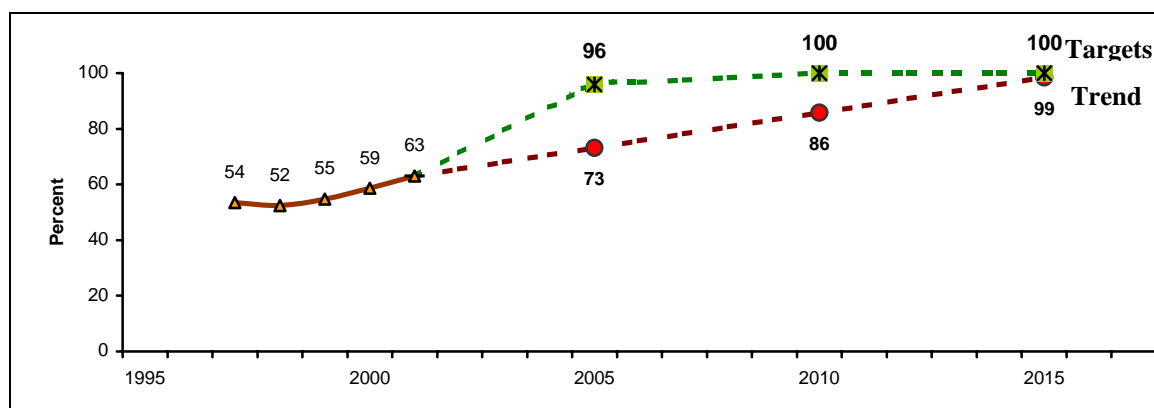
Source: Education Statistics & Indicators 1997/1998, 1998/1999, 1999/2000, 2000/2001 & 2001/2002 databases

2.2.3 Major current policies and programs contributing to CMDG2

At the present, five policy areas have been approved by MOEYS and its partners since mid-2002. Each policy area comprises a strategic action plan over the period 2003-06 to ensure achievement of priority sector goals and targets. The five policy areas are as follows:

1. Effective partnership towards Education For All
2. Increased equitable access to education services
3. Improved quality and internal efficiency of education
4. Enhanced management and de-concentration of education services
5. Increased resource allocation to the education sector

The Education Sector Support Program 2002-2006 lists twelve Priority Action Programs of which eight focus on basic education, respectively in the following areas: education service efficiency; primary education quality and efficiency; secondary education quality and efficiency; continuous teacher development; sustainable provision of core instructional materials; expansion of non-formal education; strengthened monitoring systems; and scholarships and incentives for equitable access. In addition, the government has investment programs that focus on school facility development, institutional development and capacity building.

2.2.4 Key challenges for meeting CMDG2 targets

Six major challenges have been identified in the education sector:

- First, there is a need to address inequalities within the educational sector with respect to socio-economic status, gender, ethnicity and location. These disparities as pertain to educational access and quality become more severe as the level of education increases.
- Second, improving the quantity and the quality of education services is among the major challenges of the government in the education sector. Problems include the undersupply of schools relative to the population density, the undersupply of schools with a full range of basic educational grades, lack of trained personnel, lack of proper incentives among teaching staff to perform at high levels and encourage some of them to work in remote

areas, monitoring staff performance and attendance, shortages of instructional materials, and poor quality of sanitary facilities within existing schools.

▪ A third challenge related to the demand side is the need to increase the demand for education by: (i) lowering cost barriers where they exist, (ii) changing perceptions about the likely returns to education, (iii) reducing the opportunity cost of going to school for poor families and (iv) reducing nutritional deficits which affect both school attendance and scholastic performance.

▪ Accelerating the process of decentralization and generating greater community involvement in the management of schools is a further challenge to the education sector. It is necessary to enable schools, institutions and communities to have greater voice and responsibility in the running and management of education services. In the Cambodian context, greater community participation will be essential to improve the quality of educational services as well as the demand for them by families.

▪ The above-mentioned problems of supply and demand are reflected in the low survival rates in primary and lower secondary school as well as the low enrolment ratio in lower secondary. A further challenge will be to keep children in school once enrolled through a range of options.

▪ A final challenge involves improving the quality and access to preschool education. Many young children are not sufficiently mature to manage education programs when they enter school for the first time. This is related to a lack of preschool facilities and inadequate nutrition and health care.

2.2.5 Framework for meeting the key challenges and reaching CMDG2 targets

The main policy initiatives are the Education Strategic Plan (ESP), the Education Sector Support Program (ESSP) and the Education for All (EFA) plan, whose core elements can be summarized as follows:

▪ Assuring equitable access to basic education through increased budgetary allocation in favour of basic education (primary and lower secondary education) and provision of targeted subsidies for those unable to afford the cost of schooling. In addition, government will need to promote greater community and parental involvement in managing educational services through parent-teacher associations and the like.

▪ Targeting students from poor families to ensure equity in opportunities through subsidized transportation and scholarships, for girls in particular. The priority strategy for reducing levels of youth illiteracy in Cambodia in the longer-term is to focus on schooling that ensures the right of all Cambodian children to complete a basic education of good quality. Priority will also be put on phasing out incomplete schools and in the medium run, reducing multi grade teaching through the following means:
  ▫ Allocation of school operating budgets based on a formula that benefits small schools;
  ▫ Identification of incomplete-grade schools as a priority within facilities development programmes;
  ▫ Introduction of new incentives for multi-grade teaching and remote posting;
  ▫ Preliminary work on multi-grade teacher training curricula.

▪ Promoting quality and efficiency improvements through sustained increases in wage and non-wage operational spending targeted on: instructional material; basic education supplies and equipments; teacher development; and quality monitoring and governance reforms. Efficiency measures will focus on more efficient deployment of teaching and non-teaching staff. Other priorities are (i) expanding and improving comprehensive early childhood care and education to enhance school readiness, instructional efficiency and effectiveness and (ii) developing age-appropriate teaching methods and materials to ensure

that pupils enjoy their school experience, progress to the next grade without repeating and do so for every grade until they complete basic school.

- Accelerating decentralization process by increasing operational autonomy of all education institutes, expanding delegated authority to provinces and districts in planning and managing in conjunction with EFA commune initiatives, and strengthening decentralized monitoring and audit systems.

2.2.6 Regional discrepancies in meeting Cambodia MDG2 targets

Figure 2.2.11 illustrates a regional breakdown of the CMDG2 indicators by province. The values represent an equally weighted index of all CMDG2 indicators for which data are available. The resulting composite index presents a disaggregated picture of the country situation with respect to universal basic education. Results of this exercise allow for a three-tier classification of provinces according to their index ranking. Provinces in green are those relatively better placed to achieve the targets; provinces in yellow, are those that are in intermediate position; and provinces in red, are those relatively worse placed to reach the targets. The latter are situated mainly in the north and the southwest of the country.

Figure 2.2.11: CMDG2 Composite Index by Province
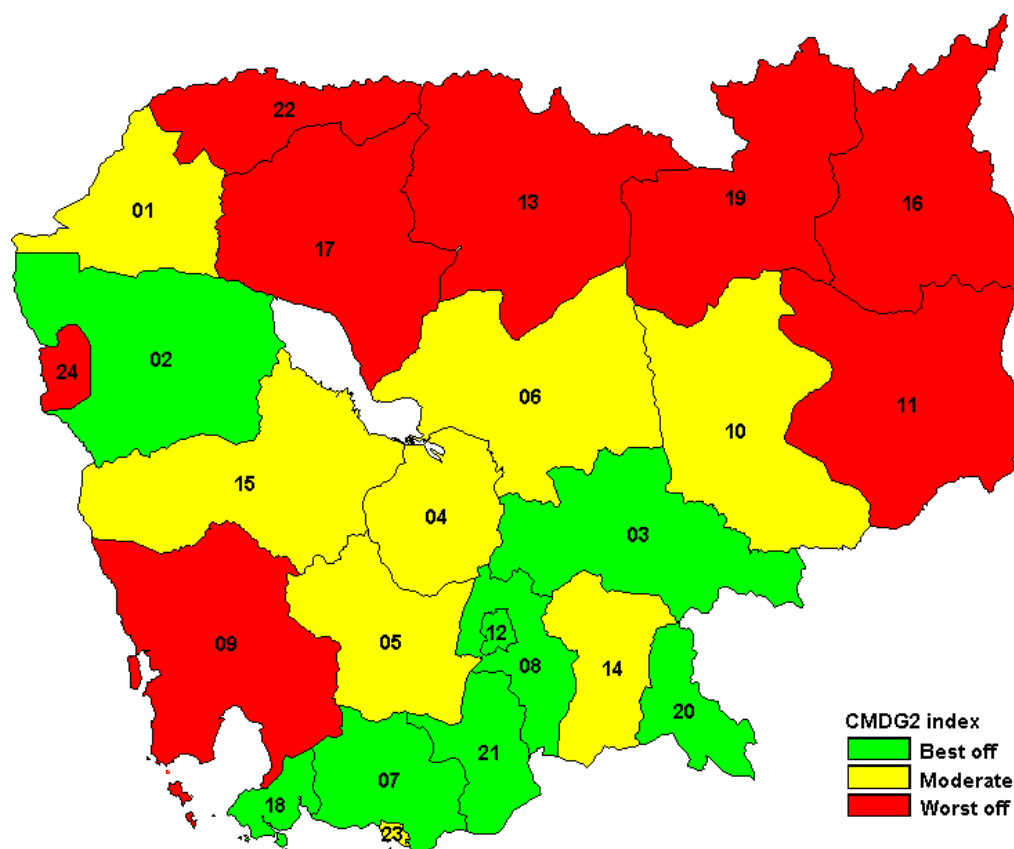
Note: The CMDG2 Index is the normalized weighted average of the provincial rankings on variables of 10 CMDG2 indicators (indicators: 2.1, 2.2, 2.3, 2.4, 2.5, 2.6, 2.7, 2.8, 2.9 and 2.10).

Table 2.2.3: CMDG2 Composite Index by Province

Code	Provinces	Indicator 2.1[a]	Indicator 2.2[a]	Indicator 2.2.1[c]	Indicator 2.2.2[a]	Indicator 2.3[a]	Indicator 2.3.1[c]	Indicator 2.3.2[a]	Indicator 2.4[b]	Indicator 2.5[c]	Indicator 2.6[c]	Indicator 2.7[c]	Indicator 2.8[b]	Indicator 2.9[c]	Indicator 2.10[c]	CMDG2 Index
12	Phnom Penh	0.872	0.956	0.945	0.960	1.000	1.000	1.000	1.000	1.000	1.000	1.000	1.000	0.855	0.940	0.9623
08	Kandal	0.928	0.884	0.807	0.936	0.561	0.581	0.532	0.771	0.863	0.842	0.593	0.926	0.813	0.610	0.7792
21	Takeo	0.957	0.928	0.848	0.984	0.685	0.788	0.558	0.571	0.934	0.925	0.789	0.878	0.808	0.239	0.7713
07	Kampot	0.914	0.917	0.894	0.930	0.724	0.801	0.626	0.691	0.829	0.822	0.633	0.869	0.737	0.537	0.7674
03	Kampong Cham	0.936	0.974	0.929	1.000	0.454	0.481	0.417	0.690	0.669	0.632	0.389	0.882	0.875	0.714	0.7215
18	Sihanouk ville	0.903	1.000	0.987	0.999	0.420	0.438	0.399	0.784	0.612	0.572	0.426	0.906	0.802	0.598	0.7023
02	Battambang	0.755	0.928	0.863	0.971	0.296	0.281	0.309	0.726	0.556	0.542	0.401	0.861	0.861	1.000	0.6926
20	Svay Rieng	1.000	0.966	0.929	0.988	0.524	0.652	0.368	0.693	0.731	0.716	0.455	0.892	0.731	0.123	0.6830
04	Kampong Chhnang	0.903	0.964	0.926	0.985	0.321	0.374	0.260	0.616	0.738	0.687	0.524	0.789	0.872	0.414	0.6827
23	Kep	0.856	0.951	0.970	0.923	0.417	0.397	0.434	0.557	0.600	0.554	0.438	0.707	0.690	0.784	0.6554
15	Pursat	0.977	0.966	1.000	0.935	0.217	0.243	0.183	0.624	0.600	0.537	0.408	0.931	0.826	0.450	0.6536
06	Kampong Thom	0.743	0.798	0.710	0.862	0.386	0.412	0.353	0.536	0.590	0.577	0.424	0.722	1.000	0.736	0.6513
01	Banteay Meanchey	0.704	0.884	0.822	0.924	0.234	0.242	0.220	0.786	0.663	0.599	0.368	0.828	0.795	0.643	0.6503
10	Kratie	0.700	0.806	0.664	0.915	0.361	0.353	0.369	0.533	0.546	0.500	0.397	0.629	0.946	0.927	0.6345
14	Prey Veng	0.977	0.925	0.898	0.936	0.428	0.518	0.321	0.679	0.593	0.552	0.382	0.721	0.688	0.169	0.6114
05	Kampong Speu	1.000	0.933	0.908	0.947	0.338	0.409	0.254	0.524	0.608	0.587	0.374	0.694	0.804	0.156	0.6020
17	Siem Reap	0.498	0.964	0.949	0.964	0.282	0.305	0.250	0.533	0.595	0.550	0.455	0.661	0.759	0.652	0.5949
24	Pailin	0.259	0.506	0.478	0.529	0.090	0.086	0.090	0.381	0.886	0.955	0.823	0.667	0.859	0.015	0.5441
09	Koh Kong	0.652	0.457	0.320	0.566	0.130	0.164	0.087	0.313	0.394	0.354	0.252	0.442	0.761	0.326	0.4081
19	Steung Treng	0.720	0.747	0.699	0.777	0.096	0.063	0.131	0.000	0.360	0.319	0.272	0.000	0.736	0.719	0.3967
13	Preah Vihear	0.521	0.711	0.716	0.699	0.045	0.043	0.045	0.090	0.234	0.218	0.107	0.372	0.826	0.493	0.3617
22	Otdar Meanchey	0.733	0.860	0.758	0.933	0.034	0.050	0.012	0.126	0.295	0.244	0.172	0.121	0.685	0.000	0.3271
16	Ratanakiri	0.029	0.000	0.000	0.000	0.000	0.000	0.000	0.499	0.111	0.116	0.068	0.458	0.000	0.251	0.1533
11	Mondulkiri	0.000	0.173	0.081	0.249	0.037	0.027	0.047	0.383	0.000	0.000	0.000	0.096	0.347	0.455	0.1491

Source: [a] - MOEYS 2002a
[b] - CSES 1999 database
[c] - Education Statistics & Indicators 2001/2002 database

2.3 GOAL 3: PROMOTE GENDER EQUALITY AND EMPOWER WOMEN

Goal 3 aims at eliminating gender disparities in social, political and economic spheres of life.

2.3.1 CMDG3 indicators and targets

Table 2.3.1 presents in the left column the generic list of targets and indicators proposed by the United Nations while the right column indicates the targets and indicators chosen by the RGC after consulting major stakeholders.

Table 2.3.1: Contextualizing the MDG3 into CMDG3

Global MDG3	Cambodia MDG3
Target 4: Eliminate gender disparities in primary and secondary education, preferably by 2005, and to all levels of education no later than 2015	**Overall target 5**: Reduce significantly gender disparities in upper secondary education and tertiary education
Indicator 9: Ratio of girls to boys in primary, secondary and tertiary education (1)	*Indicator 3.1: Ratio of girls to boys in upper secondary education*
	Indicator 3.2: Ratio of girls to boys in tertiary education
Indicator 10: Ratio of literate females to males 15-24 years old	*Indicator 3.3: Ratio of literate females to males 15-24 years old*
	Indicator 3.4: Ratio of literate females to males 25-44 years old
Indicator 11: Share of women in wage employment in the non-agricultural sector	**Overall target 6**: Eliminate gender disparities in wage employment in all economic sectors
	Indicator 3.5: Female share of wage employment in agriculture (primary sector)
	Indicator 3.6: Female share of wage employment in industry (secondary sector)
	Indicator 3.7: Female share of wage employment in services (tertiary sector)
Indicator 12: Proportion of seats held by women in national parliament	**Overall target 7**: Eliminate gender disparities in government
	Indicator 3.8: Proportion of women participating in National Assembly
	Indicator 3.9: Proportion of seats held by women in the Senate
	Indicator 3.10: Proportion of female ministers
	Indicator 3.11: Proportion of female secretaries of state
	Indicator 3.12: Proportion of female under secretaries of state
	Indicator 3.13: Proportion of female provincial governors
	Indicator 3.14: Proportion of female deputy provincial governors
	Indicator 3.15: Proportion of women participating in commune councils
	Overall target 8: Reduce significantly all forms of violence against women and children
	Indicator 3.16: Population percentage aware that violence against women is wrongful behaviour and a criminal act
	Indicator 3.17: Proportion of cases of domestic violence counselled by qualified personnel
	Indicator 3.18: Laws against all forms of violence against women and children developed and implemented according to international requirements and standards
	Indicator 3.19: Statistics to monitor violence against women collected annually
	Indicator 3.20: A Prevention Plan developed and implemented

(1) Indicator 9 in the generic MDGs list is attached to Goal 3. However, the GSCSD decided to consider in CMDG2 the part of target 4 and indicator 9 that is related to primary education and lower secondary education, given their relevance and the cross-cutting nature of gender related goals.

Table 2.3.2 presents the benchmark and target values for CMDG3 indicators at key time horizons. The benchmark year vary according to data availability.

Table 2.3.2: Benchmark and target values for CMDG3 indicators at key time horizons

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2015
3.1 Ratio of girls to boys in upper secondary education	48	2001	59	80	100
3.2 Ratio of females to males in tertiary education	38	2001	50	70	85
3.3 Ratio of literate females to males 15-24 years old	87	1998	95	100	100
3.4 Ratio of literate females to males 25-44 years old	78	1998	85	100	100
3.5 Female share in wage employment in agriculture	35	1998	50	50	50
3.6 Female share in wage employment in industry	44	1998	50	50	50
3.7 Female share in wage employment in services	21	1998	30	37	50
3.8 Proportion of seats held by women in national assembly	12	2003	17	24	30
3.9 Proportion of seats held by women in Senate	13	2003	17	24	30
3.10 Proportion of female Ministers	8	2003	9	12	15
3.11 Proportion of female Secretaries of State	6	2003	8	15	18
3.12 Proportion of female Under Secretaries of State	5	2003	8	17	20
3.13 Proportion of female provincial governors	0	2003	3	6	10
3.14 Proportion of female deputy provincial governors	1	2003	4	8	15
3.15 Proportion of seats held by women in commune councils	8	2003	8	15	25
3.16 Population percentage aware that violence against women is wrongful behaviour and a criminal act	n.a.		25	50	100
3.17 Proportion of cases of domestic violence counselled by qualified personnel	n.a.		20	50	100
3.18 Laws against all forms of violence against women and children are developed and implemented according to international requirements and standards.			✓		
3.19 Statistics to monitor violence against women collected annually			✓		
3.20 A Prevention Plan developed and implemented			✓		

2.3.2 Past trends and gap analysis for CMDG3 indicators

The ratio of girls to boys in upper secondary education decreased from 56 percent in 1997 to 48.3 percent in 2001. In Phnom Penh, this indicator declined from 72.2 percent in 1997 to 65.4 percent in 2001, while in rural areas, it declined from 43.9 percent to 37.0 percent over the same period. By contrast, in urban areas, the proportion increased from 55.6 percent in 1997 to 57.8 percent in 2001. Cambodia is unlikely to meet its target of gender equality in upper secondary education by 2015.

Figure 2.3.1: Ratio of girls to boys in upper-secondary education
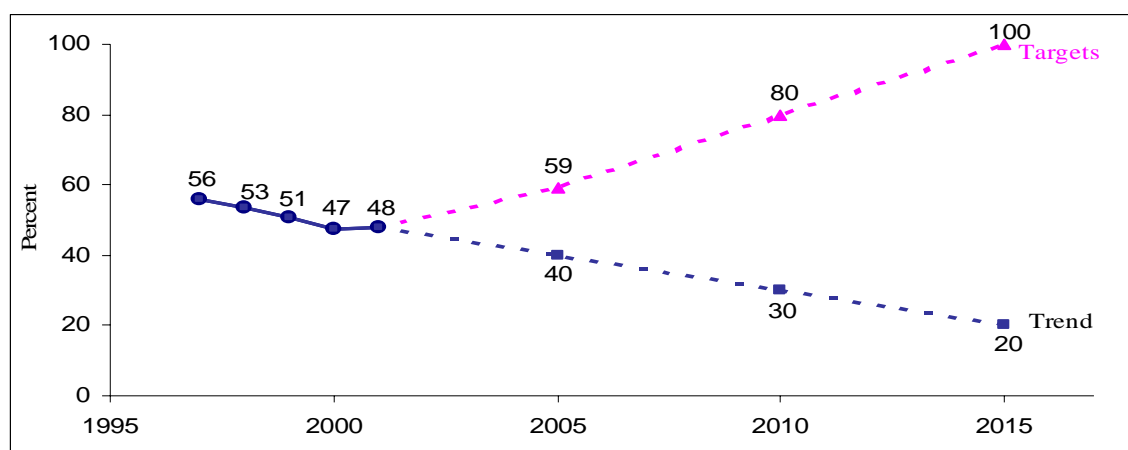
Source: MOEYS, Education Statistics & Indicators: 1996/97, 1997/98, 1998/99, 1999/00, 2000/01 & 2001/02

The ratio of girls to boys in tertiary education has been increasing rapidly in recent years from 19 percent in 1997 to 37.8 percent 2001. Remarkable changes have taken place in the structure of education since 1999, with the establishment of private institutions. Extrapolating from past trends suggests that the MDG target of gender equality will be met in tertiary education by 2015. In light of evidence produced on the increasing gender gap in upper secondary education, however, there are reasons to treat this conclusion with caution.

Figure 2.3.2: Ratio of females to males in tertiary education
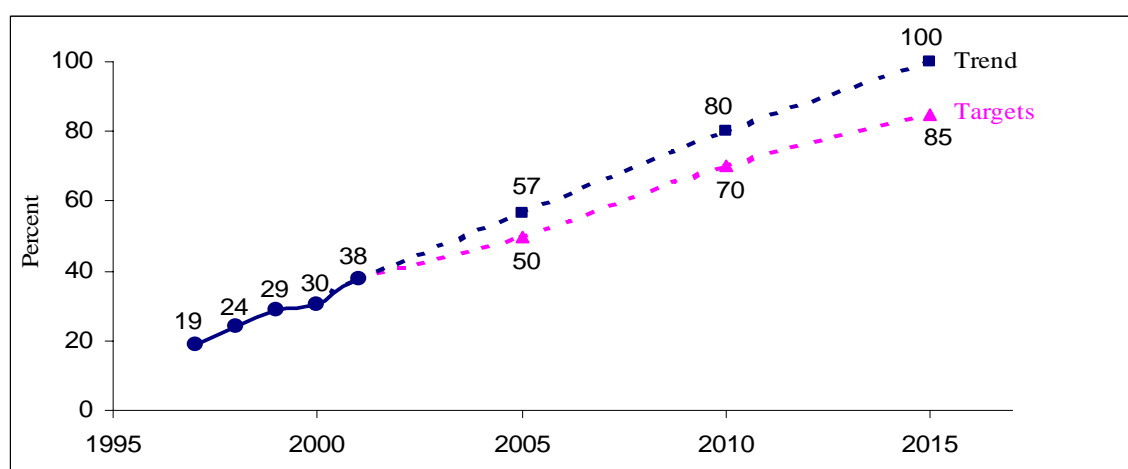
Source: MOEYS, Education Statistics on Higher Education: 1996/97, 1997/98, 1998/99, 1999/00 & 2000/01

Despite the low adult literacy rate, Cambodia has continued to record improvements with respect to the gender gap in youth literacy rate. The ratio of literate females to males 15-24 years old has increased slightly from 87 to 88 percent between 1993 and 1999 while the ratio of literate females to males 25-44 years old increased from 78 percent to 80 percent between 1998 and 1999. Cambodia expects to achieve gender equality by 2010.

Wage employment in the agricultural sector has increased for both women and men. The share of women in agricultural wage employment increased from 34.9 to 50.7 percent between 1998 and 2001. This may be linked to a shift to larger scale market-oriented agricultural production units, increasing landlessness, high growth in population and increasing migration to favourable agricultural regions.

The Labour Force Survey (LFS) 2001 indicates that more men than women are engaged in wage labour. Female share of wage employment has increased considerably, mostly in the

garment industry. The share of female employment in industry was 60.8 percent in 2001, up from only 43.7 percent in 1998. Female share of wage employment in the service sector has slightly increased from 21 percent in 1998 to 25 percent in 2001. It must be noted, however, that it is difficult to use these indicators to proxy gender equality as no information is provided on gender differences in type of work or conditions of work.

The proportion of seats held by women in the National Assembly increased from 6 percent in 1993 to 12 percent in 2003. Nearly 13 percent of current Senate seats are held by women. If past trends continue, the female share in the national parliament could reach 19 percent by 2015 which falls 11 percent short of the target.

Figure 2.3.3: Proportion of seats held by women in the National Assembly
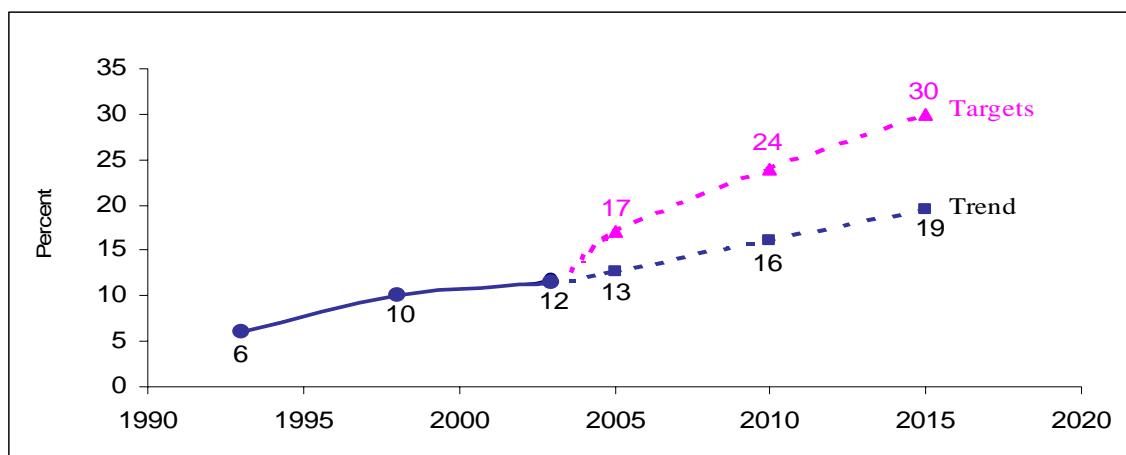
Source: General Secretariat of National Assembly. Lists of National Assembly Members 1993, 1998 & 2001

In the public sector, about 31 percent of employees are women, though only about 8 percent as ministers, 6 percent as secretaries of state and 5 percent as under secretaries of state. At the local level, no woman serves as provincial governors and district governors, while only one percent serves as deputy provincial governors and 0.5 percent as deputy district governors. However, these proportions would be subject to variation according to the composition of the forthcoming government.

2.3.3 Major current policies and programs contributing to CMDG3

The strategic plan *Neary Rattanak* (Women are Precious Gems) 2001-2005 is a Five-Year Plan in which the following areas are prioritised: health, education, legal protection and economic development. Besides these four areas, gender mainstreaming is also recognised as a critical area in ensuring that gender issues are incorporated into plans, policies and programs of the government institutions and NGOs.

The Royal Government is pursuing a Pro-Poor Trade strategy and is preparing to join the WTO before 2005. The Government has also signed the ASEAN Free Trade Agreement, requiring a gradual lowering of tariffs to zero between all 10 ASEAN countries. This strategy has a number of implications for women since the export textile industry has become at the same time a significant source of foreign exchange earning and of female employment in urban areas.

The Governance Action Plan (GAP), published by the government in 2001, covers five crosscutting areas: judicial and legal reforms, public finance, civil service reform, anti-corruption, and gender equity. Regarding the latter, the GAP has identified four objectives: (i) implementing and coordinating programs to promote the rights of women, (ii) influencing

various programs to reform the state so that they can fully take into account the particular needs of women, (iii) recognizing women's contribution as full-fledged members of society, and (iv) investing in the leadership role of women. Some progress has been made in reaching the agreed benchmarks, in particular: (1) the National Council for Women was established and is operational, (2) the legal framework against women trafficking was completed, (3) the law against domestic violence women has been completed and submitted to the National Assembly, and (4) the number of women in decision making in both public and private spheres has increased. It should be emphasized however, that additional efforts are required in light of the failure to pass the domestic violence legislation in the National Assembly and still limited scope of female participation in decision-making in public life.

In terms of local government, Cambodia has been engaged in a process of decentralization since 1995. The system has evolved over time, with a major change occurring with the election of the commune councils in February 2002. The early decentralization experience has been considered successful in particular in increasing women's participation in decision-making. The capacity of these newly elected women is being strengthened by the MOWVA's and NGOs' training programs which will be continued with donor support. The new Planning and Budget Committees are composed of one woman and one man from each village covered by the commune. The RGC recognizes that a "critical mass" is necessary to give women the confidence to participate actively. The Seila Gender Mainstreaming Strategy 2001-2005 also focused attention on promoting awareness of gender issues in local government and community-based authorities by: (i) building commitment and capacity, (ii) increasing participation of women in local development planning and governance and, (iii) enhancing capacity for gender monitoring, evaluation and database management.

2.3.4 Key challenges for meeting CMDG3 targets

The major challenges in terms of gender equality and female empowerment fall under social, economic and political/legal categories:
- Socially, there is a pressing need to reduce the gender gap in secondary school enrolment and pursue efforts in primary education. In addition, measures must be put in place to directly tackle issues of domestic violence, trafficking of women and cultural norms which perpetuate gender inequality in many facets of social life;
- On the economic front, core challenges involve increasing female access to productive assets such as financial capital, reducing gender based discrimination in the labour market and providing the enabling environment to permit greater female entry into higher quality employment;
- With respect to political and legal challenges, key issues include: increasing female participation in formal and informal decision-making structures; improving female access to high level positions in the public administration; ensuring passage of effective legislation dealing with domestic violence and the trafficking of women as well as ensuring its enforcement.

2.3.5 Framework for meeting the key challenges and reaching CMDG3 targets

Gender mainstreaming was accepted by the RGC for all its policies and programs in the SEDPII 2001-05, which incorporated the Five-Year Strategy of the MOWVA, *Neary Rattanak*. It is also part of the NPRS.

The following lines of action will be pursued to address the challenges identified above:
- Increasing access of girls and women to secondary and higher education by:
  - Providing scholarships for girls to promote their retention in the education system.

- Building safe and healthy dormitories for accommodation of girls studying away from home.
- Building separate toilets for girls and boys at secondary and tertiary levels.
- Expanding higher education institutions at the regional level.
- Expanding new approaches in community-based non-formal education to increase female literacy.
- Implementing night-school programs in urban areas to encourage girls to attend school after work.
- Putting women in a position to seize economic opportunities through:
  - Promoting the development of a viable micro-finance sector offering savings, credit and insurance services to women, and poor women in particular.
  - Supporting empowerment programs for women to enhance their capacity to find a job on the labour market or create their income generating activity in agriculture, manufacturing and the service sectors.
- Changing cultural perceptions about women:
  - Conducting information, education and communication campaigns to raise awareness of men and women alike about gender issues and to change traditional perceptions on gender roles and responsibilities.
- Increasing the share of women holding political positions:
  - Influencing political parties to place women candidates higher on the electoral lists for commune and national elections.
  - Providing political and gender education to both women and men, including the development of capacity to organise support programs.
- Increasing the share of women in public administration:
  - Developing gender responsive recruitment/promotion criteria and procedures for the civil service and judiciary.
  - Enhancing gender mainstreaming in line ministries through training activities for both men and women.
  - Increasing resources to implement the Gender Mainstreaming Strategy of the *Seila Program* and to build the capacity and promote the participation of women in decision-making at provincial level.
  - Supporting training programs at local levels (districts, communes, and villages) on gender issues and women leadership and self-confidence.
- Fighting against violence against women:
  - Conducting information, education and communication campaigns against domestic violence.
  - Amending the law against trafficking of women and passing a law against domestic violence.
  - Implementing a program on the prevention of trafficking of women through education, advocacy.

2.3.6 Regional discrepancies in meeting Cambodia MDG3 targets

Figure 2.3.4 illustrates a regional breakdown of the CMDG3 indicators by province. The values represent an equally weighted index of all CMDG3 indicators for which data are available. The resulting composite index presents a disaggregated picture of the country situation with respect to gender equality and women empowerment. Results of this exercise allow for a three-tier classification of provinces according to their index ranking. Provinces in green are those relatively better placed to achieve the targets; provinces in yellow, are those that are in intermediate position; and provinces in red, are those relatively worse placed to reach the targets by 2015. The latter are situated mainly in the north, northeast, southwest and west (Pailin) of the country.

Figure 2.3.4: CMDG3 Composite Index by Province

Note: The CMDG3 Index is the normalized weighted average of the provincial rankings on 6 CMDG3-indicator variables.

Table 2.3.3: CMDG3 Composite Index by Province

Code	Province	Indicator 3.1	Indicator 3.3	Indicator 3.4	Indicator 3.5	Indicator 3.6	Indicator 3.7	CMDG3 Index
12	Phnom Penh	1.000	1.000	0.875	n.a.	0.667	0.583	0.825
10	Kratie	0.778	0.957	0.771	0.919	0.497	0.491	0.735
07	Kampot	0.430	0.957	0.831	n.a.	1.000	0.360	0.716
23	Kep	0.529	1.000	0.489	0.757	0.487	1.000	0.710
06	Kampong Thom	0.623	0.832	0.838	0.332	0.532	0.961	0.686
15	Pursat	0.531	0.988	0.739	0.000	1.000	0.562	0.637
20	Svay Rieng	0.208	1.000	0.557	0.818	0.742	0.460	0.631
08	Kandal	0.461	0.880	0.768	0.376	0.748	0.527	0.627
02	Battambang	0.895	0.927	0.725	0.561	0.000	0.516	0.604
18	Sihanoukville	0.722	1.000	0.606	0.280	0.700	0.527	0.603
03	Kampong Cham	0.611	0.908	0.696	n.a.	0.195	0.498	0.555
14	Prey Veng	0.216	0.989	0.627	0.533	0.648	0.188	0.534
01	Banteay Meanchey	0.488	0.861	0.772	0.712	0.268	0.000	0.517
21	Takeo	0.204	0.939	0.454	0.564	0.563	0.236	0.493
17	Siem Reap	0.667	1.000	0.482	0.316	0.200	0.251	0.486
04	Kampong Chhnang	0.467	0.809	0.806	0.000	0.323	0.498	0.484
13	Preah Vihear	0.350	0.375	0.935	n.a.	n.a.	0.171	0.458
05	Kampong Speu	0.202	0.714	0.498	0.568	0.620	0.043	0.441
24	Pailin	0.309	0.696	0.220	0.714	0.489	0.080	0.418
19	Steung Treng	0.494	0.090	1.000	0.527	0.134	0.254	0.417
16	Rotanakiri	0.243	0.497	0.524	0.246	n.a.	0.034	0.309
09	Koh Kong	0.300	0.341	0.474	n.a.	0.040	0.374	0.306
11	Mondolkiri	0.177	0.000	0.172	1.000	n.a.	0.148	0.299
22	Otdar Meanchey	0.000	0.179	0.000	0.534	n.a.	0.244	0.191

Data Source: CSES1999, LFS2000 and MOEYS, Education Statistics & Indicators, 2000/01.

2.4 GOAL 4: REDUCE CHILD MORTALITY

Goal 4 aims at reducing under-five child mortality and infant-mortality rate, and increasing the proportion of infants immunized against measles and breastfed practice.

2.4.1 CMDG4 indicators and targets

Table 2.4.1 presents in the left column the generic list of targets and indicators proposed by the United Nations while the right column indicates the targets and indicators chosen by the RGC after consulting major stakeholders.

Table 2.4.1: Contextualizing the MDG4 into CMDG4

Global MDG4	Cambodia MDG4
Target 5: Reduce the under-five mortality rate by two-thirds from 1990 to 2015	**Overall target 9**: Reduce the under-five mortality rate
Indicator 13: Under- five mortality rate	*Indicator 4.1:Under-five mortality rate*
Indicator 14: Infant mortality rate	*Indicator 4.2:Infant mortality rate*
Indicator 15: Proportion of 1 year old children immunized against measles	*Indicator 4.3: Proportion of children under 1 year immunized against measles*
	Indicator 4.4: Proportion of children aged 6-59 months receiving Vitamin A capsules
	Indicator 4.5: Proportion of children under 1 year immunized against DPT3
	Indicator 4.6: Proportion of infants exclusively breastfed up to 6 months of age
	Indicator 4.7: Proportion of mothers who start breast-feeding newborn child within 1 hour of birth

Table 2.4.2 presents benchmark and target values for CMDG4 indicators for 2005, 2010 and 2015. The benchmark year vary according to data availability.

Table 2.4.2: Benchmark and target values for CMDG4 indicators at key time horizons[9]

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2015
4.1 Under-five mortality rate (per 1,000 live births)	124	1998	105	85	65
4.2 Infant mortality rate (per 1,000 live births)	95	1998	75	60	50
4.3 Proportion of children under 1 year immunized against measles	41%	2000	80	85	90
4.4 Proportion of children aged 6-59 months receiving Vitamin A capsules	28%	2000	70	80	90
4.5 Proportion of children under 1 year immunized against DPT3	43%	2000	80	85	90
4.6 Proportion of infants exclusively breastfed up to 6 months of age	11.4%	2000	20	34	49
4.7 Proportion of mothers who start breast-feeding newborn child within 1 hour of birth.	11%	2000	28	45	62

2.4.2 Past trends and gap analysis for CMDG4 indicators

Different data sources present conflicting evidence on levels and trends of under-five mortality over the past decade. Data from two national household surveys, the 1998 NHS and the 2000

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[9] All benchmark values are extracted from 2000 CDHS, therefore they refer to the year 2000 or to the five years preceding the survey. In the latter case, for under five and infant mortality, 1998 has been selected as the benchmark year.

CDHS, suggest that under-five mortality rate increased slightly over the decade. This trend is supported also by direct and indirect estimates from the World Bank and UNICEF that show a compatible increase in the '90s. Other estimates, which are not based on survey data, suggest a moderate decline from a much higher level (Figure 2.4.1). Regardless of which data set is chosen, Cambodia is unlikely to meet its target of reducing under-five mortality to 65 per 1000 in 2015. In addition, national figures mask major discrepancies between urban and rural areas, provinces and among socio-economic groups.

Figure 2.4.1: Trends in the under-five mortality rate
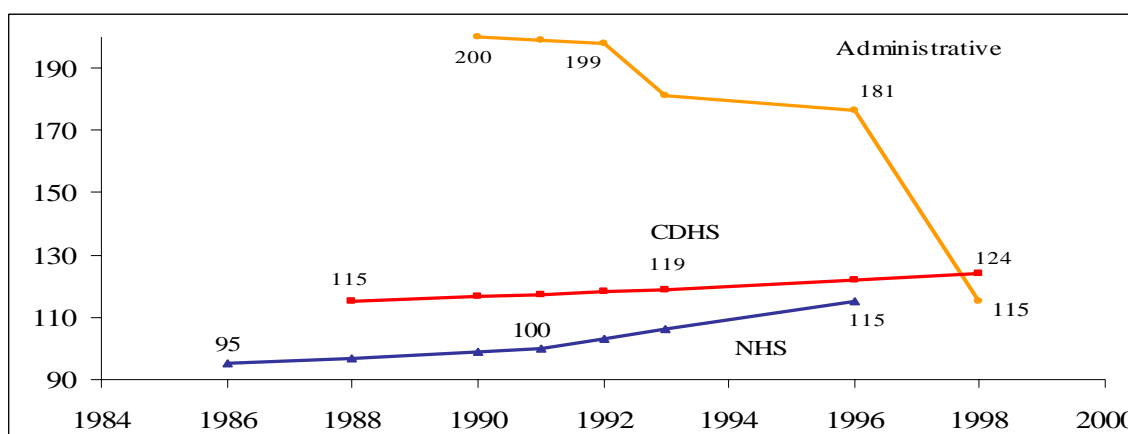
Source: MOH 1994, 1995, 1996, 1998, 1998a and MOP & MOH 2001.

Once again, different data sources reveal different trends in infant mortality rate over the past decade. According to CDHS and NHS data, infant mortality rate increased slightly throughout the nineties. Non-survey based estimates suggest a moderate decline from a much higher level (Figure 2.4.2). As with under-five mortality, no matter which data set is used, Cambodia is unlikely to reach its target of 50 per 1,000 live births by 2015.

Figure 2.4.2: Trends in the infant mortality rate
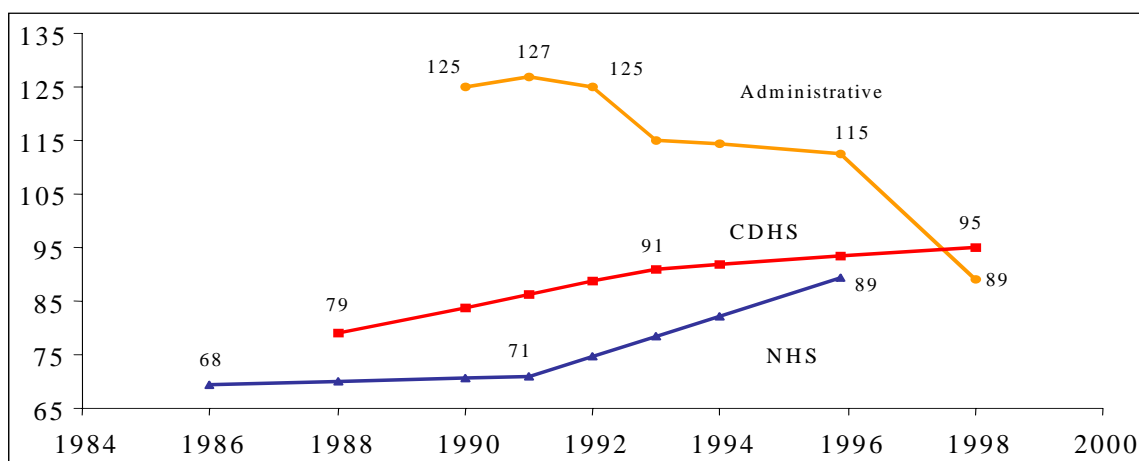
Source: MOH 1994, 1995, 1996, 1998, 1998a and MOP & MOH 2001.

The immunization rate against measles for children under 1 year has increased from 37 percent (MOH 1994) to 41 percent (MOP & MOH, 2001) between 1990 and 2000. Based on past trends, the proportion of children under 1 year immunized against measles could reach 48 percent by 2015, which falls short of the CMDG target of 90 percent.

Children immunization rates for DPT3 have increased by 6 percent over the nineties (MOH, 1994 and MOP & MOH, 2001). At this pace, the proportion of children under 1 year immunized against DPT3 will reach only 52 percent by 2015, far from the 90 percent target.

The percentage of children aged 6-59 months who received vitamin A capsules was 28 percent in 2000 (MOP & MOH, 2001), which is considerably below the CMDG target of 90 percent in 2015. As with many of the indicators, there are important differences between regions and households of different socio-economic status.

The proportion of mothers who start breast-feeding within 1 hour of birth has increased by 5 percent in the late '90s (MOH, 1996 and MOP & MOH, 2001). If past trends continue, this indicator will increase to 30 percent by 2015, which falls short of the target of 62 percent in 2015.

2.4.3 Major current policies and programs contributing to CMDG4

In the SEDPII priority is given to increasing access of poor to health care services with the following objectives:
1. Improve basic healthcare services;
2. Develop human resources;
3. Promote people's awareness of a healthy lifestyle;
4. Pay particular attention to children's health and nutrition;
5. Promote health legislation.

The Health Sector Strategic plan 2003-2007 of the Ministry of Health strives to:
1. Reduce infant and child mortality, including decreasing post-neonatal mortality, mortality and morbidity from diarrhoea related diseases, acute respiratory infections, vaccine-preventable diseases, dengue and malaria;
2. Reduce the rates of under-nutrition and malnutrition among children;

Main objectives will be accomplished by:
1. Improve access to health centre and strengthen the delivery health care especially to the poor and other vulnerable groups,
2. Change for the better the attitudes of health providers toward customers especially to the poor ones;
3. Introduce and develop a culture of quality in public health;
4. Ensure regular and adequate flow of funds to the health sector and strengthen financial management;
5. Provide further professional capacities to official health staff;
6. Provide more drugs and other medical facilities to public health hospitals and health centres;
7. Expand health information to the public.

2.4.4 Key challenges for meeting CMDG4 targets

Key challenges that Cambodia must address in order to meet the CMDG4 targets by 2015 are the following:
- Reducing the very high rate of malnutrition which is a significant contributor to infant and child mortality;
- Improving sanitation, access to safe water and hygienic conditions which contribute to mortality through water borne diseases and unsanitary practices;

- Improving immunization coverage as well as preventive and curative health care services for diseases closely related to child and infant mortality such as diarrhoea and acute respiratory infections;
- Strengthening family planning services to increase birth spacing and delay the age of first pregnancy;
- Increasing awareness of proper childcare practices at family level including child feeding and diet, and proper sanitation and hygiene;
- Improving quality of health care delivery by changing attitudes and practices among health care providers;
- Addressing inequalities in health care access with emphasis on poor and remote communities.

2.4.5 Framework for meeting the key challenges and reaching CMDG4 targets

Key orientations of a framework to meet the above-mentioned challenges as well as to reach the CMDG4 targets include:
- Focusing government and donor programs on improving the health of children, especially through the expansion of immunization programs for DPT3 and measles; developing sanitation facilities and safe water access with particular attention to poor, remote areas; strengthening services at referral hospitals which provide comprehensive care for malnourished children; etc.;
- Augmenting public expenditure in health services at district and commune health centres;
- Conduct information, education and information campaigns addressing child feeding and diet, proper sanitation and hygiene;
- Improve the efficiency of the public health system by moving toward a result-based management approach and expanding decentralization;
- Increase financial accessibility of poor children to health care through experimentation with various options such as user fee exemptions and micro-insurance schemes;
- Information campaigns about the range of services available at public health facilities for children

2.4.6 Regional discrepancies in meeting Cambodia CMDG4 targets

Figure 2.4.3 illustrates a regional breakdown of the CMDG4 indicators by province. The values represent an equally weighted index of all CMDG4 indicators for which data are available. The resulting composite index presents a disaggregated picture of the country situation with respect to infant and child mortality. Results of this exercise allow for a three-tier classification of provinces according to their index ranking. Provinces in green are those relatively better placed to achieve the targets; provinces in yellow, are those that are in intermediate position; and provinces in red, are those relatively worse placed to reach the targets by 2015. The latter are situated mainly in the east, southwest and west of the country.

Figure 2.4.3: CMDG4 Composite Index by Province
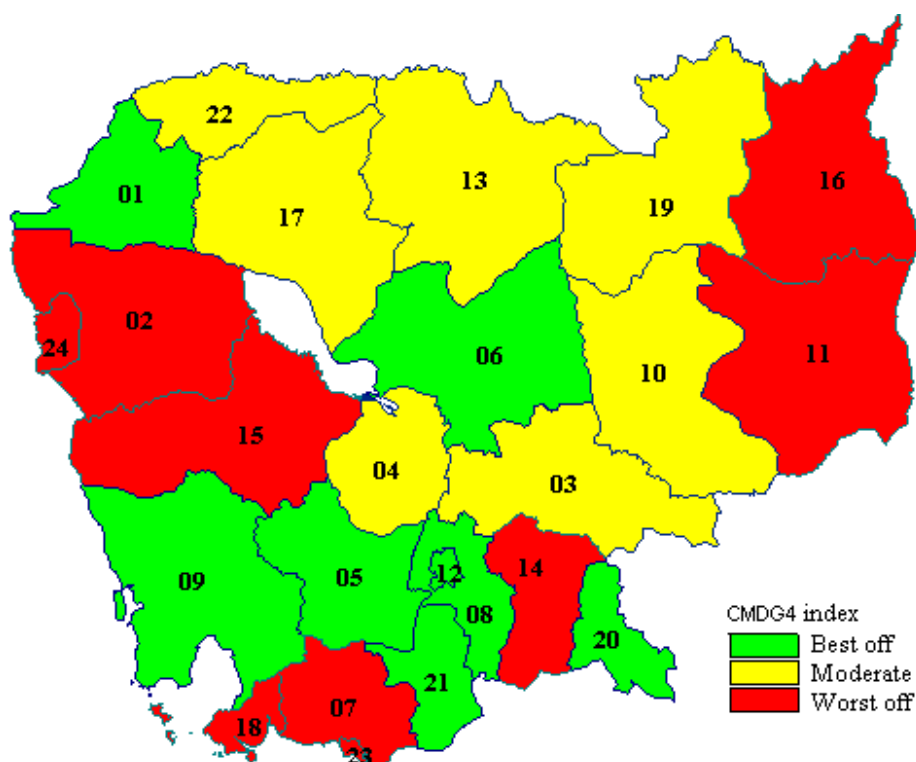
Note: The CMDG4 Index is the normalized weighted average of the provincial rankings on 4 CMDG4-indicator variables.

Table 2.4.3: CMDG4 Composite Index by Province

Code	Provinces	Indicator 4.1	Indicator 4.2	Indicator 4.4	Indicator 4.7	CMDG4 Index
12	Phnom Penh	1.000	1.000	1.000	0.308	0.827
05	Kampong Speu	0.782	0.773	0.777	0.894	0.806
01	Banteay Meanchey	0.676	0.697	0.686	0.897	0.739
06	Kampong Thom	0.721	0.803	0.552	0.202	0.569
21	Takeo	0.620	0.561	0.587	0.430	0.549
09	Koh Kong	0.771	0.750	0.435	0.240	0.549
20	Svay Rieng	0.553	0.515	0.063	1.000	0.533
08	Kandal	0.676	0.614	0.214	0.376	0.470
19	Steung Treng	0.615	0.750	0.000	0.403	0.442
13	Preah Vihear	0.615	0.750	0.000	0.403	0.442
10	Kratie	0.615	0.750	0.000	0.403	0.442
04	Kampong Chhnang	0.385	0.311	0.884	0.110	0.422
03	Kampong Cham	0.531	0.470	0.410	0.137	0.387
17	Siem Reap	0.581	0.697	0.081	0.186	0.386
22	Otdar Meanchey	0.581	0.697	0.081	0.186	0.386
24	Pailin	0.570	0.545	0.284	0.122	0.380
02	Battambang	0.570	0.545	0.284	0.122	0.380
14	Prey Veng	0.436	0.447	0.330	0.114	0.332
18	Sihanoukville	0.587	0.530	0.192	0.000	0.327
23	Kep	0.587	0.530	0.192	0.000	0.327
07	Kampot	0.587	0.530	0.192	0.000	0.327
16	Rotanakiri	0.000	0.000	0.079	0.935	0.254
11	Mondulkiri	0.000	0.000	0.079	0.935	0.254
15	Pursat	0.313	0.235	0.280	0.125	0.238

Source**:** MOP & MOH 2001.

2.5 GOAL 5: IMPROVE MATERNAL HEALTH

Goal 5 aims to reduce maternal mortality ratio and increase the proportion of births attended by skilled health personnel.

2.5.1 CMDG5 indicators and targets

Table 2.5.1 presents in the left column the generic list of targets and indicators proposed by the United Nations while the right column indicates the targets and indicators chosen by the RGC after consulting major stakeholders.

Table 2.5.1: Contextualizing the MDG5 into CMDG5

Global MDG5	Cambodia MDG5
Target 9: Reduce the maternal mortality by three-quarters between 1990 and 2015	**Overall target 10**: Reduce the maternal mortality ratio
Indicator 16: *Maternal mortality ratio*	***Indicator 5.1***: *Maternal mortality ratio*
Indicator 17: *Proportion of births attended by skilled health personnel*	***Indicator 5.2***: *Total fertility rate*
	Indicator 5.3: *Proportion of births attended by skilled health personnel*
	Indicator 5.4: *Proportion of married women using modern birth spacing methods*
	Indicator 5.5: *Percentage of pregnant women with 2 or more ANC consultations from skilled health personnel*
	Indicator 5.6: *Proportion of pregnant women with Iron Deficiency Anaemia*
	Indicator 5.7: *Proportion of women aged 15-49 with BMI<18.5Kg/Sq. meter*
	Indicator 5.8: *Proportion of women aged 15-49 with Iron Deficiency Anaemia*
	Indicator 5.9: *Proportion of pregnant women who delivered by Caesarean Section*

Table 2.5.2 presents benchmark and target values for CMDG5 indicators for 2005, 2010 and 2015. The benchmark year vary according to date available.

Table 2.5.2: Benchmark and target values for CMDG5 indicators at key time horizons[10]

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2015
5.1 Maternal mortality ratio (per 100,000 live births)	437	1997	343	243	140
5.2 Total fertility rate	4	1998	3.8	3.4	3.0
5.3 Proportion of births attended by skilled health personnel	32%	2000	60	70	80
5.4 Proportion of married women using modern birth spacing methods	18.5%	2000	30	44	60
5.5 Percentage of pregnant women with 2 or more ANC consultations from skilled health personnel	30%	2000	60	75	90
5.6 Proportion of pregnant women with Iron Deficiency Anaemia	66%	2000	50	39	33
5.7 Proportion of women aged 15-49 with BMI<18.5Kg/Sq. meter	21%	2000	17	12	8
5.8 Proportion of women aged 15-49 with Iron Deficiency Anaemia	58%	2000	45	32	19
5.9 Proportion of pregnant women who delivered by Caesarean Section	0.8%	2000	2	3	4

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[10] All benchmark values are extracted from the 2000 CDHS; therefore such values refer to the year 2000 or otherwise to a period of seven or five years preceding the survey. As a result, 1997 and 1998 have been respectively selected as benchmark years for MMR and fertility rate.

2.5.2 Past trends and gap analysis for CMDG5 indicators

In the mid 1990s, the maternal mortality ratio stood at between 400 and 500 in Cambodia. A 1995 estimate, based on a model of the World Health Organisation, put the ratio at 473, while the DHS 2000 concluded that the ratio averaged 437 over the period 1994-2000. There is no consistent data series for this indicator, which would allow for the projection of trends, but the level of this indicator falls considerably short of the target, which aims at reducing the maternal mortality ratio to 140 per 100,000 live births by 2015.

According to the DHS 2000, the total fertility rate stood at around 4 in the mid 1990s. The lack of a consistent time series precludes projecting trends but the target of 3 by 2015 appears to be within reach.

The proportion of births attended by skilled health personnel has remained very low throughout the last decade at around 32 percent (MOP & MOH, 2001). Factors which explain this disappointing performance include: lack of trained health personnel including midwives, the high cost of care, geographical disparities in the provision of reproductive health care services, low education levels among pregnant women and poverty. If past trends continue, Cambodia is unlikely to reach its target by 2015.

Figure 2.5.1: Trends and targets of births attended by skilled health personnel
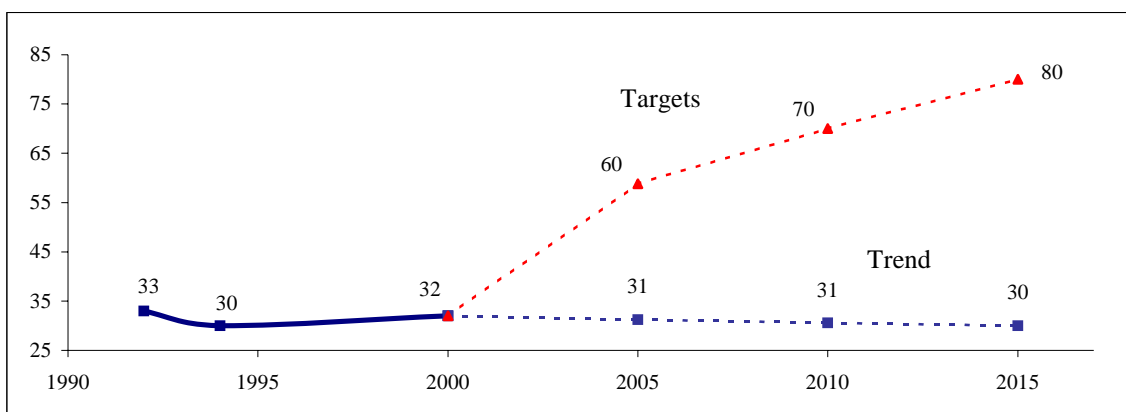
Source: MOH 1994, 1995, 2003.

The proportion of married women using modern methods of birth spacing has increased from 8 percent in 1992 (MOH, 1994) to 18.5 percent in 2000 (MOP & MOH, 2001). At this rate, Cambodia will fall short of its target of 60 percent by 2015. As above, there are pronounced disparities among regions and socio-economic groups with respect to this indicator.

Only around 30 percent of Cambodian women attend two or more antenatal consultations, a figure which has risen only slightly over the decade (MOP & MOH, 2001). This rate of increase is not sufficient to enable Cambodia to meet its CMDG target of 90 percent by 2015. Again these national figures mask discrepancies based on geography, education and socio-economic status.

The proportion of women aged 15-49 with BMI<18.5Kg/Sq. meter is high in Cambodia at 21 percent (MOP & MOH, 2001). The proportion of women aged 15-49 with BMI<18.5Kg/Sq. meter varies by province and a number of socio-economic factors. Trend data are not available for this indicator.

The proportion of women aged 15-49 with Iron Deficiency Anaemia (IDA) is very high in Cambodia at 58 percent in 2000 (MOP & MOH, 2001). As with other indicators, Iron Deficiency Anaemia varies in accordance with location, the level of education and socio-economic status. Isolated and remote areas fare the worst.

The proportion of pregnant women who delivered by Caesarean Section was 0.8 percent in the whole country in 2000 (MOP & MOH, 2001). This indicator differs by geographic area and education level. Based on past trends (MOH, 1997), this proportion would increase to 1.55 percent by 2015. A significant gap would remains to be filled between the projection and the target of 4 percent by 2015. Substantial efforts and resources will be required in other to achieve the 2015 target.

2.5.3 Major current policies and programs contributing to CMDG5

SEDPII intends to promote maternal health through provision of antenatal and postnatal care, by promoting birth spacing for high fertility groups. In addition, SEDPII aims to: (i) provide basic health services; (ii) develop human resources; (iii) promote people's awareness of a healthy lifestyle; pay special attention to women's health and nutrition; and (iv) promote health legislation.

Furthermore, the Health Sector Strategic Plan 2003-2007 of the Ministry of Health has identified priority policies in the following two areas: expansion of health facilities to effectively reach the poor and under serviced in rural areas; provision of maternal health services, including births spacing, ante and postnatal care, safe deliveries and emergency obstetric care, safe abortions and post-abortion counselling.

The strategies aim to: (1) improve access to health centre and strengthen the delivery of healthcare, especially to the poor and other vulnerable groups, (2) change for the better the attitudes of health providers toward customers, especially to the poor, (3) introduce and develop a culture of quality in public health, (4) increase the number of midwives through basic training, (5) ensure regular and adequate flow of funds to the health sector and strengthen financial management, (6) reform structures, management systems and procedures in the Ministry of Health to motivate staff, (7) provide further professional capacities to health staff, (8) provide more drugs and other medical facilities to public health hospitals and health centres, and (9) expand health information campaigns to the public.

2.5.4 Key challenges for meeting CMDG5 targets

Meeting the MDG targets in Cambodia will entail effectively responding to the following challenges:

- Improving access to public health services among poor women. The lack of physical access as well as the inability to afford health care costs act limit effective access to health care for many poor women;
- Increasing the health budget and ensuring regular flows of funds to sub-national levels for essential obstetric care including safe abortions;
- Increasing the number of skilled personnel and ensure their placement in under serviced areas. The lack of skilled personnel in remote and isolated areas limits access to safe delivery for many women;
- Expanding knowledge on the importance of reproductive health care among poor women, as well as the effectiveness of contraception and other means of family planning, especially among those living in isolated areas where traditional beliefs still dominate;
- Empowering women on issues of reproductive choice including contraceptive use.

2.5.5 Framework for meeting the key challenges and reaching CMDG5 targets

An effective response to the above-mentioned challenges will comprise the following elements:

- Ring-fenced public financial resources allocated to essential health services to ensure their future provision and regular flow to sub-national levels;
- Better targeted health expenditures to isolated and remote areas to extend safe motherhood and other outreach services such as immunization, antenatal care, contraception, nutrition counselling and monitoring;
- Greater numbers of trained midwives encouraged to work in remote rural areas through financial incentives;
- Improved management of the public health system to provide better quality health services to all women, including the poor. This includes moving toward a results-based management approach and expanding decentralization;
- Increased financial accessibility of poor women to health care through a number of policy options, in particular, user fee exemptions and micro-insurance schemes;
- Expanded information, education and communication (IEC) campaigns on safe motherhood, family planning etc. targeted at poor women and men.
- Information campaigns about the range of services available at public health facilities for women.

2.5.6 Regional discrepancies in meeting Cambodia MDG5 targets

Figure 2.5.2 illustrates a regional breakdown of the CMDG5 indicators by province. The values represent an equally weighted index of all CMDG5 indicators for which data are available. The resulting composite index presents a disaggregated picture of the country situation with respect to improve maternal health. Results of this exercise allow for a three-tier classification of provinces according to their index ranking. Provinces in green are those relatively better placed to achieve the targets; provinces in yellow, are those that are in intermediate position; and provinces in red, are those relatively worse placed to reach the targets by 2015. The latter are situated mainly in the north, northeast and center of the country.

Figure 2.5.2: CMDG5 Composite Index by Province
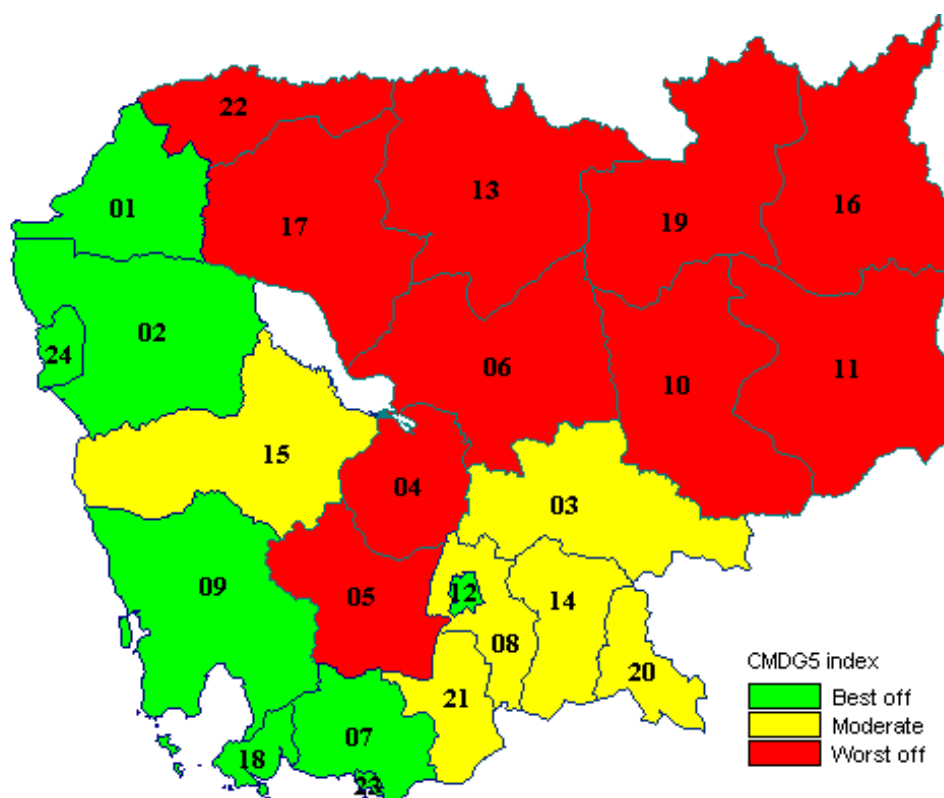
Note: The CMDG5 Index is the normalized weighted average of the provincial rankings on 5 CMDG5-indicator variables.

Table 2.5.3: CMDG5 Composite Index by Province

Code	Province	Indicator 5.2	Indicator 5.3	Indicator 5.4	Indicator 5.7	Indicator 5.8	CMDG5 Index
12	Phnom Penh	1.000	1.000	0.900	0.359	0.669	0.786
24	Pailin	0.429	0.425	1.000	1.000	0.875	0.746
02	Battambang	0.429	0.425	1.000	1.000	0.875	0.746
09	Koh Kong	0.476	0.242	0.300	0.705	1.000	0.545
18	Sihanoukville	0.524	0.244	0.600	0.609	0.718	0.539
23	Kep	0.524	0.244	0.600	0.609	0.718	0.539
07	Kampot	0.524	0.244	0.600	0.609	0.718	0.539
01	Banteay Meanchey	0.476	0.320	0.995	0.365	0.153	0.462
08	Kandal	0.595	0.533	0.400	0.051	0.605	0.437
20	Svay Rieng	0.667	0.135	0.650	0.359	0.363	0.435
14	Prey Veng	0.667	0.173	0.350	0.218	0.589	0.399
15	Pursat	0.405	0.091	0.300	0.635	0.238	0.334
03	Kampong Cham	0.500	0.137	0.250	0.301	0.444	0.326
21	Takeo	0.524	0.358	0.550	0.000	0.185	0.323
19	Steung Treng	0.405	0.371	0.150	0.263	0.367	0.311
13	Preah Vihear	0.405	0.371	0.150	0.263	0.367	0.311
10	Kratie	0.405	0.371	0.150	0.263	0.367	0.311
06	Kampong Thom	0.476	0.044	0.450	0.391	0.097	0.292
04	Kampong Chhnang	0.262	0.060	0.300	0.058	0.718	0.279
05	Kampong Speu	0.405	0.040	0.050	0.160	0.387	0.208
17	Siem Reap	0.405	0.000	0.250	0.288	0.000	0.189
22	Otdar Meanchey	0.405	0.000	0.250	0.288	0.000	0.189
16	Rotanakiri	0.000	0.029	0.000	0.205	0.250	0.097
11	Mondulkiri	0.000	0.029	0.000	0.205	0.250	0.097

Source: MOP & MOH 2001.

2.6 GOAL 6: COMBAT HIV/AIDS, MALARIA, AND OTHER DISEASES

Goal 6 aims at halting and even reversing the spread of HIV/AIDS, the incidence of malaria and other major diseases such as tuberculosis.

2.6.1 CMDG6 indicators and targets

Table 2.6.1 presents in the left column the generic list of targets and indicators proposed by the United Nations while the right column indicates the targets and indicators chosen by the RGC after consulting major stakeholders.

Table 2.6.1: Contextualizing the MDG6 into CMDG6

Global MDG6	Cambodia MDG6
Target 7: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	**Overall target 11**: Decreasing the spread of HIV/AIDS
Indicator 18: *HIV prevalence rate among 15-24 old pregnant women*	**Indicator 6.1**: *HIV prevalence rate among adults aged 15-49*
	Indicator 6.2: *HIV prevalence rate among pregnant women aged 15-24 visiting ANC*
Indicator 19: *Condom use rate of the contraceptive prevalence rate*	**Indicator 6.3**: *Condom use rate among commercial sex workers during last commercial sexual intercourse*
	Indicator 6.4: *Percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner*
	Indicator 6.5: *Proportion of condom use reported by married women who identified themselves at risk*
Indicator 20: *Number of children orphaned by AIDS*	**Indicator 6.6**: *Percentage of HIV infected pregnant women attending ANC receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT*
	Indicator 6.7: *Percentage of people with advanced HIV infection receiving antiretroviral combination therapy*
Target 8: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	**Overall target 12**: Decreasing the spread of malaria, DF and TB
Indicator 21: *Prevalence and death rates associated with malaria*	**Indicator 6.8**: *Malaria case fatality rate reported by public health sector*
Indicator 22: *Proportion of population in malaria risk areas using efficient malaria prevention and treatment measures*	**Indicator 6.9**: *Proportion of population at high risk who slept under insecticide-treated bed nets during the previous night*
	Indicator 6.10: *Number of malaria cases treated in the public health sector per 1 000 population*
	Indicator 6.11: *Proportion of public health facilities able to confirm malaria diagnosis according to national guidelines with 95% accuracy*
	Indicator 6.12: *Number of dengue cases treated in the public health sector per 1000 population*
	Indicator 6.13: *Dengue case fatality rate reported by public health facilities*
Indicator 23: *Prevalence and death rates associated with tuberculosis*	**Indicator 6.14**: *Prevalence of smear-positive TB per 100 000 population*
	Indicator 6.15: *TB deaths rate per 100 000 population*
Indicator 24: *Proportion of TB cases detected and cured under DOTS*	**Indicator 6.16**: *Proportion of all estimated new smear-positive TB cases detected under DOTS*
	Indicator 6.17: *Proportion of registered smear-positive TB cases successfully treated under DOTS*

Table 2.6.2 presents benchmark and target values for CMDG6 indicators at key time horizons. The benchmark years are the most recent available figures.

Table 2.6.2: Benchmark and target values for CMDG6 indicators at key time horizons

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2015
6.1 HIV prevalence rate among adults aged 15-49	3.3%	1997	2.3	2.0	1.8
6.2 HIV prevalence rate among pregnant women aged 15-24 visiting ANC	2.8%	1998	2.4	2.0	1.5
6.3 Condom use rate among commercial sex workers during last commercial sexual intercourse	91%	2002	98	98	98
6.4 Percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner	82%	2002	85	90	95
6.5 Proportion of condom use reported by married women who identified themselves at risk	1%	2000	2	5	10
6.6 Percentage of HIV infected pregnant women attending ANC receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT	2.7%	2002	10	35	50
6.7 Percentage of people with advanced HIV infection receiving antiretroviral combination therapy	3%	2002	25	60	75
6.8 Malaria case fatality rate reported by public health sector	0.4%	2000	0.3	0.2	0.1
6.9 Proportion of population at high risk who slept under insecticide-treated bed nets during the previous night	24%	1998	80	95	98
6.10 Number of malaria cases treated in the public health sector per 1 000 population	11.4	2000	9	7	4
6.11 Proportion of public health facilities able to confirm malaria diagnosis according to national guidelines with 95% accuracy	60%	2002	70	80	95
6.12 Number of dengue cases treated in the public health sector per 1000 population	1	2001	0.8	0.6	0.4
6.13 Dengue case fatality rate reported by public health facilities	1.5%	2003	1	0.5	0.3
6.14 Prevalence of smear-positive TB per 100 000 population	428	1997	321	214	135
6.15 TB deaths rate per 100 000 population	90	1997	68	45	32
6.16 Proportion of all estimated new smear-positive TB cases detected under DOTS	57%	2002	70	>70	>70
6.17 Proportion of registered smear-positive TB cases successfully treated under DOTS	89%	2002	>85	>85	>85

Note: For indicators 6.1 & 6.2, 1997 & 1998 have been selected as the benchmark years since at that time, it was a serious response to the epidemic started. In many more cases, the benchmarks represent only data available.

2.6.2 HIV/AIDS

2.6.2.1 Past trends and gap analysis for CMDG6 indicators on HIV/AIDS

The HIV prevalence rate in the adult (15-49) population fell from 3.3 percent to 2.6 percent between 1997 and 2002. A linear trend extrapolation would suggest that Cambodia will meet its CMDG target of 1.8 percent in 2015. As elsewhere in this document, the linear projection of past trends should be treated with caution as many factors may change such as the life span of those infected with the virus, and behavioural patterns.

Figure 2.6.1: Trends and targets in HIV prevalence among adults aged 15-49
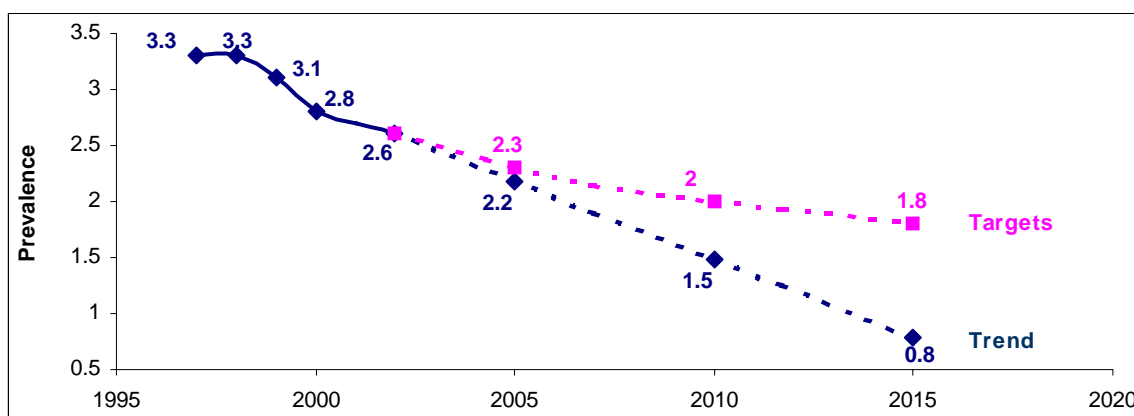
Source: NCHADS, 2002

HIV prevalence rate among pregnant women (15-24) attending ANC increased from 0.75 percent to 2.73 percent between 1993 and 2002. This proxy indicator for mother-to-child transmission is still very high and unlikely to decrease anytime soon. As a consequence, additional efforts will be required to reach the target 1.5 percent by 2015.

Figure 2.6.2: Trends and targets in HIV prevalence among pregnant women aged 15-24 visiting ANC
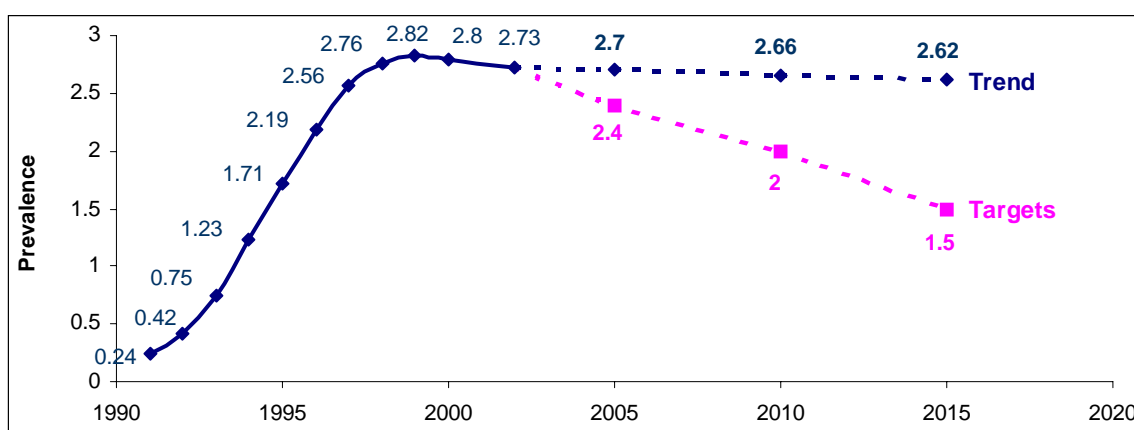
Source: NCHADS, 2002

Cambodia has realized impressive gains in condom use among direct sex workers. This indicator has increased rapidly from 16% to a little more than 91 percent between 1996 and 2002, which puts Cambodia well on track to reach its CMDG target of 100 percent condom use. It should be noted, however, that the use of condoms by indirect sex workers is far lower, at around 56 percent (NCHADS, 2002a).

For a number of indicators, there are no time series data which allow to project trends, including: the percentage of young people age 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner, 82 percent in 2002 (NCHADS, 2002a); the proportion of condom use reported by married women who identified themselves at risk, 1 percent in 2000 (MOP & MOH, 2001); the percentage of HIV infected pregnant women attending ANC receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT, 2.7 percent in 2002 (NAA, 2003); the percentage of people with advanced HIV infection receiving antiretroviral combination therapy, 3 percent (NAA, 2003). The proposed target for these indicators are set respectively at 95, 10, 50 and 75 percent by 2015.

2.6.2.2 Major current policies and programs contributing to HIV/AIDS targets

The NAA, comprised of 26 Ministries, is the apex body created to lead a multi-sectoral response to HIV/AIDS. The Ministry of Health (MOH) and the National AIDS Authority (NAA) have prepared a national strategic plan for reducing HIV/AIDS in Cambodia and providing care and support to people living with HIV/AIDS (PLWAH). The national strategic plan for HIV/AIDS and STI prevention and care (2001-2005) focuses on three elements: 1) the need to reduce transmission in high risk situations, 2) the need for health education and prevention efforts among the general population and 3) the need to equip the health system to cope with increased demand. In addition, NAA vision is unfolded in the "National Strategic Plan for a Comprehensive and Multi-Sectoral Response to HIV/AIDS, 2001-2005", which relying on the observation of two complementary approaches has emerged, advocates a shift in paradigm. The first approach concentrates on influencing individuals to understand that safe behaviour is a more attractive option, whereas the second focuses in changing aspects of the existing socio-economic context to support individuals to protect themselves from HIV infection and to cope with the consequences of HIV/AIDS. Based upon this framework seven strategies have been designed (NAA, 2001):

- Empowering the individual, the family and community in preventing HIV and dealing with the consequences of HIV/AIDS through the promotion of a social, cultural and economic environment that is conducive to the prevention, care, and mitigation of HIV/AIDS;
- Enhancing legislative measures and policy development;
- Strengthening the managerial structures, processes and mechanism to increase the capacity for coordinating, monitoring, and implementing HIV/AIDS actions, and enhance cooperation with stakeholders at national and international level;
- Strengthening and expanding preventive measures which have proved to be effective and piloting other interventions;
- Strengthening and expanding effective actions for care and support which have proved to be effective and piloting "new" interventions;
- Strengthening national capacity for monitoring, evaluation and research;
- Mobilizing resources to ensure adequate human capacity and funding at all levels.

The NAA have been responsible for policy development, strengthening partnership relations with all stakeholders: coordinating the multi-sectoral response to HIV/AIDS; mobilizing resources from national and international institutions and agencies; advocating for legislative support and for research on the socio-economic impact of HIV/AIDS; coordinating the research agenda, and reviewing; approving IEC program in all sectors. It aims to lessen the vulnerability of women and girls to HIV/AIDS and to increase their status by seeking to offset prevailing discriminatory attitudes in society especially among men. The National Centre for HIV/AIDS, Dermatology, and STDs (NCHADS) is responsible for the national sentinel surveillance systems and the implementation of programs for HIV/AIDS affected population. In addition, a Law on the Prevention and Control of HIV/AIDS was adopted by National Assembly on 14 June last year.

In the NPRS, the HIV/AIDS prevention and elimination strategy is headed by NAA. The policy aims at: (i) strengthening partnership relations with all stakeholders and coordinate the multi-sectoral response to HIV/AIDS, (ii) mobilizing resources from national and international institutions and agencies, (iii) promoting public information and education in terms of HIV/AIDS awareness, (iv) creating specific programs for different sub-populations, (v) strengthening and expanding preventive programs, targeting mother-to-child transmission, and other programs such as peer education, blood safety, and universal precautions.

In the SEDPII, a strategic plan for HIV/AIDS/STI prevention and care for the period 2001-2005 has been developed by the Ministry of Health and the NCHADS. The goals of this strategic plan are: 1) to reduce new infections of HIV; 2) to provide care and support to people living with and affected by HIV/AIDS; and 3) to alleviate the socio-economic and human impact of AIDS on individual, families, communities and society.

2.6.2.3 Key challenges for meeting HIV/AIDS targets

The major challenges that need to be overcome for meeting the HIV/AIDS targets are the following:

- Changing popular perceptions and behavioural patterns with respect to condom use, illicit drug use, sexual behaviour, HIV/AIDS transmission mechanism, and reducing stigmatisation for PLWHA;
- Improving data collection and analysis on the status, trends and socioeconomic impact of the epidemic;
- Improving and expanding support program for PLWHA with emphasis on community-based care;
- Increasing access to ARV treatments;
- Addressing gender discrimination through educational campaigns and the empowerment of women.
- Building institutional and individual capacities, and enhancing financial management and accountability.
- Improving coordination and partnerships between various sectors including the private-public and religious organizations, PLWHA and the arrangements for the working of these partnerships.

2.6.2.4 Framework for meeting the key challenges and reaching HIV/AIDS targets

To address the key challenges listed above and reach HIV/AIDS targets, the following strategic orientations are to be followed:

- Information, education and communication campaigns oriented towards the general population about safe sexual behaviour, HIV/AIDS transmission mechanisms, non-stigmatisation of people vulnerable to living with HIV/AIDS and their families, sexual exploitation of women and cultural norms which perpetuate stereotypes about female sexuality;
- Reinforce information systems as well as strengthening monitoring and impact assessment mechanisms to track the spread and effects of the virus;
- Strengthen care facilities for PLWHA through partnerships at operational levels with key stakeholders and community-based participation in the provision of care;
- Implementing a comprehensive continuum of care through access to social and health services with increase financing for ARV treatments for PLWHA;
- Expand preventive program for MTCT including promotion of voluntary counselling and testing (VCT) services for pregnant women;

2.6.3 Malaria and dengue fever (DF)

2.6.3.1 Past trends and gap analysis for CMDG6 indicators on malaria and DF

The official indicator adopted by MOH to monitor the progress of malaria, the case fatality rate, has declined from 0.69 percent in 1996 to 0.38 percent in 2002 (NMC, 2002). At this pace, Cambodia is well on track to meet the MDG target of 0.1 percent in 2015.

A second indicator, the proportion of population at high risk who slept under insecticide-treated bed nets (ITN) during the previous night, has increased to 57 percent from 24 percent between 1998 and 2002 (NMC, 2002). Once again, at this rate, Cambodia will meet its MDG target of 98 percent by 2015.

There are two additional indicators for which no trend data exist. The number of malaria cases treated in the public health sector per 1 000 population was at 11.4 in 2000 (NMC, 2000) which compares to the target of 4 in 2015. The proportion of public health facilities able to confirm malaria diagnosis according to national guidelines with 95 percent accuracy was at 60 percent in 2002 (NMC, 2002), while the MDG target stands at 95 percent in 2015.

Cambodia is one of the countries most affected by dengue fever in the South East Asian peninsula, and has had a number of serious epidemics over the last decade. Two indicators related to DF adopted by MOH include: the number of dengue cases treated in the public health sector per 1000 population, which stood at 1 per 1000 population in 2001; the dengue case fatality rate reported by the public health facilities that was at 1.5 percent in June 2003 (NMC, 2003). No trend data exist for these indicators whose target values for 2015 are 0.4 per 1000 population and 0.3 percent respectively.

2.6.3.2 Major current policies and programs contributing to malaria and DF targets

National malaria control program

The national malaria control program has four departments overseeing programs implementation within the National Malaria Centre (CNM): 1) prevention and health education, 2) diagnostics, 3) treatment and 4) epidemiology and operational research. The four main strategies and the three key interventions within CNM are:

The CNM following four strategic orientations are:

1. Strengthening the institutional capacity of the national malaria control program at central as well as peripheral levels;
2. Improving malaria case management for all segments of the population;
3. Improving preventive measures to protect population groups at risk;
4. Increasing the coverage and effectiveness of IEC for those residing in areas of risk.

The focus is on strategic orientations 3 and 4, i.e., the distribution of Insecticide Treated Bed Nets (ITN) by the National Malaria Centre and NGOs to all communities in endemic areas and the encouragement of people to use them to protect themselves against mosquito bites. The ITN distribution is a combined effort of National Malaria Centre, Provincial Health Department, Operational Districts, Health Centre staff and local authorities. Most important is the involvement of community leaders and the people themselves.

Key interventions of the CNM include:

1. Application of pre-packaged combination therapy following diagnosis by dipstick/microscopy;
2. Distribution of insecticide treated bed nets following a stratification of the malarial areas in the country;
3. Social marketing of dipsticks, and malarial combination-malarine and insecticide treated hammock nets.

National dengue control program

The National Dengue Control Program (NDCP) based at the NMC, the MOH is directly responsible for DHF control. In line with the WHO global strategy in the prevention and control of DF/DHF in 1999, the MOH Cambodia identified two major goals of DHF control:
1. To prevent childhood mortality due to DHF, by strengthening clinical management and seeking early hospitalisation,
2. To reduce morbidity of DF/DHF through the implementation of appropriate vector control interventions.

The control program has been supported by USAID under its global umbrella grant to implement the following five key elements:
1. Improve epidemic preparedness and control,
2. Epidemiological surveillance of DF/DHF, prediction of epidemic risk, early warning of outbreak,
3. Prevention of DF/DHF transmission,
4. Training of health workers in management of DF/DHF and
5. Promotion of dengue control in collaboration with other sectors.

The national control program with the technical back up from the WHO has committed to implement key control elements since 2001 and had achieved significant reduction of case mortality from 3 in 1998 to 1.5 percent in June 2003. The five-year strategic plan from the MOH has set the target at 1 percent by the end of 2005. Improved disease surveillance based on health information system has ensured a timely case reporting from the hospitalised cases nationwide. Through WB financial support as from 2003 to 2007, a more sustainable prevention and control program could then be in place to realize the program goal.

2.6.3.3 Key challenges for meeting malaria and DF targets

The key challenges for meeting malaria and DF targets are the following:

- Reducing financial barriers among the poor to effective malarial preventions by subsidizing the cost of preventive measures and/or increasing rural incomes;
- Increasing awareness about the effectiveness of proper preventive and curative measures including reduction of the propagation of malaria vectors, use of ITNs, etc.;
- Promoting the distribution of ITN and malaria treatments to inhabitants of poor, rural areas where the disease is endemic.
- Increasing staff managerial and technical capacity of the national control program and the provincial health department and municipalities,
- Promoting community participation and mobilization to suppress the high vector breeding density in both urban and rural areas,
- Expanding pipes water supply and household sanitation program to reduce number of potential water storage containers,
- Strengthening vector control activities to focus on water storage jars by using existing or new vector control tools (mechanical, biological and chemical)

2.6.3.4 Framework for meeting the key challenges and reaching malaria and DF targets

To overcome the key challenges and reach the malaria and DF targets, the key orientations are as follows:
- Information, education and communication campaigns of the general population in infected areas about appropriate measures of malaria preventions and cure, and addressing mistaken traditional beliefs;
- Increased budgetary outlays to fight malaria along with enhanced efficiency in current program performance through expansion of results-based management of the public health system, and changes in the incentives structure to reward health agents posting and programs made against malaria in endemic zones;
- Improved availability of ITN and anti-malarial drugs in infected areas through better transportation infrastructure, more equitable distribution of given supplies, improved health service delivery and greater servicing of endemic areas by health care workers;
- Better coordination among key stakeholders in the fight against malaria.
- Increased budgetary allocation for implementation of prevention and control of DF/DHF at the provincial and municipality levels,
- Improved case diagnosis and technical management in both public and private sectors,
- Strengthened program management and staff capacity at all levels, including provincial health department,
- Sustained community participation efforts using appropriate social mobilization strategy,
- Adopted "integrated vector control management" approached as disease vector control strategy at all high-risk areas.

2.6.4 Tuberculosis

Cambodia is among the 23 countries in the world with a high burden of TB. According to the WHO experts meeting in Manila in 1997, it is estimated that 64% of the total population especially those living in unhygienic and overcrowded conditions have been infected with TB.

2.6.4.1 Past trends and gap analysis for CMDG6 indicators on tuberculosis

There are two indicators used by the MoH to monitor TB for which no trend data exist. The prevalence of smear-positive TB per 100 000 population was 428 in 1997 (Dye et al., 1999), which compares to the MDG target of 135 by 2015. In addition, the TB death rate per 100 000 population was 90 in 1997 (Dye et al., 1999) while the MDG target is set at 32 for 2015.

The proportion of all estimated new smear-positive TB cases detected under DOTS has increased from 51 to 57 percent between 2001 and 2002 (MOH, 2002), which suggests that the MDG target exceeding 70 percent in 2015 will be achieved. As in other sections, caution should be exercised when extrapolating from past trends as factors underlying this trend may change.

The proportion of registered smear-positive TB cases successfully treated under DOTS has increased from 88 in 2001 to 89 percent in 2002 (MOH, 2002) which already exceeds the MDG target of 85 percent in 2005.

2.6.4.2 Major current policies and programs contributing to tuberculosis targets

The National Tuberculosis Control Program (NTP) has been operating under the responsibility of the National Centre for Tuberculosis and Leprosy Control (CENAT) and within the overall national health system. A new five-year plan (2001-2005) for TB control was released in 2001, along with a new national health framework endorsed by the Ministry of Health. By the

end of 2005, DOTS should be available in the 946 health centres (one facility per 10 000 population) that are being developed or built throughout the country, adding to the 8 national hospitals and 68 referral hospitals.

CENAT has launched many health education initiatives through the mass media to encourage those with signs and symptoms of TB to go to the nearest health centre or hospital for investigation and subsequent treatment. The treatment is free of charge and TB patients also receive food provided by the World Food Program (WFP) during the course of their treatment. The main goal of NTP is to improve health outcomes so as to promote socio-economic development and poverty reduction. National health policies for TB control 2001-2005 include five main policy statements:

- CENAT assumes overall responsibility for the NTP to be implemented countrywide through the health care delivery system in Cambodia;
- NTP ensures, according to the national protocol and guidelines, good quality, curative, preventive and promotive TB services, which are accessible to the community and free of charge;
- MOH will seek to ensure that financial inputs from all sources for all TB control activities are fully mobilized and used effectively and efficiently in TB control, that there is uninterrupted supply of good quality TB drugs and that priority is given to investment in human and material resources for TB control activities;
- NTP will strengthen the information system and promote research activities in order to better manage the program. Research topics include the epidemiological patterns of the disease, health-seeking behaviour and other issues related to TB in Cambodia;
- Both internal and external partnerships should be seen as core elements in achieving NTP objectives. All resources should be mobilized and coordinated to improve TB control activities at all levels within and outside the health care system.

2.6.4.3 Key challenges for meeting tuberculosis targets

In order to achieve the remaining MDG targets related to TB, the following challenges must be systematically addressed:

- Increasing capacity of staff at all levels, especially in planning, management, and implementing DOTS as well as addressing incentive problems for public sector employees;
- Tackling simultaneously issues of HIV/AIDS, poverty, housing/sanitation and TB;
- Reducing the opportunity cost of TB treatment due to the loss of income during the long treatment period;
- Increasing awareness of signs and symptoms of TB as well as proper application of the prescribed treatment regime;
- Strengthening participation of other partners in TB control such as the private sector, NGOs, community-based organizations and other government bodies in the detection and treatment of TB.

2.6.4.4 Framework for meeting the key challenges and reaching tuberculosis targets

To overcome the key challenges and reach the MDG targets, the major orientations are as follows:

- Increased budgetary allocation to fighting TB as well as more efficient use of those resources by expanding result-based management of the public health system;

- Improved capacity of staff at all levels, especially capacity in planning, management and implementing DOTS;
- Expanded DOTS program and extended HC/HP for TB treatment at the community level.
- Information, education and communication campaigns for the general population about proper TB prevention, detection and cure.

2.6.5 Regional discrepancies in meeting Cambodia MDG6 targets

Figure 2.6.5 illustrates a regional breakdown of the CMDG6 indicators by province. The values represent an equally weighted index of all CMDG6 indicators for which data are available. The resulting composite index presents a disaggregated picture of the country situation with respect to combat HIV/AIDS, malaria and other diseases. Results of this exercise allow for a three-tier classification of provinces according to their index ranking. Provinces in green are those relatively better placed to achieve the targets; provinces in yellow, are those that are in intermediate position; and provinces in red, are those relatively worse placed to reach the targets by 2015. The latter are situated mainly in the northwest and south of the country.

Figure 2.6.5: CMDG6 Composite Index by Province
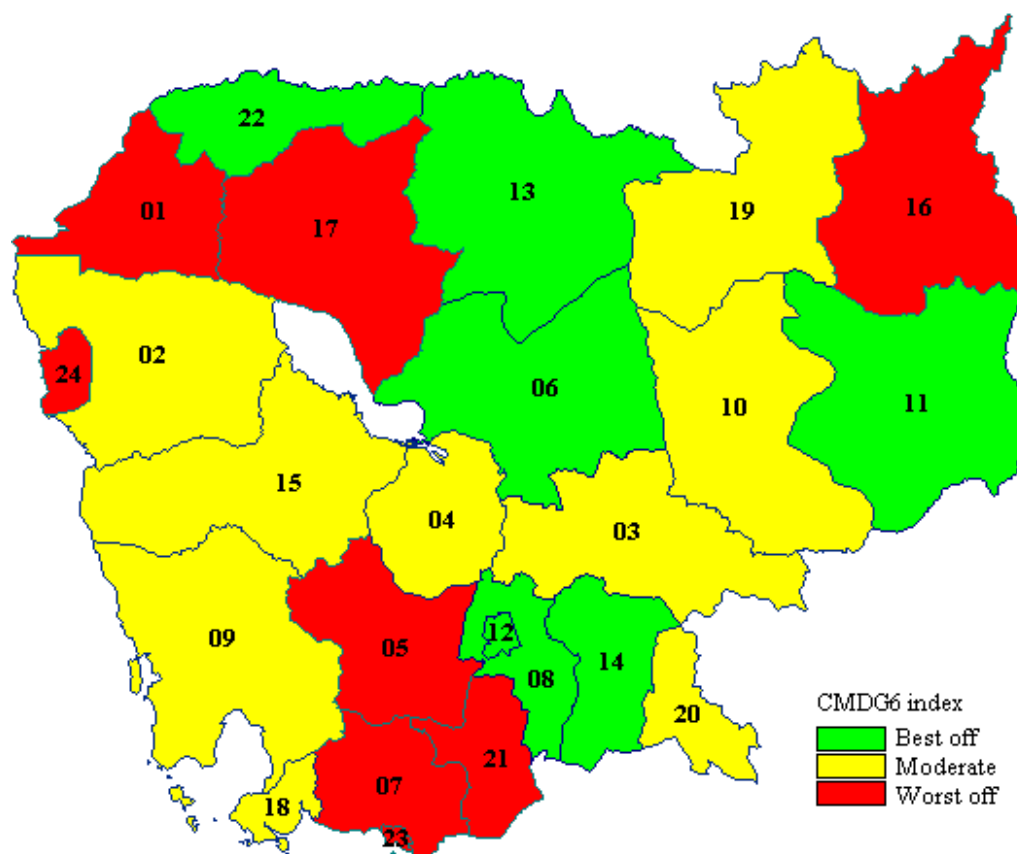
Note: The CMDG6 Index is the normalized weighted average of the provincial rankings on 4 CMDG6-indicator variables.

Table 2.6.3: CMDG6 Composite Index by Province

Code	Provinces	Indicator 6.2	Indicator 6.10	Indicator 6.12	Indicator 6.14	CMDG6 Index
22	Otdar Meanchey	n.a.	0.123	0.000	n.a.	0.938
13	Preah Vihear	0.000	0.310	0.027	0.190	0.868
11	Mondulkiri	n.a.	0.387	0.011	0.146	0.819
08	Kandal	0.000	0.037	0.297	0.438	0.807
14	Prey Veng	0.137	0.044	0.187	0.452	0.795
12	Phnom Penh	0.471	0.000	0.104	0.266	0.790
06	Kampong Thom	0.373	0.057	0.126	0.491	0.738
03	Kampong Cham	0.157	0.352	0.363	0.187	0.735
15	Pursat	0.176	0.283	0.429	0.171	0.735
20	Svay Rieng	0.235	0.129	0.115	0.612	0.727
19	Steung Treng	0.549	0.549	0.099	0.000	0.701
04	Kampong Chhnang	0.392	0.140	0.258	0.483	0.682
09	Koh Kong	0.725	0.413	0.093	0.069	0.675
02	Battambang	0.765	0.324	0.027	0.215	0.667
18	Sihanoukville	0.255	0.174	0.511	0.431	0.657
10	Kratie	0.490	0.292	0.566	0.202	0.612
07	Kampot	0.098	0.371	1.000	0.148	0.596
23	Kep	n.a.	0.262	n.a.	0.556	0.591
16	Ratanakiri	0.843	0.282	n.a.	0.154	0.574
21	Takeo	n.a.	0.150	0.802	0.367	0.560
05	Kampong Speu	0.549	0.224	0.407	0.601	0.555
01	Banteay Meanchey	1.000	0.176	0.379	0.235	0.552
17	Siem Reap	0.882	0.352	0.016	0.732	0.504
24	Pailin	0.922	1.000	0.187	1.000	0.223

Note: Weights have been adjusted whenever data are missing.
Sources: NCHADS 2002, MOH 2000 & MOH 2000a).

2.7 GOAL 7: ENSURE ENVIRONMENTAL SUSTAINABILITY

Goal 7 aims at integrating the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources, maintain forest coverage, promote access to safe drinking water and secure land tenure.

2.7.1 CMDG7 indicators and targets

Table 2.7.1 presents in the left column the generic list of targets and indicators proposed by the United Nations while the right column indicates the overall and specific targets chosen by the RGC after consulting major stakeholders.

Table 2.7.1: Contextualizing the MDG7 into CMDG7

Global MDG7	Cambodia MDG7
Target 9: Integrate the principles of sustainable development into country policies and programs and reverse the loss of environmental resources	**Overall target 13**: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources
Indicator 25: Proportion of land area covered by forest	*Indicator 7.1: Forest coverage as a % of total area*
Indicator 26: Land area protected to maintain biological diversity	*Indicator 7.2: Surface of protected areas*
	Indicator 7.3: Surface of forest protected areas
	Indicator 7.4: Number of rangers in protected areas
	Indicator 7.5: Number of rangers in forest protected areas
	Indicator 7.6: Proportion of fishing lots released to local communities
	Indicator 7.7: Number of community-based fisheries
	Indicator 7.8: Surface of fish sanctuary
Indicator 27: GDP per unit of energy use (as proxy for energy efficiency)	*Indicator 7.9: Fuel wood dependency*
Indicator 28: Carbon dioxide emissions (per capita) [Plus two figures of global atmospheric pollution: ozone depletion and the accumulation of global warming gases]	
Target 10: Halve by 2015 the proportion of people without sustainable access to safe drinking water	**Overall target 14**: Halve by 2015 the proportion of people without sustainable access to safe drinking water
Indicator 29: Proportion of population with sustainable access to an improved water source	*Indicator 7.10: Proportion of rural population with access to safe water source*
	Indicator 7.11: Proportion of urban population with access to safe water source
Target 11: By 2020 to have achieved a significant improvement in the lives of at least 100 million slum dwellers	**Overall target 15**: Halve by 2015 the proportion of people without sustainable access to improved sanitation
Indicator 30: Proportion of people with access to improved sanitation	*Indicator 7.12: Proportion of rural population with access to improved sanitation*
	Indicator 7.13: Proportion of urban population with access to improved sanitation
Indicator 31: Proportion of people with access to secure tenure	**Overall target 16**: Increase the proportion of the population in both urban and rural areas with access to land security by 2015
	Indicator 7.14: Percentage of land parcels having titles in both urban and rural areas

Table 2.7.2 presents benchmark and target values for CMDG7 indicators at key time horizons. The benchmark year vary according to data availability.

Table 2.7.2: Benchmark and target values for CMDG7 indicators at key time horizons

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2015
7.1: Forest coverage as a percentage of total area	60	(1)	60	60	60
7.2: Surface of 23 protected areas (million hectares)	3.3	1993	3.3	3.3	3.3
7.3: Surface of 6 new forest-protected areas (million hectares)	1.35	1996	1.35	1.35	1.35
7.4: Number of rangers in protected areas	600	2001	772	987	1,200
7.5: Number of rangers in forest protected areas	500	2001	500	500	500
7.6: Proportion of fishing lots allocated to local communities (percent)	56	1998	58	60	60
7.7: Number of community-based fisheries	264	2000	364	464	589
7.8: Surface of fish sanctuary (thousand ha)	264	2000	581	581	581
7.9: Fuel wood dependency (percentage of household)	92	1993	70	61	52
7.10: Proportion of rural population with access to safe water source	24	1998	30	40	50
7.11: Proportion of urban population with access to safe water source	60	1998	68	74	80
7.12: Proportion of rural population with access to improved sanitation	8.6	1998	12	20	30
7.13: Proportion of urban population with access to improved sanitation	49	1998	59	67	74
7.14: Percentage of land parcels having titles in both urban and rural areas[11]	15	2000	16	32	65

(1) The benchmark is the average forest coverage in the last decade (1992-2002).
Note: Figures have been rounded.

2.7.2 Past trends and gap analysis for CMDG7 indicators

In 1969, forests covered 13.2 million hectares or 73 percent of the country's total area. Until the early 1970s, forest management practices resulted in low impacts on forest ecosystems. Forest areas were classified into forest reserves that were managed according to their functions, with emphasis on sustainable production, protection, and the establishment of wildlife sanctuaries, research and the preservation of the natural areas surrounding Angkor Wat.

Forest cover declined to 58.7 percent of Cambodia's total area by 1997 despite the re-plantation of 11,125 hectares between 1985 and 2002. The reduction in forest cover between the 1960s and 2002 amounted to almost 2 million ha which represents a rate of reduction of less than a half a percentage point per year. At this rate, Cambodia will fall below its CMDG target of 60 percent from 2005 to 2015.

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[11] As data becomes available, future reports will create distinct indicators for urban and rural areas.

Figure 2.7.1: Trends and targets in forest cover as a percent of the country's total area
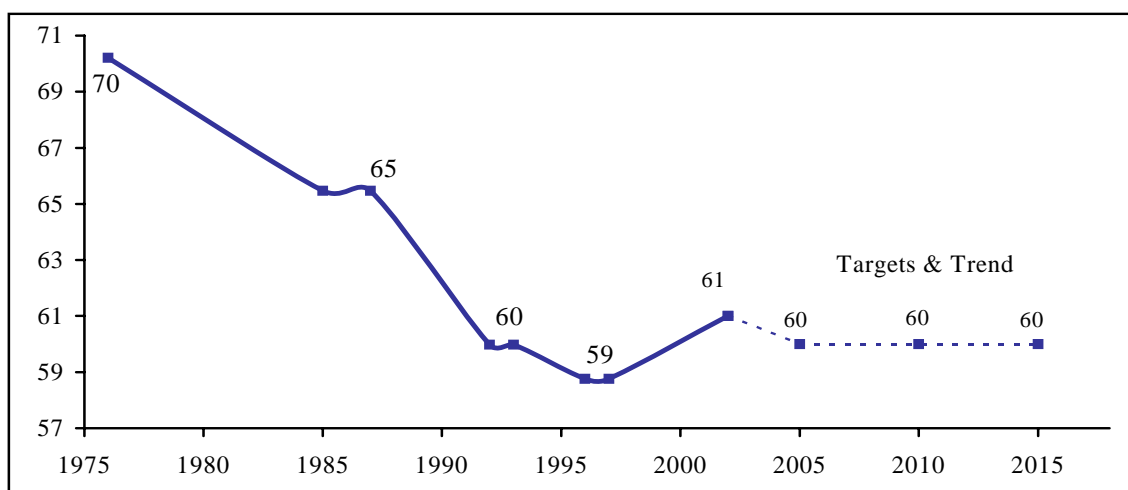
Data source: MAFF, 2003.

Surface of protected areas / Protected Forest Areas
A Royal Decree established the present system of protected areas in 1993. The total area under protection covers 3,273,200 ha while the total area of protected forest is 1,346,268 ha.

Number of rangers in protected areas and forest protected areas
The number of rangers increased steadily from 75 in 1998 to 600 in 2001, a figure which does not include some 50 rangers hired by international organisations to work in protected areas. There are 500 rangers in forest-protected areas, and this number will be maintained until 2015.

Proportion of fishing lots released to local communities
Since 1998, the government has released 56 percent of commercial fishing lots to local communities. This puts Cambodia on track to meet its CMDG target of 60 percent by 2010.

Number of community-based fisheries
Since 2001, the government has established 264 community-based fisheries with a view to reach 589 by 2015.

Surface of fish sanctuary
In 2000, the inland fish sanctuary was estimated at 264500 ha for preservation and breeding purposes. The Ministry of Agriculture, Forestry and Fisheries will expand the surface of fish sanctuary to 580800 ha by 2015.

Fuel wood Dependency (% of household)
In Cambodia over 92 percent of the population is dependant on fuel wood as its primary energy source. The government intends to reduce this figure to around 52 percent by 2015.

Proportion of rural and urban population with access to safe water source
Access to safe water supply is twice as high in urban than rural areas. The trend is upward in both rural and urban areas, though only in the former will Cambodia meet its CMDG target of 50 percent by 2015. In urban areas, it will fall short of its target of 80 percent by around 10 percentage points.

Figure 2.7.2: Data and targets in access to safe water in rural and urban areas
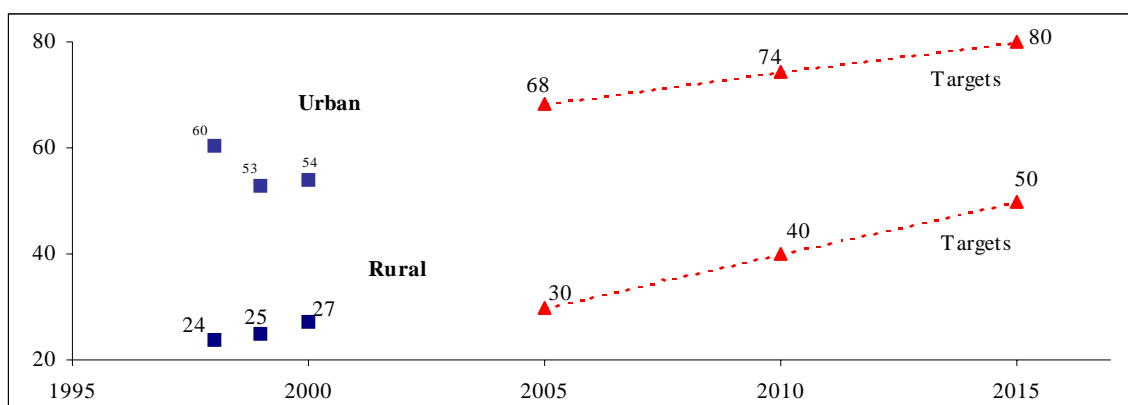
Data sources: NIS, 2000; MOP, 2000 and WHO/UNICEF, 2001

Proportion of rural and urban population with access to improved sanitation
In 1998, only 8.6 percent of the rural population and 49 percent of the urban population had access to improved sanitation. Progress has been made since then at a pace, which will enable the CMDG targets to be met by 2015. Linear projection suggest that at this rate, 100 percent of urban dwellers and 55 percent of rural dwellers will have access to improved sanitation which exceeds the targets of 74 and 30 percent respectively.

Figure 2.7.3: Data and targets in access to improved sanitation in rural and urban areas
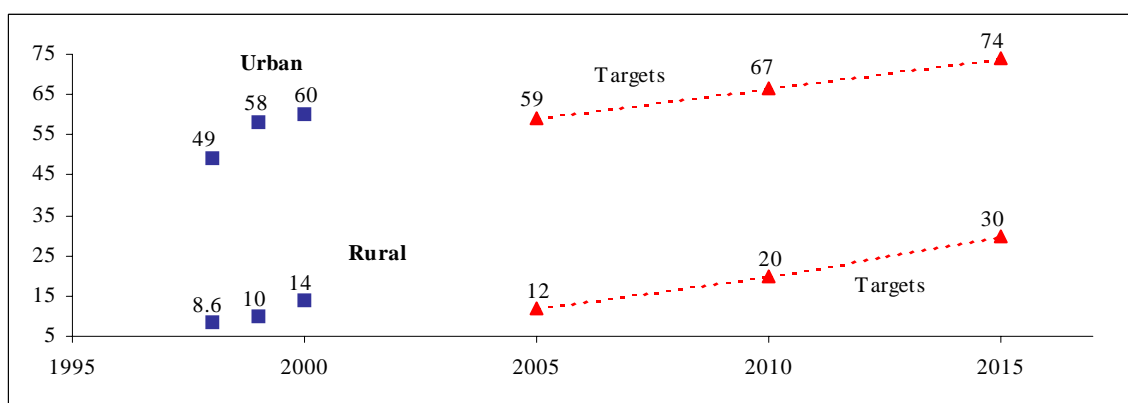
Data sources: NIS, 2000; MOP, 2000 and WHO/UNICEF, 2001

Percentage of land parcels having titles in both urban and rural areas
In 2000, according to estimates from the Ministry of Land Management, Urban Planning and Construction, only 15 percent of the total land parcels have been secured. Data constraints impede the estimation of the past trend. The government is committed to increase the land parcels, which are secure to 65 percent, both in urban and rural areas, by 2015.

2.7.3 Major current policies and programs contributing to CMDG7

In response to the unprecedented forest loss in recent years, a Forest Law was adopted by the National Assembly on 30 July 2002. In December 2002, the MAFF issued Prakas No 540 KSK on the Suspension of Forest Concession Logging Activities.

A comprehensive institutional framework for protected areas is being developed with roles for the Ministry of Environment (Department of Nature Conservation and Protection and provincial and municipal Departments of environment), the Ministry of Agriculture, Forestry

and Fisheries (Department of Fisheries, Department of Forestry and Wildlife and provincial and municipal DAFFs) and provincial, municipal and district authorities.

The Royal Government of Cambodia (RGC) energy policy aims at: (i) providing an adequate supply of energy throughout Cambodia, (ii) ensuring a reliable supply of electricity, (iii) encouraging the exploration, and environmentally and socially acceptable development of energy resources, and (iv) promoting an efficient use of energy and minimizing environmental effects resulting from energy supply and use.

The RGC has developed a land policy that aims at improving land tenure to strengthen the land market and halt or solve land conflicts, as well as ensuring land and natural resource use that is compatible with principles of equity and sustainable development.

The MDG target is in line with the Rural Water and Sanitation Strategy (RWSS), which have recently been endorsed in the Council of Minister's meeting in February 2003. The RWSS policy's vision for 25 years (2000-2025), states that "every person in rural communities has sustained access to safe water supply and sanitation services and lives in a hygienic environment by 2025". Means to achieve this end have been identified by the Multi-Water and Sanitation Working Group, which the Ministry of Rural Development heads.

2.7.4 Key challenges for meeting CMDG7 targets

A number of challenges will need to be addressed over the next decade by Cambodia to ensure environmental sustainability. Key challenges are the following:
- Strengthening community involvement in natural resource management with a view to provide incentives to use natural resources in a sustainable way. Innovative approaches will need to be found to promote a better balance between economic exploitation of those resources and their conservation. In addition, there is insufficient transparency and accountability in natural resource management, especially at the local level;
- Strengthening state land management through integration on providing land title, mapping and state land classification in order to register public land. Preservation, trading and concession, rent or transfer of state land for socio-economic development purpose are faced difficulties and lead to environmental degradation if those public land are not properly managed. With supports from donor countries, RGC is encouraging juridical norms in order to ensure managing public properties transparently, efficiently and accountability.
- Increasing public and private investment in water and sanitation and the production and distribution of alternative sources of energy. The World Bank has estimated that for the MDGs to be achieved, investment in water and sanitation must reach $600 million between now and 2015.
- Addressing the issue of energy substitution toward greater use of environment-friendly sources. The lack of investment in renewable energy has led the rural population to rely almost exclusively on wood to satisfy their energy requirements. The challenge is to create an environment conducive to investment in the production and distribution in rural areas of alternative and affordable sources of energy. By addressing these issues, the government will also reduce dependency on imported fuels;
- Ensuring coordination among government agencies and the international community. There is a significant overlap in the existing system whereby more than one ministry shares responsibility, leading to conflicts between the responsible authorities. The challenge of the RGC is to review the roles and responsibilities of government constituencies to improve efficiency in environmental policies and programs. The RGC needs to clarify the responsibility of line ministries towards rural and urban development

and reinforce coordination: (i) among government agencies; (ii) between government and donors and (iii) among donors;
- Reducing population growth rate in order to reduce pressure on natural resources due to the increasing demand for fuel wood, housing, water/sanitation and land. The challenge of the government is to have an effective family planning policy which reduces population growth;
- Improving government technical capacities and institutional arrangements in the area of environmental management and land use. The dearth of technical capacity is compounded by the cross-sectoral nature of environmental issues, which range from land management to biodiversity and forest management. This also creates problems in terms of institutional set up to address these multifaceted issues;
- Improving law enforcement because existing laws are not well implemented due to political influence, uncontrolled development, and wealthy people's interests. The challenge is to ensure law enforcement through the reform of justice, military and police to ensure transparency of public policies, fight against corruption and hold actors accountable;
- Ensuring that strategic and political commitments are implemented. Many strategic plans remain idle either because government lacks financial resources.

2.7.5 Framework for meeting the key challenges and reaching CMDG7 targets

There is a wide consensus that improved natural resource management could contribute significantly to the development process and assist in poverty reduction, rural development, and employment generation, if it is done in a sustainable way. Reaching this objective implies the following orientations:

- Improving systems of natural resource management to make them more transparent and predictable (in particular forest, water and wildlife) reflecting the scarcity and true value of those resources.
- Strengthen of institutional capacity to implement the Convention on Biodiversity, including efforts to strengthen the design and management of protected areas.
- Enforcement of Performance standards in the WATSAN sector.
- Reinforcement of monitoring of the implementation of natural resources strategies and laws.
- Reinforcing co-management for sustainable use of fuel wood resources.
- Conducting rigorous and participatory environmental assessments on the hydropower schemes in protected areas.
- Developing legal, administrative and technical frameworks to improve land tenure security, especially for highlanders.
- Conducting information, education and communication campaigns targeted to the population, especially women, to raise awareness of their land rights.
- Promoting alternative livelihoods for communities near protected areas, to reduce their dependency on forest resources.
- Promoting private investment in the energy sector, the water sector, and in the managed exploitation of forests by creating a favourable environment comprising: transparent equitable and enforced law, access to credit, capacity building, community involvement, reduced barriers to entry, and clear respective roles of ministries to reduce confusion between rural sector and urban sector issues.
- Greater recycling of used materials by industries.
- Better coordination between government agencies and donors.

2.7.6 Regional discrepancies in meeting Cambodia MDG7 targets

Figure 2.7.4 illustrates a regional breakdown of the CMDG7 indicators by province. The values represent an equally weighted index of all CMDG7 indicators for which data are available. The resulting composite index presents a disaggregated picture of the country situation with respect to environmental sustainability. Results of this exercise allow for a three-tier classification of provinces according to their index ranking. Provinces in green are those relatively better placed to achieve the targets; provinces in yellow, are those that are in intermediate position; and provinces in red, are those relatively worse placed to reach the targets by 2015. The latter are regrouped in the north and center-south of the country.

Figure 2.7.4: CMDG7 Composite Index by Province
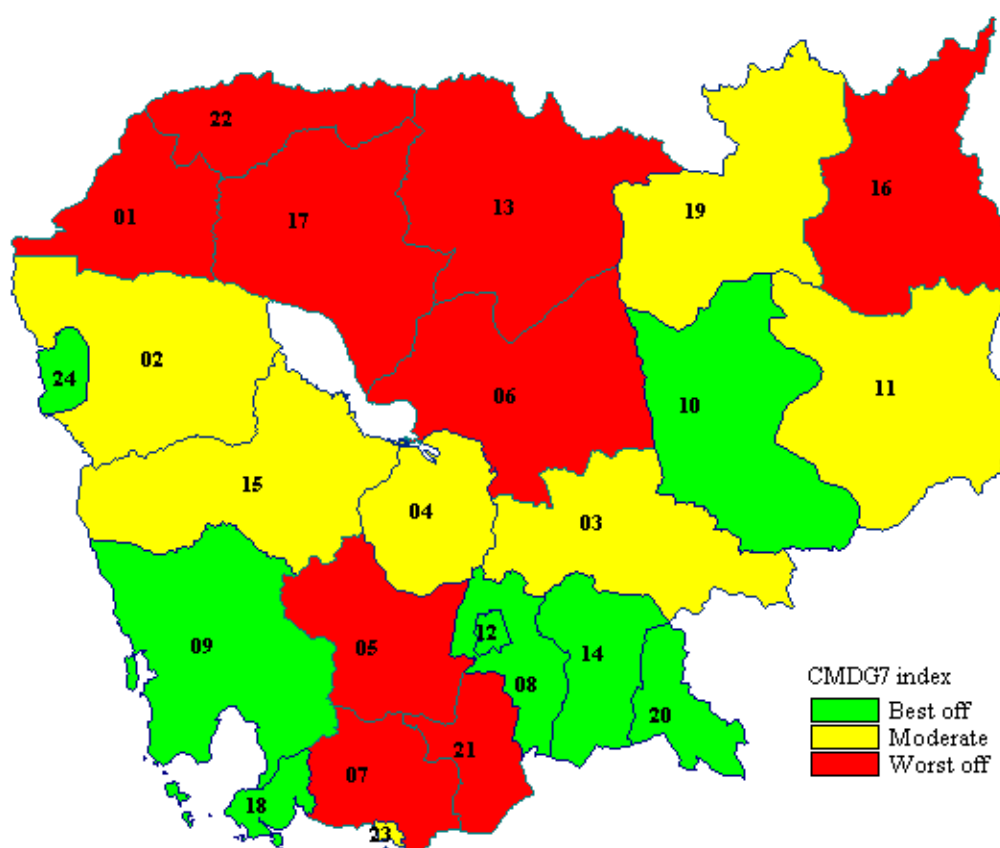
Note: The CMDG7 Index is the normalized weighted average of the provincial rankings on 4 CMDG7-indicator variables.

Table 2.7.3: CMDG7 Composite Index by Province

Code	Provinces	Indicators 7.12/7.13	Indicator 7.10/7.11	Progress in forest Coverage 93-97	Indicator 7.9	CMDG7 Index
12	Phnom Penh	1.000	1.000	1.000	0.955	0.989
20	Svay Rieng	0.101	0.689	0.923	0.155	0.467
14	Prey Veng	0.053	0.773	0.897	0.111	0.459
24	Krong Pailin	0.059	0.190	n.a.	1.000	0.416
08	Kandal	0.174	0.480	0.949	0.033	0.409
18	Shihanoukville	0.284	0.168	0.538	0.513	0.376
10	Kratie	0.179	0.377	0.872	0.054	0.370
09	Koh Kong	0.176	0.434	0.333	0.459	0.351
23	Krong Kep	0.132	0.259	0.974	0.036	0.350
03	Kampong Cham	0.139	0.244	0.949	0.029	0.340
02	Battambang	0.209	0.189	0.821	0.135	0.338
04	Kampong Chhnang	0.053	0.218	0.923	0.045	0.310
15	Pursat	0.099	0.102	0.897	0.060	0.290
11	Mondulkiri	0.066	0.072	0.846	0.014	0.250
19	Steung Treng	0.031	0.156	0.718	0.066	0.243
07	Kampot	0.088	0.112	0.641	0.085	0.231
06	Kampong Thom	0.174	0.010	0.692	0.048	0.231
13	Preah Vihear	0.031	0.113	0.769	0.000	0.228
05	Kampong Speu	0.037	0.281	0.333	0.029	0.170
17	Siem Reap	0.029	0.080	0.513	0.040	0.165
21	Takeo	0.051	0.155	0.231	0.038	0.119
16	Rotanakiri	0.024	0.024	0.385	0.038	0.117
01	Banteay Meanchey	0.115	0.189	0.026	0.104	0.108
22	Otdar Meanchey	0.000	0.000	0.000	0.017	0.004

Sources: MAFF (Dept. of Forestry and Wildlife) 2003; MOP 1998; MOP & MOH 2001; MRD 2003.

2.8 GOAL 8: FORGE A GLOBAL PARTNERSHIP FOR DEVELOPMENT

MDG8[12] represents a shared responsibility for an expanded partnership between advanced and developing countries. It involves a range of activities that span from official development assistance to debt; from international trade and finance to employment; from access to new technologies to intellectual property rights.

Table 2.8.1: Global Targets and Indicators

Targets	Indicators
Overall target 17: Develop further an open, rule-based, predictable, non-discriminatory trading and financial system Includes a commitment to good governance, development, and poverty reduction – both nationally and internationally	**- Official Development Assistance** **Indicator 8.1** Net ODA as percentage of DAC donors' GNI [targets of 0.7% in total and 0.15% for LDCs] **Indicator 8.2** Proportion of ODA to basic social services (basic education, primary health care, nutrition, safe water and sanitation)
Overall target 18: Address the Special Needs of the Least Developed Countries Includes tariff and quota free access for LDC exports; enhanced programme of debt relief for HIPC and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction	**Indicator 8.3** Proportion of ODA that is untied **Indicator 8.4** Proportion of ODA for environment in small island developing states **Indicator 8.5** Proportion of ODA for transport sector in land-locked countries **- Market Access** **Indicator 8.6** Proportion of exports (by value and excluding arms) admitted free of duties and quotas **Indicator 8.7** Average tariffs and quotas on agricultural products and textiles and clothing
Overall target 19: Address the Special Needs of landlocked countries and small island developing states (Through Barbados Programme and 22nd General Assembly provisions)	**Indicator 8.8** Domestic and export agricultural subsidies in OECD countries **Indicator 8.9** Proportion of ODA provided to help build trade capacity
Overall target 20: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	**- Debt Sustainability** **Indicator 8.10** Proportion of official bilateral HIPC debt cancelled **Indicator 8.11** Debt service as a percentage of exports of goods and services **Indicator 8.12** Proportion of ODA provided as debt relief **Indicator 8.13** Number of countries reaching HIPC decision and completion points
Overall target 21: In co-operation with developing countries, develop and implement strategies for decent and productive work for youth	**Indicator 8.14** Unemployment rate of 15-24 year old
Overall target 22: In co-operation with pharmaceutical companies, provide access to affordable, essential drugs in developing countries	**Indicator 8.15** Proportion of population with access to affordable essential drugs on a sustainable basis
Overall target 23: In co-operation with the private sector, make available the benefits of new technologies, especially information and communications	**Indicator 8.16** Telephone lines per 1000 people **Indicator 8.17** Personal computers per 1000 people Other Indicators To be Defined

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[12] The localization of global MDG8 into CMDG8 will be finished by CDC.

This report does not provide localized indicators, targets and a thorough analytical framework of this goal. However this should not be misinterpreted as an attempt to undermine the message embodied in the goal. The centrality of MDG8 on the overall MDG platform is widely recognized internationally as well as by the RGC. As such it deserves broad and inclusive consultations among all Cambodia's development partners. Unfortunately, the scope of the consultations and the length of such a process would extend well beyond the timeframe of the present document. In this regard, the Council for Development of Cambodia (CDC) is in the process of undertaking a comprehensive assessment of MDG8, which is scheduled for completion in the months ahead. From this assessment, the CDC intends to establish a mutually agreed accountability platform between the RGC and its development partners. Five issues are particularly relevant in the context of Cambodia: Overseas Development Assistance (ODA), Information Communication Technology (ICT), Partnership for Sustainable Development in Cambodia, Trade/Market Access, and Debt.

Official Development Assistance (ODA)

ODA is of critical importance in Cambodia as it represents a very large proportion of public financial resources (in 2001, total Government revenues were less than US$ 400 million while ODA disbursements exceeded US$ 470 million). Ensuring that ODA resources are utilized in an effective and accountable manner to realize the MDGs is of paramount importance. To this end, authorities have set up management systems and institutional mechanisms to support aid coordination and management through the CDC.

The Royal Government of Cambodia acknowledges that because of the existence of severe capacity gaps in its administrative structures dealing with the many donors, each with its own rules and procedures has been a burden. One possible solution, as has been suggested by OECD/DAC, is for the external development partners of Cambodia to agree on a lead donor for each sector. Cambodia would also like to suggest that in moving forward on the harmonization issues, the OECD/DAC should now look at the possibilities of forming sub-groups of its members each with a focus on a specific region of the world. Such an approach would enable the donors and recipient countries in each region to jointly develop solutions that recognize the constraints and opportunities in the countries in each region.

However, in spite of major improvements, the current situation is such that a significant proportion of ODA is still being planned and delivered without any consultations and/or participation of any Government institution. This situation has resulted in inadequate Government ownership of many projects; "piece-meal" efforts and insufficient coordination among donor agencies on sectoral issues and institution building; and a proliferation of different procurement, disbursement, auditing and monitoring procedures.

Despite the above mentioned factors, there are a number of developments which leave room for optimism. The UN system agencies in Cambodia have developed a United Nations Development Assistance Framework (UNDAF) with a view to bring greater coherence to the United Nations programs. In general the international communities have established working groups to coordinate, evaluate and monitor the implementation of aid programs in each sector in Cambodia. At the 6th CG Meeting, held in Cambodia in June 2002, a RGC proposal for the establishment of a Government-Donor Partnership Working Group was endorsed and the Working Group was formally established in August 2002. In the education and health sectors, the RGC has succeeded in building partnerships to carry out joint planning and programming culminating in the Education Strategic Plan (ESP), the Education Sector Support Program (ESSP) and the Strategic Plan for the Health Sector. There is a need to further pursue such efforts and develop appropriate mechanisms to: (i) systematically assess the comparative

strengths of development partners; (ii) ensure coherence between donors who participate in Partnership arrangements under the Sector-Wide Approach (SWAP) and those who intend to continue on with the traditional project-based assistance; (iii) simplify and harmonize the internal rules and procedures of the many agencies and harmonize the wide variety of capacity building practices of donors.

Information Communication Technology (ICT)

Information Communication Technology cut across conventional boundaries and is of critical importance to the development of Cambodia. The Royal Government of Cambodia (RGC) acknowledged this importance through the creation of the National Information Communication Technology Development Authority (NiDA) personally chaired by the Prime Minister. The creation and the chairmanship of NiDA proved that the government has adopted ICT as part of its development agenda.

Realizing that ICT cut across all development sectors and critical for the development of Cambodia, the RGC will, without any doubt or hesitation, utilize ICT as an enabler to help expedite the monumental development tasks ahead. Because ICT will be utilized as an enabler, compatibility and interoperability will be another issue of great importance.

The RGC has firmly embarked, without hesitation, on the Government Administration Information System (GAIS) project after having been extensively studied other similar projects of the countries in the region. This GAIS project includes three major core applications; namely, resident, vehicle and real estate registration. Thus, the RGC has bypassed the trial and error stage and save approximately fifteen years in the process. Further assistance to expand the existing system and to strengthen our capacity building efforts are greatly appreciated.

The GAIS project is the social overhead project and shall remains as is. It will be the backbone project or common platform for other applications to be launched on in the future. Thus, it should be an open system design to ensure compatibility and interoperability that are available to system designers and/or upon requested.

Moreover, the Royal Government has implemented other projects such as computerized payroll to public servants, statistical survey, electronic payment system, military demobilization, registration and human resource management system.

At the same time, the Royal Government takes into account more in encouraging the implementation and the development of the GAIS project by expanding its usage in all sectors step by step. For instance, sectoral management using electronics such as in tourism, trade, customs and excise, petroleum sectors and ASEAN affairs in order to prepare basic capacity in looking for partners, and mobilize international aids/assistance. These projects contribute greatly to our effort in streamlining the government and in utilizing our limited resources for development.

Partnership for Sustainable Development in Cambodia

Many countries in the world, particularly developing countries had been seriously affected by the cold war. Cambodia is one of them who had gone through a long warfare, which destroyed all government infrastructures, decimated millions of human resources, and restricted Cambodian opportunity to develop their country. The gap between developed countries and developing countries is growing. The growth causes the global consensus that developed

countries are obligated to provide 0.7 percent of their GDP to restore and develop developing countries.

Moreover, the Paris Peace Agreement required the International communities to assist Cambodia in restoring, reconstructing and developing the country through the establishment of 'International Committee on Reconstruction Cambodia – ICORC'. This committee was set up to monitor and coordinate funds provided by International communities.

Through the implementation of the Paris Peace Agreement in which the donor communities promised to restore and develop Cambodia within more than ten years back, Cambodia achieves a lot of successes (especially in the education and health sectors) due to its own efforts and resources with a combination of the bilateral and multilateral cooperation with donor communities. The monitoring and coordinating mechanisms have been operationalised openly, transparently, and accountably. The experience of more than ten years shows that the cooperation to restore and sustain Cambodian development a vision of 'partnership to strengthen ownership and leadership of Cambodia' is essential. This point of views required a full implementation of four main principles: 1) Mutual respect, 2) Mutual trust, 3) Mutual accountability, and 4) Mutual transparency.

Since then, the above four principles have not been yet fully applied in the same time even though investigating mechanisms, compromise, and evaluation have been openly, transparent, and accountable implemented (Consultative Group meetings between the Royal Government of Cambodia and donor communities which have been undertaken annually, semi-annually, and quarterly).

Therefore, for further implementation on the millennium development goal of Cambodia, the Royal Government of Cambodia sees several reform measurements as crucial for the implementation of the above four principles such as:

1. Any action plan must be answerable to the priority and strategy of the government, and pay more attention on implementing than only making plans.
2. The implementation of action plans must be considered according to the available capacity, resources, and suitable time for Cambodia.
3. Increasing Dialogue Approach rather than setting Validation Approach. The former approach requires donor communities to empowering delegation, which makes their representative possible to strengthen their job.
4. The expectation of results must be realistic as they are set with the inclusion of Cambodian party to avoid different evaluation on the achievements and should be based on the benchmarks of the assessment, which is clearly decided by all parties.
5. The public dissemination of all documents or reports must be first discussed and agreed from the Royal Government of Cambodia.
6. The capacity development within the country is to be considered as the first priority to strengthen Cambodian ownership.
7. The smooth coordination within donor communities is to be strengthened due to the government priority.
8. The developed countries is obligated to assist and fulfil their promise in helping developing nations to develop their countries due to their priority.

Thus, to make the ongoing implementation of the Paris Peace Agreement for restoring, reconstructing and developing Cambodia more effective, strengthening partnership and ownership of Cambodia is vital as it is applicable through the main principles as mentioned above.

Trade/Market Access

The RGC is strongly committed to further integrate Cambodia into the world economy by forming bilateral and multilateral trade agreements, as Cambodia's recent entrance into the WTO demonstrate. More so than ODA, which is expected to decrease over time, trade is considered a growth engine which has the potential to contribute to sustainable poverty reduction and other CMDGs. There are a number of trade-related issues of pressing concern. First, there is a need to increase the efficiency of key export sectors. Second, it will be important to diversify the export base, given the heavy reliance on the garment industry, by promoting sectors where Cambodia is likely to have a comparative advantage. Third the negative development impacts of trade reforms must be identified and mitigated. Finally, there is a need to acquire technical know-how and attract investment to put Cambodia in a position to seize export market opportunities.

The RGC considers the private sector, both domestic and foreign, as the "engine of growth". To remove the critical bottlenecks impeding the development of the private sector as well as to provide inputs in the processes of administrative and regulatory reforms, a Government-Private Sector Forum was established in December 1999. It has been meeting once every six months and is supported by seven *Business-Government Sectoral Working Groups*, which meet monthly to identify and recommend actions to resolve sector-specific problems.

Debt

Though the debt burden has been manageable up to now, it is rapidly growing and there is a danger that debt service will absorb more and more of the limited public budget, thereby crowding out resources to invest in development. In addition, there is a need to increase the productivity of public investments to ensure that loans generate sufficient returns to allow repayment. A related issue is the proportion of ODA received as grants versus loans. There is a need to come to a consensus to increase the grant share in ODA and to use loans for investments which have higher expected economic returns.

2.9 GOAL 9: DE-MINING, UXO AND VICTIM ASSISTANCE

Goal 9 is not related to Global MDG but it has been considered one of the top priorities for the country rehabilitation and development. The RGC is strongly committed to implement the Ottawa Convention that is the prohibition of the use, stockpiling, production and transfer of anti-personnel mines, and their destruction. The RGC became a signatory to this convention on 03 December 1997. Therefore, this goal is developed specifically to reflect the present and future challenges of Cambodia.

2.9.1 CMDG9 indicators and targets

Table 2.9.1 presents the benchmark and target values for CMDG9 indicators at key time horizons. Some data are available since 1990 and is shown in the below figure.

Table 2.9.1: Benchmark and target values for CMDG9 indicators at key time horizons

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2012
Overall target 24: To move towards zero impact from landmines and UXOs by 2012					
Indicator 9.1 Annual numbers of civilian casualties recorded	1691	1993	500	200	0
Indicator 9.2 Percentage of severe/high/medium/low suspected contaminated areas cleared	10	1995	51	77	100
Overall target 25: To eliminate the negative humanitarian and socio-economic impacts of landmines/UXOs by 2025					
Indicator 9.3 A comprehensive victim assistance framework developed and implemented			To be developed	Implementing	Implementing
Indicator 9.4 Numbers of landmine/UXO victims receiving an assistance package and integrated into the society	n.a		To be set	To be set	To be set

2.9.2 Past trends and gap analysis for CMDG9 indicators

Following almost three decades of conflict, Cambodia remains one of the worst landmine and unexploded ordnance (UXO) affected countries in the world. According to a Level One Survey completed in April 2002, approximately 12 percent of Cambodian villages have to cope with high contamination by landmines and UXOs. In 1996 total annual casualties rose as high as 4313. Out of this number civilian casualties numbered 1743. Figure 2.9.1 highlights the annual number of civilian casualties (death and injury) recorded. This high level of civilian casualties could be read as a side effect of the restored peace as people started to resettle closer to landmine areas.

In response to this emergency in 1993 the RGC created the Cambodian Mine Action Center (CMAC), which in the second half of the '90s, together with the Royal Cambodian Armed Force (RCAF) and two other de-mining operators – the HALO Trust and MAG - led to remarkable achievements both in terms of reducing civilian casualties and increasing the total suspected mined area cleared (Figure 2.9.1). As a result, the RGC was set target to move towards zero impact from landmines and UXOs by 2012. Figure 2.9.1 shows that, based on the past trend, Cambodia has significantly reduced numbers of civilian causalities per annum. However, based on the linear projection the target year (2012) may not be achieved.

Figure 2.9.1: Annual numbers of civilian casualties recorded (not including military)
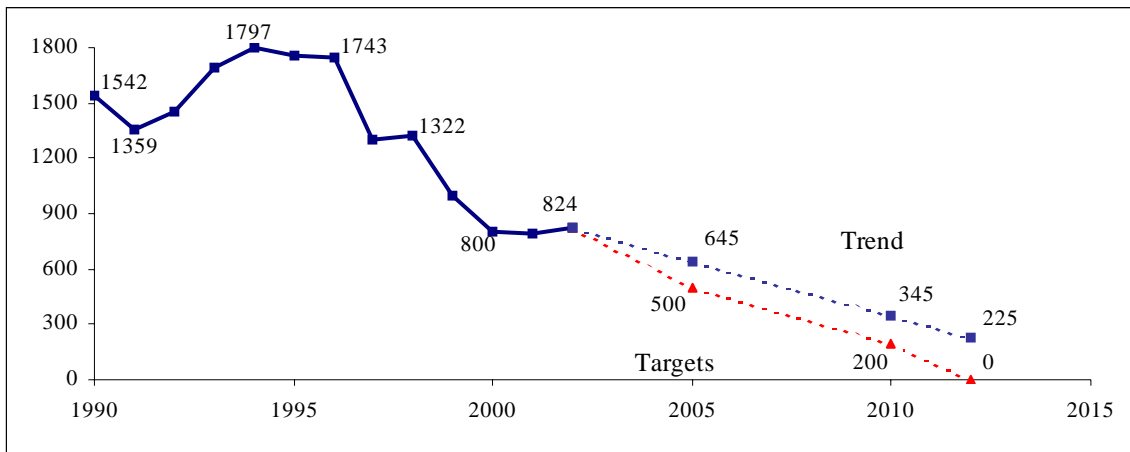
Data source: CMVIS, CRC-HI, 2003

Landmines are widely recognized as a main burden to livelihood in rural areas. The RGC is strongly committed to, and has set very ambitious targets that foresee, a complete eradication of civilian casualties and clearance of the suspected mined areas by 2012[13].

Figure 2.9.2 shows that, based on the past trend, Cambodia has a slightly increased percentage of contaminated areas cleared per annum. Thus, the future trend shows that although RGC is trying their best it may not be able to achieve its target by 2012. The linear projection shows that by 2015 Cambodia may have achieved 81 percent of landmine and UXO clearance in the suspected contaminated areas. Thus, Cambodia may be able to free from landmines and UXOs by 2020.

Figure 2.9.2: Percentage of severe/high/medium/low suspected contaminated areas cleared
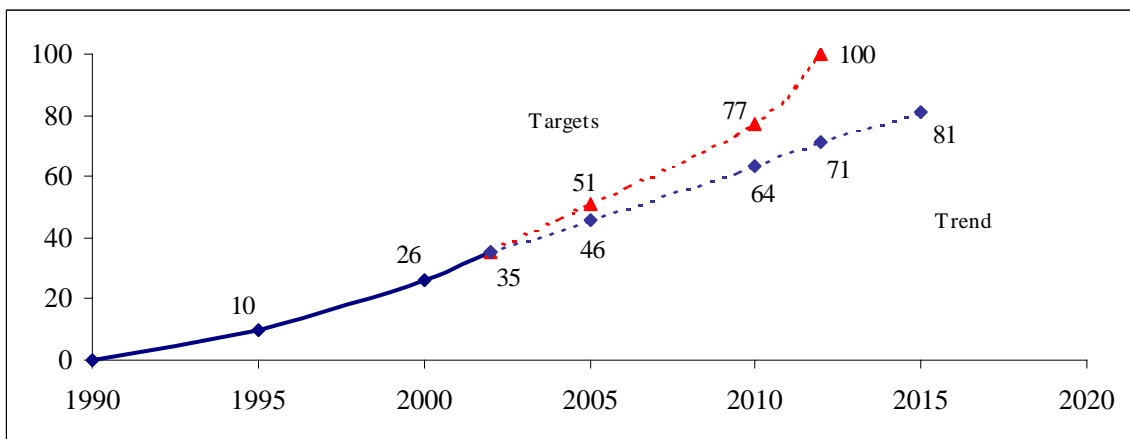
Data source: CMAA, 2003

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[13] Ottawa Convention required Cambodia to free from landmines/UXO and causality by 2009. If the RGC cannot achieve this, there will be an extension of another 10 year with stronger commitment.

2.9.3 Major current policies and programs contributing to CMDG9

In order to ensure the development and implementation of an effective and coordinated national policy on mine action, the RGC established the Cambodian Mine Action and Victim Assistance Authority (CMAA), in September 2000. The CMAA, *inter alia,* will assist the RGC in the policy formulation and the regulatory framework for mine action management and ensure that mine action programmes will contribute to the RGC's poverty reduction policies and priorities.

To achieve its mission the CMAA prepared a National Mine Action Strategy in 2003 aiming at integrating mine action into the national development policy and setting medium- and long-term visions. The medium-term vision is to move towards zero impact from landmines and UXOs by 2012, in order to alleviate poverty and to sustain development. These will be ensured by clearing all severe and high impact suspected mined areas and developing intensive mine risk education program for all suspected areas with mines and UXOs. The long-term vision is to free Cambodia from the negative humanitarian and socio-economic impacts of landmines/UXOs by 2025 by sustaining a national capability to address the problem in non-cleared and remote areas from 2012. The strategy also spells out four broad based strategic priorities including strengthening national coordination, addressing the humanitarian imperatives, sustaining development and complying with international requirements.

Under the national mine action strategy's umbrella, the Five Year Mine Action Plan (FYMAP-2003-2007), a rolling plan, was developed. The Plan has four goals under which many objectives and activities are listed. The four goals are:

o Implementation of national coordination including establishing national leadership, setting up a national mine action database and complying with the Ottawa Convention;
o Improvement of socio-economic actions including alleviating poverty, participating in national development and implementing socio-economic mechanisms;
o Expanding upon mine action achievements including the definition of contaminated areas, prioritising mine clearance based on impact, implementing mine action standards, effective and sustainable monitoring system and establishing a quality management capacity;
o Development of preventative and curative responses including mine risk reduction and following up mine victim assistance.

At present, CMAA is implementing the first year of the FYMAP (National Work Plan, Cambodian Mine Action Standards, Socio-economic mechanisms and regulations and capacity building). A part from the RGC effort, many programs and projects are undertaking by a variety of NGOs for disability rehabilitation and training. However, those activities are not well coordinated and some NGOs are in the process of phasing out.

2.9.4 Key challenges for meeting CMDG9 targets

At present, Cambodia is trying hard to fight against millions of landmines and UXOs, which have caused more than 50,000 victims so far and still endanger hundreds of lives each year. Among those victims a small number have received rehabilitation assistance from national and international organizations. At this time, no clear assistance plan is developed to serve victims although the RGC has a policy to assist and integrate them into the society. Thus, the challenges ahead for mine action and mine victims are many:

- **Plans to increase the total annual clearance rate** by 50 per cent will mean increases in both funding and efficiencies in the process of de-mining. The more remote the more difficult access to be de-mined. A number of operators are pursuing an interest in various mechanical devices.
- **Donor Fatigue**. The current costs of mine actions in Cambodia are approximately $30 million per annum. This is from a number of sources. Some donors have expressed to operators, a change in their priorities and have indicated a future decline in funding levels. At this time it is important to diversify the funding base and supplement current donors. Funding levels are expected to decline in the foreseeable future.
- **A victim assistance framework** needs to be developed on a national scale that is rights based and not a disability model. Victim Assistance funding has not yet been secured. Opportunities for funding will become more evident as donor priorities change. Victim assistance must move much more into mainstream development programs and the self help movement. Some major International NGO's are piloting this idea in Cambodia with significant support from donors.
- **The improvement of the Socio-economic status of mine victims needs to be defined**. An economic model needs to be developed that measures cost benefits of de-mining at both macro and micro levels.
- **An expansion of risk reduction strategies** will be needed. Firstly a co-ordinated geographical expansion of educational programs will need to be undertaken. Secondly, more attention will have to be paid to the changing demographics of victims from UXOs as well as mines.
- **Issues of Cost Recovery** are being discussed very seriously in rehabilitation services. As mine victims are usually in the lowest socio-economic groupings, this raises particular challenges for mine victims.

2.9.5 Framework for meeting the key challenges and reaching CMDG9 targets

- **Development of a Socio-economic Framework:** Donors interested in funding mine clearance are inundated with requests from all over the world. They are looking for outcomes in terms of cost per square metre cleared, socio-economic impact on beneficiaries and the number of mines removed. Cambodia does not have sufficient economic data collection to allow donors to determine the economic benefits of any demining action. It is proposed that such a framework be developed by CMAA so that donors can easily compare economic outcomes and be assured of value for money.
- **Mainstreaming:** The challenge to develop Victim Assistance through mainstream poverty reduction programs requires developing co-operative strategies with a network of NGOs. Just as the disability sector in Cambodia needs to develop a rights based approach so Victim Assistance needs to be thought of in terms of integration with society and not as a separate group. The success of Victim Assistance efforts will be measured by indicators in this area.
- **Capacity Building of the RCAF:** The armed forces of Cambodia will play an increased role in Mine Clearance activities in the future. This will mean that their capacity to respond to the challenges will need to be improved. There are several options that need to be investigated so that mine clearance targets can be met. Funding proposals have been submitted to United Nations Mine Action Service (UNMAS).
- **Co-ordination/Support of NGOs in Risk Reduction Strategies:** A national leadership strategy to expand risk reduction activities needs to be established. The major players have developed a good co-operative model that can be replicated throughout the country. NGO networks and the Ministry of Education Youth and Sport are central to the strategy and their involvement will be critical. Additionally, new programs will be developed to target specific groups for example Children and UXOs.

2.9.6 Regional discrepancies in meeting Cambodia MDG9

Figure 2.9.3 illustrates a regional breakdown of contaminated area by landmine and UXO. The red colour represents high numbers of suspected areas while yellow and green represent the moderate and low numbers of suspected areas respectively. This categorization was done by CMAA based on result of the national survey level one. The highest suspected areas are Otdar Mean Chey, Bantey Mean Chey, Battambang, Krong Pailin and Pursat provinces.

Figure 2.9.3: CMDG9 Composite Index by Province
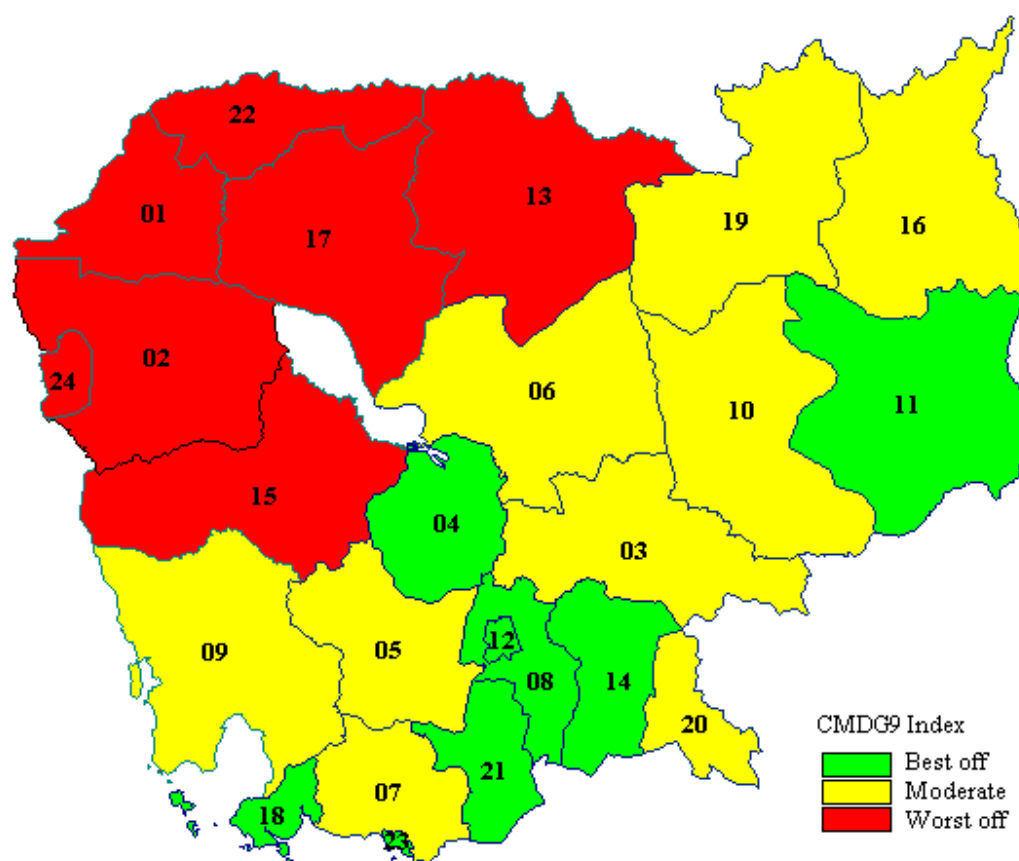
Table 2.9.2: CMDG9 Composite Index by Province

Code	Province	CMDG9	Code	Provinces	CMDG9	Code	Provinces	CMDG9
14	Prey Veng	1.000	10	Kratie	0.970	13	Preah Vihear	0.856
12	Phnom Penh	0.999	20	Svay Rieng	0.964	24	Pailin	0.785
18	Sihanoukville	0.998	16	Ratanakiri	0.957	22	Otdar Meanchey	0.642
23	Kep	0.996	5	Kampong Speu	0.940	1	Banteay Meanchey	0.641
11	Mondulkiri	0.993	7	Kampot	0.915	17	Siem Reap	0.553
4	Kampong Chhnang	0.992	19	Stueng Treng	0.899	15	Pursat	0.547
8	Kandal	0.985	3	Kampong Cham	0.897	2	Battambang	0.000
21	Takeo	0.973	6	Kampong Thom	0.895			
			9	Koh Kong	0.873			

SOURCE: CMAA, 2003.

SECTION III

THE WAY FORWARD FOR CMDGs PROGRESS

MONITORING AND EVALUATION

3.1 Monitoring progress on CMDGs

Measuring progress towards CMDGs requires monitoring and evaluation systems. Monitoring aims at i) rapidly detecting any significant deviation from expected levels for inputs, activities and outputs related to major policies, programs and projects aiming at reaching MDG targets at specific time horizons and ii) assessing trends of MDGs outcome and impact indicators. Hence, monitoring includes periodic recording, gap measurement and reporting, basic analysis and storage of data on key indicators. The data required for such monitoring activities include physical and financial information on inputs used, activities conducted and outputs achieved (secondary data coming from project sources) as well as data required to calculate outcome/impact indicators coming from routine administrative sources and from surveys.

MDGs monitoring indicators have been included in the list of poverty, vulnerability and inequality (PVI) indicators of Cambodia Poverty Monitoring and Analysis System (CPMAS). This PVI list consists of a set of indicators on MDGs, NPRS, SEDPII, sectoral plans, and CCA for poverty monitoring and impact assessment in Cambodia. Therefore, MDG monitoring will be part of the overall poverty monitoring and impact assessment mechanism of the Government of Cambodia.

Cambodia has made significant efforts over the last decade to rebuild its statistical system but a number of challenges will need to be overcome to effectively monitor the CMDGs. Data quality is a major preoccupation since poor quality data will translate into incorrect indicator values, providing a false picture of reality and possibly leading to inappropriate policy recommendations. The table 3.1 provides a qualitative assessment of available information to monitor and assessment progress in CMDGs. As revealed by the assessment, the quantity, the quality and the availability of the data varies significantly among CMDGs. Only a limited number of CMDGs have valid information systems in place to ensure effective monitoring.

All surveys are considered to be fair or weak and this has become an area of concern in recent years. Substantial difficulties arising with respect to primary data collection are related to the lack of cooperation and coordination of major surveys resulting in inadequate data on key indicators or excessive and conflicting data, which are difficult to interpret. The quality of administrative data is also a major concern. In most cases, survey data and routine administrative data are poorly utilized due to the lack of human capacities in data management, processing, and analysis. Furthermore, databases from costly surveys are not properly stored, documented, and maintained, and/or not accessible to users. There is a pressing need for user-friendly and cheap dissemination systems facilitating data storage, access and use drawing on IT technologies.

3.2 Evaluating policy options to reach CMDGs

In addition to standard monitoring and evaluation activities, it is critical to systematically assess the impact of public policies and programs. Impact assessment uses different tools than M&E to provide an in-depth understanding of the linkages between programs outputs and well-being impacts. There is a need to conduct impact assessment integrating both quantitative and qualitative techniques in ways which provide usable information to decision makers. A key goal is to build up national capacity by ensuring that national partners are intimately involved in such undertakings. Such evaluation activities require not only secondary data already used for monitoring purposes but also primary data collection involving program beneficiaries in the process. The government will engage in a number of activities to assess the impacts of various public policies and programs on CMDGs.

Table 3.1: Capacity for monitoring and reporting CMDGs progress

CMDGs	Quantity & Regularity of Survey Information			Quality of Survey Information			Statistical Analysis			Statistics in Policy-Making			Reporting and Dissemination of Information		
	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak	Strong	Fair	Weak
1. Poverty and Hunger		✓			✓			✓		✓			✓		
2. Universal Primary Education	✓				✓		✓			✓			✓		
3. Gender Equality		✓			✓			✓				✓			✓
4. Child Mortality	✓				✓		✓				✓			✓	
5. Maternal Health		✓			✓			✓			✓			✓	
6a. HIV/AIDS		✓			✓			✓		✓			✓		
6b. Malaria, DF and TB			✓			✓		✓				✓		✓	
7a Environmental Sustainability			✓		✓			✓			✓				✓
7b. Water and Sanitation		✓			✓			✓			✓				✓
8. Global partnership for development															
9. Mine action	✓			✓				✓			✓			✓	

3.3 Institutional framework for Monitoring and Evaluation of CMDGs

An effective institutional framework will be critical to the monitoring and evaluating CMDGs progress. The monitoring of sectoral programs and projects will be under the responsibility of the line ministries and other implementing agencies. Their focus will be on input, process, and output indicators. The main task for the General Secretariat of the Council for Social Development (GSCSD) and its technical arm Poverty Monitoring and Analysis Technical Unit (PMATU) will be to focus on outcome monitoring and impact assessment. To achieve synergies, the various agencies will need to be partners in this system. The overall responsibility at the policy formulation level lies with the CSD. Figure 3.1 presents the institutional arrangements for M&E.

Figure 3.1: Institutional set up for PMA in Cambodia
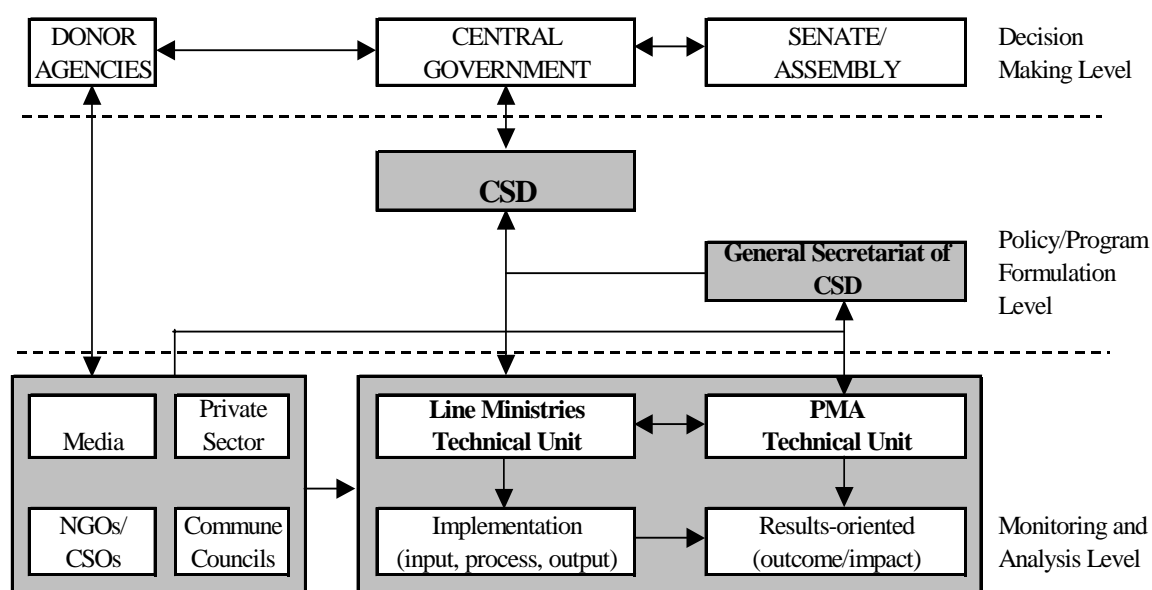
Monitoring at the sub-national level of programs and policies will also be pursued. As decentralization is strengthened and capacity built at the local level, it is likely that an increasing share of financial resources will be allocated to local levels. As part of the activities within the SEILA program, a database has been created and most recently strengthened by adding information on more indicators at the commune level.

### 3.4 Cambodia Poverty Management Information System (CPMIS)

The draft Statistic Law provides sole responsibility to NIS for data collection, collation, process, production and dissemination at national level. However, the law provides room for other statistical units and agencies to collect and produce their own data for internal purposes. As stated in the law, two high level bodies are proposed to govern statistical work: the Statistics Advisory Council (SAC) chaired by the Minister of Planning and the Statistics Coordination Committee (SCC) chaired by the General Director of NIS.

Up to now, data and information required for M&E have been dispersed among various government bodies and other stakeholders. Information storage, management and dissemination through a user-friendly information system are now a priority. All data from both primary and secondary sources will be made available for storage and subsequent use in formats required by decision-makers and other users. The national data warehouse approach will reduce the difficulties in accessing, analysing and reporting data in different formats. Cambodia has chosen to set up a Poverty Management Information System (PMIS) in the form of national data warehouse, which will be well integrated into existing national structures. Data and information used to compute PVI indicators values will be collected, transferred, transformed and stored in the national data warehouse. The CPMIS is a comprehensive information system, which will include a national data warehouse located in NIS/MOP and various data marts located in various line ministries and agencies. It should be emphasized that the CPMIS will not substitute for other Management Information Systems within line Ministries and elsewhere, but allow for interfacing and networking amongst them.

The Council for Social Development (CSD) will represent data users and the Statistics Advisory Council (SAC) will represent the data administrator/producer. The two structures will jointly establish a CPMIS Technical Working Group (TWG) whose members will be representatives from various data users and administrators/producers.

CPMIS-TWG will work in collaboration with other NIS Statistics Working Groups and other external statistical units and agencies to ensure the harmonization of statistical work and daily management of the national data warehouse. Figure 3.2 presents the institutional setup for CPMIS.

Figure 3.2: Institutional set up for CPMIS
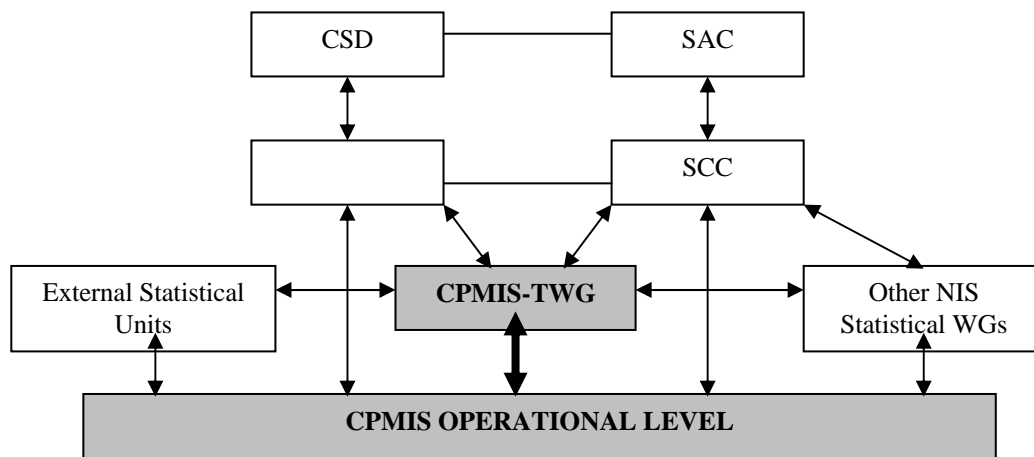
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GLOSSARY OF TECHNICAL TERMS

GENERIC TERMS

CMDGs: Millennium Development Goals for Cambodia, i.e., that reflects the realities of Cambodia and the priorities of major stakeholders (Government and ministries, Cambodian civil society and NGOs, international organisations and donors).

CMDG indicator: Variable that reflects an important outcome or impact relevant for a given CMDG. It is quantitative so that progress can be relatively objectively measured.

CDMG base value: Value of a given CMDG indicator at the reference base year (according to data availability).

CMDG target: Desired level of a given CMDG indicator at a set time horizon (2005, 2010 and 2015).

Time horizon: Years for which progress on MDG targets is assessed.

Urban and Rural in the CSES: All provinces, districts containing provincial headquarter towns are treated as urban areas. Sihanoukville, Kep and Pailin are treated as entirely urban. In Phnom Penh municipality, the four districts or khans of Daun Penh, Chamkar Mon, Prampi Makara and Tuol Kok are classified as urban. All the remaining areas in the country are treated as rural.

TECHNICAL TERMS RELATED TO CMDG1

Headcount index: Percentage of the population below the poverty line.

Share of the poorest quintile in national income/expenditure: Measure the proportion of income/expenditure of lowest 20 percent of the population in the overall national income/expenditure.

Poverty line: The line below which a given population is believed to live in poverty. It is a line taken to imply an adequate income for a person to consume a food basket that provides at least 2100 calories of energy per day with a small allowance for non-food items such as shelter and clothing.

Proportion of working children aged between 5-17 years old: Working children is defined as involvement of a child in economic activities for pay, profit, or families gain.

Prevalence of underweight children (below 5 years of age): Underweight (Low weight-for-age) is the ratio of underweight children below 5 years of age to the population of children in this age group.

Proportion of population below the food poverty line: The food poverty line represents the minimum expenditure required to cover the basic food requirements of an individual. It is based on the energy requirements measured in calories (2100 calories) per person per day.

Prevalence of stunted children under five years of age: Stunting-Growth retardation (poverty), due to inadequate feeding and poor health. The height-for-age index expresses the height of a child in relation to his age. In case of nutritional stress the speed of growing is slowed down.

Prevalence of wasted children under five years of age: Wasting - low weight-for-height - is the ratio of wasted children under five years of age and describes a substantial weight loss in children, usually due to acute starvation and/or severe disease.

Proportion of household using iodised salt: The percentage of households using iodised salt in the entire population.

TECHNICAL TERMS RELATED TO CMDG2

Basic education: The complete cycle of nine years of formal and non-formal education, starting with grade 1 and ending with grade 9.

Literacy rate: Estimated number of literate at specific age expressed as a percentage of the total population at the same specific age.

Literacy: Ability to read and write a simple message.

Net admission rate: Number of pupils entering grade 1 at the official school-entrance age (6 years old) expressed as a percentage of the total population of school-entrance age.

Net enrolment ratio: Number of pupils of the official school age enrolled in school expressed as a percentage of the total population of the same age group.

Proportion of out of school children: Number of school-age children who are not enrolled in school because (i) they have never enrolled, or (ii) once enrolled, they have dropped out; as a percentage of the total population of the same age group.

Ratio of girls to boys: Number of girls per 100 boys in specific condition.

Survival rate: Percentage of a pupil cohort eventually reaching the end of the cycle, independent of the number of years spent in school.

Universal basic education: Enrolment of 100% of the children in the basic-school age group.

Urban, rural and remote schools: Determined by the respective District Education Office and/or Provincial Education Service. Usually however, schools located in large towns or cities are classified as urban schools whereas, those located in isolated area where communication with and transportation to schools are difficult are grouped as remote. The rest are rural schools. The urban schools located in the four municipalities of Phnom Penh, Kep, Sihanoukville and Pailin and all provincial cities. Where population density of an area is less than 10 persons per square kilometer, the schools located in that area are termed remote. The rest fall under rural schools.

TECHNICAL TERMS RELATED TO CMDG3

Ratio of girls to boys in upper secondary education: Percentage of girls to boys enrolled at upper secondary levels both in public and private schools.

Ratio of girls to boys in tertiary education: Percentage of girls to boys enrolled at higher education levels both in public and private institutions.

Ratio of young literate females to males: Percentage of females to males ages 15-24 and 25-44 who can, with understanding, read and write a short, simple statement on their everyday life.

Share of women in wage employment in the agricultural sector: Share of female workers in the agricultural sector (primary production), expressed as a percentage of total workers.

Agriculture includes agriculture, hunting, forestry, logging and related service activities, fishing, operation of fish hatcheries and fish farm, services activities incidental to fishing.

Share of women in wage employment in the industry sector: Share of female workers in the industry sector, expressed as a percentage of total workers. Industry includes mining and quarrying, manufacturing, construction, electricity, gas, and water, corresponding to divisions 2-5 (ISIC revision 2) or tabulation categories C-F (ISIC revision 3).

Share of women in wage employment in the services sector: Share of female workers in the services sector, expressed as a percentage of total workers. Services include wholesale and retail trade and restaurants and hotels; transport, storage, and communications; financing, insurance, real estate, and business services; and community, social, and personal services-corresponding to divisions 6-9 (ISIC revision 2) or tabulation categories G-P (ISIC revision 3).

Proportion of seats held by women in national parliament: Percentage of seats held by women in national legislative assemblies. The numbers of seats refer to both elected and appointed members.

Proportion of women in ministers, secretaries/under secretaries of state, provincial governors and deputy provincial governors: Percentage of women in national executive bodies in the government. The numbers of posts refer to both selected and appointed members.

Proportion of seats held by women in commune council: Percentage of seats held by women in local executive authority. The numbers of seats refer to both elected and appointed members.

TECHNICAL TERMS RELATED TO CMDG4 AND CMDG5

Under-Five Mortality: Number of children who have died between birth and their fifth birthday expressed per thousand live births.

Infant Mortality: Number of children who have died between birth and their first birthday, expressed per thousand live births.

Percent of Children Stunted: Percent of children whose height measurement is more than two standard deviations below the median reference standard for their age.

Children fully immunized: Percent or numbers of infants up to 1 year of age fully immunized against diphtheria, tetanus, whooping cough, measles, poliomyelitis and tuberculosis.

Acute Respiratory Infection (ARI): Prevalence: Percent of surviving children under- five years who had a cough accompanied by rapid breathing in the two weeks preceding the survey, as defined and reported by the mother.

- Treatment: Percent of children with a cough and rapid breathing in the preceding two weeks who were taken to any medical facility for treatment; and percent who were taken to a public facility.

Maternal Mortality: Number of maternal deaths per 100,000 live births. Maternal death is the death of a woman while pregnant or within 42 days of termination of pregnancy, irrespective of the duration and the site of the pregnancy, from any cause related to or aggravated by the pregnancy or its management, but not from accidental or incidental causes.

Skilled Health Personnel: Doctors (specialist or non-specialist), and/or persons with midwifery skills who can manage normal deliveries and diagnose, manage or refer obstetric complications. Both trained and untrained traditional birth attendants are excluded.

Total Fertility Rate (TFR): The average number of children a woman could bear in her lifetime at current age specific fertility rates.

Antenatal Care: Percent of births in the five years before the survey for which a woman received at least one antenatal care consultation from a medically trained person, defined as a doctor, nurse or nurse-midwife.

Use of Modern Contraception: Percent of married women and men who report using any modern means of contraception, defined as male/female sterilization, oral contraceptive pill, contraceptive injection, intrauterine device, male/female condom, diaphragm, cervical cap, or contraceptive jelly or foam.

Percent of Mothers with Low Body Mass Index (BMI): Percent of women whose BMI is less than 18.5, where BMI – an indicator of adult nutritional status – is defined as weight in kilograms divided by the square of height in meters.

TECHNICAL TERMS RELATED TO CMDG6:

- HIV/AIDS

Estimated HIV prevalence rate among adults aged 15-49: Percentage of adult aged 15-49 who are infected with HIV. This prevalence is a cumulative of infected persons at the first year of epidemic with the newly infected that occurs every year.

HIV prevalence rate among pregnant women aged 15-24 visiting ANC: Percentage of blood samples taken from pregnant women aged 15-24 that test positive for HIV.

Condom use rate of the contraceptive prevalence rate: Number of women aged 15-49, who are in marital or consensual unions, who are practicing contraception by using condoms, as a proportion of all of those who are practicing, or whose sexual partners are practicing, any form of contraception of the same age group and marital status. (not include in the indicator list)

Condom use rate among commercial sex workers during last commercial sex intercourse: Percentage of CSWs who are using condoms with clients during the last commercial sex intercourse.

Percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner: Number of young people aged 15-24 who are using condoms during sexual intercourse with other partners outside their sweethearts or wives per 100 young people aged 15-24.

Proportion of condom use reported by married women who identified themselves at risk:

Percentage of married women at risk for HIV who are using condoms during sexual intercourse with their husbands.

Percentage of HIV infected pregnant women attending ANC receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT: Number of HIV infected pregnant women attending ANC who are receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT per 100 HIV infected pregnant women.

Percentage of people with advanced HIV infection receiving antiretroviral combination therapy: Number among 100 people with advanced HIV infection who are receiving antiretroviral combination therapy to curb the evolution toward AIDS.

- MALARIA AND DENGUE FEVER

Malaria case fatality rate reported by public sector: Number of deaths caused by malaria among all deaths reported by public health sector.

Proportion of population at high risk who slept under insecticide treated-bed nets during the previous night: Number of at high risk population who are using ITNs during the previous night to protect themselves against mosquito bites per 100 high risk population.

Number of malaria cases treated in public sector per 1 000 population: Number of malaria patients who have been treated in public health sector per 1 000 people.

Proportion of public health facilities able to confirm malaria diagnosis according to national guideline with 95% accuracy: Number of public health facilities where are able to confirm malaria diagnosis with 95% accuracy according to national guideline per 100 public health facilities.

Number of dengue cases treated in the public health sector per 1 000 population: Number of dengue patients who have been treated in public health sector per 1 000 people.

Dengue case fatality rate reported by public health facilities: Number of deaths caused by dengue among all deaths reported by public health facilities.

- TUBERCULOSIS

Prevalence of smear-positive TB per 100 000 population: Number of TB cases per 100 000 people.

TB death rates per 100 000 people: Number of deaths caused by TB per 100 000 people.

Proportion of all estimated new smear-positive TB cases detected under DOTS: Percentage of estimated new infectious tuberculosis cases detected under the directly observed treatment short-course (DOTS) case detection and treatment strategy (World Health Organization).

Proportion of registered smear-positive TB cases successfully treated under DOTS: Percentage of registered patients who were cured plus the percentage who completed treatment to all registered cases.

TECHNICAL TERMS RELATED TO CMDG7

Forest Cover: Proportion of land area covered by forest- is the share of forest in the total land area.

Forest Types: Evergreen Dense, Evergreen Disturbed, Evergreen Mosaic, Semi-Evergreen Dense, Semi-Evergreen Disturbed, Semi-Evergreen Mosaic, Deciduous, Deciduous Mosaic Forest Regrowth, Inundated Forest Regrowth, Inundated Forest, Mangrove Forest, Forest Plantation, Inundated Forest Mosaic

Non-Forest Types: Wood-/Shrubland Evergreen, Grassland, Bamboo, Wood-/Shrubland Dry Wood-/Shrubland Inundated, Mosaic of Cropping (<30%), Mosaic of Cropping (>30%), Agricultural Land, Barren Land, Rocks, Urban/Built-Over Areas, Wetland, Cloud, and Other).

Protected area: Percentage of total surface area of the country. It is an area of land and or/sea especially dedicated to the protection and maintenance of biological diversity, and of natural and associated cultural resources.

National Parks (IUCN category II): Natural and scenic area of significance for their scientific, educational and recreational values.

Wildlife Sanctuaries (IUCN category IV): Natural area where nationally significant species of flora or fauna, natural communities, or physical features require specific intervention for their perpetuation. The Koh Kapik wetland and associated islets in the Peam Krasop Wildlife Sanctuary (12,000 ha) are designated as Ramsar sites.

Protected Landscapes (IUCN category V): Nationally significant natural and semi-natural landscapes that must be maintained to provide opportunities for recreation.

Multiple-Use Areas (IUCN category V): Areas that provide for the sustainable use of water resources, timber, wildlife, fish, pasture, and recreation with the conservation of nature primarily oriented to support these economic activities. The Tonle Sap Multiple-Use Area was nominated as Cambodia's first Biosphere Reserve in 1997. The Boeung Chmar portion of Tonle Sap Multiple-Use Area (28,000 ha) is designated as a Ramsar site.

Ramsar Sites: Two sites in the IUCN categories IV and VIII above and one site in the middle stretches of the Mekong River between Stung Treng and the border with Laos.

Fish sanctuary: Surface area of protection for the fish species of the inland and marine zone.

Proportion of the population with sustainable access to improved water sources (urban and rural): Percentage of the population who use any of the following types of water supply for drinking: piped water; public tap; borehole/pump; protected well; protected spring; rain water. Improved water source NOT include vendor-provide waters, bottled water, tanker trucks, and unprotected wells and springs.

Proportion of the population with access to improved sanitation (rural and urban): Percentage of the population with access to facilities, which hygienically separate human excreta from human, animal, and insect contact. The facilities are sewer or septic tank system, poor flush latrines, simple pit latrines or ventilated improved pit latrines, and they are not public or shared.

Proportion of households with access to secure land tenure: Households who own or are purchasing their homes and having land title.

"Rural" and "Urban" areas: The working definition of the National Population Census of 1998 states that population density exceeding 200 per square km or total population of commune exceeding 2,000 persons (New light on urbanization in 2003, National Institute of Statistics, Ministry of Planning, 2003). Rural areas are defined as those having population less than or equal to 200 per sq. km.

TECHNICAL TERMS RELATED TO CMDG8

Debt Relief committed under HIPC initiative: Forgiveness of loans as a component of official development assistance under the Debt Initiative For HIPC. The initiative is the first comprehensive approach to reducing the external debt of the world's poorest, most heavily indebted countries.

Debt service, total: The sum of principal repayments and interest actually paid in foreign currency, goods or services on long-term debt (having a maturity of more than one year), interest paid on short-term debt and repayments to the International Monetary Fund.

Development Assistance Committee (DAC): The committee of the OECD, which deals with development co-operation matters.

Gross National Income (GNI): The sum of value added by all resident producers in the economy plus any product taxes (less subsidy) not included in the devaluation of output plus net receipts of primary income (compensation of employees and property income) from abroad. Value added is the net output of an industry after adding up all outputs and subtracting intermediate inputs.

Heavily Indebted Poor Countries (HIPC) decision point: The date at which a heavily indebted poor country with an established track record of good performance under adjustment programmes supported by International Monetary Fund and the World bank commits, under

the Debt initiative for HIPCs, to undertake additional reforms and to develop and implement a poverty reduction strategy.

HIPC completion point: The date at which a country included in the Debt Initiative for HIPCs successfully completes the key structural reforms agreed on at the HIPC decision point, including developing and implementing a poverty reduction strategy. The country then receives the bulk of its debt relief under the HIPC initiative without further policy conditions.

Official Development Assistance (ODA): Grants or Loans to countries and territories on Part I of the DAC List of Aid Recipients (developing countries) which are: (a) undertaken by the official sector; (b) with promotion of economic development and welfare as the main objective; (c) at concessional financial terms [if a loan, having a Grant Element (q.v.) of at least 25 percent]. In addition to financial flows, Technical Co-operation (q.v.) is included in aid. Grants, Loans and credits for military purposes are excluded.

Quota: A restriction on the quantity of a product that a firm is permitted to sell or that country is permitted to import.

Subsidy: A payment made by the government to producers of goods and services.

Tariff on agricultural products, textiles and clothing from developing countries, average: The simple average of all ad valorem tariff rates applied to imports of agricultural products (plant and animal products, including tree crops but excluding timber and fish products), textiles and clothing (including natural and man-made fibres and fabrics and articles of clothing made from them) from developing countries. The tariff rates used are available ad valorem rate, including most favoured nation (MFN) and non-MFN (largely preferential) rate.

Tariff: A tax imposed on import by the government of the importing country.

TECHNICAL TERMS RELATED TO CMDG9

Mine: An explosive or other material, normally encased, designed to destroy or damage vehicles, boats or aircraft, or designed to wound, kill or otherwise incapacitate personnel.

UXO: Unexploded ordnance (UXO) includes all explosive ordnance that has been fired, dropped, laid, launched, and/or projected, but which has failed to detonate or function as it was intended. Explosive ordnance includes all munitions containing explosives, nuclear fission or fusion materials and biological and chemical agents.

De-mining: Activities which lead to the removal of mine and UXO hazards, including technical survey, mapping, clearance, marking, post-clearance documentation, community mine action liaison and the handover of cleared land. Demining may be carried out by different types of organizations, such as NGOs, commercial companies, national mine action teams or military units.

Mine action: Mine action in Cambodia refers to those activities that aim to reduce the social, economic and environmental impact of landmines and unexploded ordnance (UXO). The objective of mine action is to reduce the risk from landmines to a level where people can live safely; in which economic, social and health development can occur free from the constraints imposed by landmine contamination, and in which the victims' needs can be addressed.

Mine/UXO casualty/victim: Any human who sustains, directly or indirectly, a fatal or non-fatal mine or UXO injury in Cambodia, between 1979 to the present. Included are individuals injured inside Cambodia but treated in Thailand, Laos, or Vietnam.

Victim assistance: Refers to all aid, relief, comfort and support provided to victims (including survivors) with the purpose of reducing the immediate and long-term medical and psychological implications of their trauma.

METHODOLOGICAL ISSUES

Selection of CMDG indicators and targets

CMDG indicators are supposed to translate MDGs into Cambodian terms, i.e., to reflect local realities and priorities. CMDG indicators were identified using the following methodology:

1. The starting point was the generic list of 18 targets and 48 indicators suggested by the United Nations for MDGs. These targets and indicators are logical candidates since they were chosen by the international community to reflect MDGs in most countries and they allow for international comparisons.
2. Second, four other lists of indicators and/or targets were considered to see whether indicators in the generic list should be added, modified, or deleted: (i) the Poverty, Vulnerability, and Inequality (PVI) indicators list which represents a significant effort by PMATU to localize indicators related to PVI (ii) the list of indicators used by SEDPII (iii) the list of indicators used in NPRS (iv) other lists of indicators used in relevant sectoral plans
3. Third, consultations were conducted with major stakeholders, i.e., line ministries, NGOs and civil society representatives, and donors. Those consultations were held in Phnom Penh and in three provinces.

Selection of indicators is never easy and hard choices must be made. The criteria used for the final selection of indicators were the following:

- Relevance for MDGs;
- Reflection of key Cambodian realities;
- Outcome and impact indicators. Input, process and output indicators were discarded;
- Use by major strategic documents such as SEDPII, NPRS, and key sectoral strategies and plans;
- Support by a majority of key stakeholders;
- Limited number of indicators to put the focus on a certain number of priorities and to take into account technical, institutional, and financial constraints of MDGs monitoring in the country;
- Availability of reasonably reliable quantitative data for calculating the indicator. In the case of qualitative or institutional aspects, a quantitative proxy variable was identified and it will be up to the future MDGs report to put the quantitative results in a broader perspective to capture progress made toward the MDGs.

Along with selecting CMDG indicators came the choice of baseline values and targets, i.e., desired levels of CMDG indicators at key time horizons. The reference base period was most often 1997 or the year for which data were available for most CMDG indicators. Three time horizons were considered 2005, 2010, and 2015. 2015 is the final time horizon for MDGs. 2005 is the time horizon of SEDPII and NPRS. 2010 provides an intermediate waypoint.

Targets are even harder to set since they may reflect conflicting interests and are limited by imperfect information. One needs to keep in mind that (i) however difficult, setting targets is necessary to set out clearly priorities for action and to measure progress toward desired goals; (ii) this exercise is part of a stepwise approach in which targets can be revised as information is improved. At this stage, targets were set considering the following factors:

- The targets set in the generic MDGs list proposed by the UN;
- The targets set in key development strategies (SEDPII, NPRS, sectoral strategies and plans);
- The realism of targets assessed on the basis of (i) a comparison of the target and the trend evolution of the indicator (ii) an evaluation of the level of effort by the RGC to modify the trend as reflected by policy and program budgets (iii) the opinion of area specialists aware of Cambodian realities;
- The consistency of targets across each other and over time;
- The availability of reasonably reliable data.

On more qualitative or institutional aspects, a target for a quantitative proxy variable was set on the basis of the best judgment of area specialists and data available. Careful judgment will be in order to estimate the progress made for such CMDG indicators.

In addition to indicator selection and target setting, future trends were projected for many indicators based on a process of linear extrapolation from past trends. It is clear that there are serious weaknesses associated with extrapolating from a very short, and sometimes not very reliable, statistical history. In addition, there are likely to be important non-linear dimensions to the trends in question, which suggest strong caution when conducting this type of exercise. Nevertheless, it was felt the linear extrapolation provides a rough and ready assessment of directional change that was feasible to conduct by national teams in Cambodia. In addition, by identifying gaps between trends and targets, it gives an idea of the volume of resources required to meet select targets.

ANNEX C

**METHODOLOGY TO COMPUTE THE CMDG
COMPOSITE INDICES**

Composite indices were computed for each CMDG to assess the breakdown by province. The values of the indices represent an equally weighted index of all indicators for a given CMDG for which data are available.

The resulting composite index presents a disaggregated picture of the country situation with respect to the set of indicators retained for a given CMDG. Results of this exercise allow for a threefold classification of provinces which represents the top, middle and bottom third of the distribution according to their relative standing.

The computation of the index for a given CMDG is as follow:

1. Normalization of the indicator value (NIV$_i$)

All indicators were normalized using the following formula:

$$NIV_i = \frac{(VI_{ij} - MinVI_{ij})}{(MaxVI_{ij} - MinVI_{ij})}$$

Where
- i : Number of indicator, i = 1 ….n
- j : Number of province, j = 1 …24
- NIV : Normalization of the indicator value
- VI : Value of an indicator (i) in a province (j)
- MinVI : Minimum Value of an indicator (i) in a province (j)
- MaxVI : Maximum Value of an indicator (i) in a province (j)

The number of indicators (i) varies by province according to data availability.
The indices have been computed over the 24 provinces (j)

2. Summation of all normalized indicators (NIV$_i$) and division by the number of indicators

The index value varies between 0 (worst situation) and 1 (best situation). Whenever an indicator represents a "negative" state of affairs (e.g. poverty), the normalized value was inverted to allow its summation with the other indicators (1 - NIV$_i$).

For example, in the case of MDG4 on child mortality the following four indicators were used in the computation of the composite index: i) under-five mortality rate; ii) infant mortality rate; iii) proportion of children aged 6-59 months receiving Vitamin A capsules; iv) proportion of mothers who start breast feeding newborn child within 1 hour of birth. In the case of the last two indicators, which represent 'positive' states of affairs, each province was assigned a value between 0 and 1 based on its relative performance vis a vis other provinces (calculated according to the above-mentioned formula). In the case of the first two indicators, which represent 'negative' states of affairs, values were assigned according to the same formula, and then inverted, by subtracting from 1. It is necessary to do this so that those with the *highest* values for say, child mortality, receive the *lowest* value in the composite index. After inverting in this fashion, it is possible to sum and average across all four indicators.