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Country note**

Cambodia

Summary

The Executive Director presents the country note for Cambodia for a programme of cooperation for the period 2001 to 2005.

The situation of children and women

1. Thirty years of conflict have left Cambodia with a devastated infrastructure and a serious lack of human resources, coupled with post-conflict problems such as displaced persons, landmines, violence and the absence of a cohesive social fabric. A majority of the population live in rural areas, are poor and lack access to the most basic services. With 52 per cent of the population of 11.4 million under the age of 18 years, there are serious concerns for their economic and social well-being. Despite progress over the decade, improving the situation of children and women

remains a challenge.

2. Although maternal and infant mortality rates have decreased, they are the highest in South-east Asia. Most children are denied a good start to life because of the poor nutrition of their mothers and the lack of services for maternal and perinatal care. Due to the rapidly increasing prevalence of HIV/AIDS, a growing number of children are born to HIV-positive mothers.

3. Nearly 12 per cent of children die before their fifth birthday, mainly from diarrhoeal diseases, acute respiratory infections and malaria. National immunization coverage has increased, but fewer than 50 per cent of children complete the series. One half of the children under five years of age are malnourished, which affects their growth and learning abilities. Pre-school services are unavailable to over 90 per cent of the child population.

4. Only 52 per cent of primary schools offer all six grades, and the coverage of lower secondary education is

* E/ICEF/2000/2.

** An addendum to the present report containing the final country programme recommendation will be submitted to the Executive Board for approval at its second regular session of 2000.

very limited. During this stage of life, many children leave home, adding to the number of children living on the street. By the age of 15 years, very few children are still in the education system. During adolescence, many children practise a range of risky behaviours and are exposed to exploitation. It is estimated that 35 per cent of sex workers are under 18 years old and nearly one half of them are infected with HIV.

5. The HIV prevalence rate among the sexually active population is almost 4 per cent. Some 26 per cent of households are headed by women. Literacy rates have increased slightly over the decade, but 42 per cent of women over the age of 15 years have never attended school and 58 per cent are illiterate.

6. Since the general election in late 1998, Cambodia has experienced a period of peace and political stability. There are signs of economic recovery and a consolidation of democratic processes. The Government has embarked on a series of social and economic reforms, including a reduction in military expenditure.

Lessons learned from past cooperation

7. The mid-term review (MTR) of the 1996-2000 country programme (see E/ICEF/1999/P/L.4) highlighted the appropriateness of the process developed by the community action for social development (CASD) programme, which built upon the capacity of communities to identify local priorities and mobilize resources to achieve them. The strategy of community empowerment and bottom-up planning is resulting in measurable improvements in the health and nutrition of children and women, although more needs to be done to integrate local plans into provincial and national development plans.

8. The genocide that ravaged Cambodia has, among other things, severely affected the availability of human and institutional capacity to develop social policies and provide basic services. The MTR stressed the need to maintain and intensify the capacity-building efforts of UNICEF cooperation to strengthen technical and management skills within government and civil society organizations. On the other hand, UNICEF support to service delivery will be directed towards remote and hard-to-reach areas.

9. Another lesson from the current programme concerns the importance of a focused communication strategy and advocacy with leaders and policy makers. Through support at the highest political level, salt iodization has received

increased support, a multisectoral response to HIV/AIDS has been initiated and the fight against malnutrition has become a government priority.

10. Despite some progress, by the end of the decade, Cambodia will not attain most of the World Summit for Children goals. UNICEF will continue its support for achieving those goals and for closing the wide gaps between rich and poor, geographic areas, urban and rural populations, and genders.

11. Finally, there are compelling reasons to give greater emphasis to the fight against AIDS, sexual exploitation, child trafficking and gender discrimination. The ongoing process of demobilization calls for renewed attention to the needs and rights of child soldiers and demobilized families.

Proposed country programme strategy

12. The proposed programme of cooperation for 2001-2005 will pursue a set of interrelated goals associated with the stages of the life cycle. UNICEF assistance will promote realization of the rights of children and women. The new country programme will work to ensure safe pregnancies and deliveries for all women, and will contribute to a reduction of infant and child morbidity, mortality and malnutrition. A major objective will be to ensure that each child receives the best possible start in life and reaches school-age healthy, well-nourished and able to participate fully in social life. The programme will help to protect school-age children and promote child-friendly principles in the learning environment, paying particular attention to out-of-school children. UNICEF support will help youth acquire better life skills, express their views, and lead safer, more meaningful and secure lives.

13. Convergence and integration will be central to the new country programme. To better respond to the needs of the poor, a multisectoral approach will be used, both at the central level for policy development and in the priority geographic areas to accelerate impact and develop more sustainable models. Working at both local and national levels will facilitate direct and timely feedback to policy makers on lessons learned from area-based experiences.

14. Capacity-building for government and non-governmental organizations will focus on management and technical skills. Community education and life skills training will strengthen caring practices for women and children and enhance the quality of counselling for those with special needs. Strategies to improve service delivery will aim at strengthening the quality and affordability of

health, water and sanitation, education and other basic services, especially for the underserved and the hard-to-reach.

15. Empowerment strategies will pursue greater community involvement and mobilization to increase their control of resources and the sustainability of interventions benefiting children and women. The participation of children, adolescents and women, and the expression of their views and opinions, will be promoted. Advocacy will support social reforms and decentralization efforts, and attempt to influence policy formulation, new legislation, law enforcement and resource allocation.

16. Partnership and coordination with strategic partners, donors, international financial institutions and non-governmental organizations will be strengthened, and new alliances with civil society organizations will be established. Working for the best interests of the child enables UNICEF to build strong coalitions around common goals, facilitate interchange and serve as a bridge between government and grass-roots organizations. UNICEF participation in the preparation of the United Nations Development Assistance Framework will further promote convergence and synergy among United Nations agencies.

17. The new programme of cooperation will be organized around six main sectoral and cross-sectoral components. Within the framework of government policies and plans, and in accordance with MTR recommendations, it will continue the main thrust of the current programme, while seeking to improve its effectiveness, impact and synergy. Selected interventions, such as child immunization, will be implemented nationwide, and policy advocacy will seek nationwide impact in all programme areas. Other basic services, including water and sanitation, will be implemented in specific geographic areas in a convergent manner through the community action for the rights of children programme.

18. The *health and nutrition* programme will aim at improving the survival, well-being and development of Cambodian children and women, while helping to achieve the national goals of reducing infant, under-five and maternal mortality and malnutrition. It will aim to ease the burden of childhood illnesses, promote child growth and appropriate caring practices, improve the health status of schoolchildren and tackle specific health problems of adolescents. In women's health, it will strive to improve the quality, coverage and utilization of women-friendly reproductive health services to ensure women's control over their fertility, safe pregnancies and deliveries, and successful breastfeeding. Nutrition interventions will stress

the reduction of micronutrient deficiencies and promotion of appropriate caring and feeding practices.

19. The *expanded basic education* programme will aim at ensuring the right of every child to education, and will work to improve the quality of basic education and expand learning opportunities for all. In partnership with the Government, it will strive to enhance the teaching-learning process through institutional and curriculum reforms and teacher training; to increase access, retention and learning achievement; and to promote child-friendly learning environments. Working with communities, the programme will encourage parental involvement and promote early childhood care and development practices to enhance the learning capacity of the young child. The special needs of out-of-school children and adolescents, including literacy and life skills, will be stressed.

20. In the *children in need of special protection* programme, the aim will be to enable social and legal systems to undertake effective preventive and rehabilitative measures for children at risk and in distress. In particular, it will: (a) support Government efforts to fully enforce the Convention on the Rights of the Child and monitor its implementation; (b) combat child abuse, trafficking and sexual exploitation; (c) contribute to the prevention of death and disability caused by landmines; (d) help to formulate policies and programmes for child soldiers in light of the ongoing demobilization of the armed forces; and (e) improve existing services and develop new approaches for the recovery and reintegration of child victims of armed conflicts, abuse, neglect and exploitation, and others in need of special protection.

21. The *community action for the rights of children* programme will build on experience with the CASD programme, with a sharper focus on children's and women's rights. The overall objective is to empower women and families in some 1,000 villages in selected provinces to create an enabling environment for improving child care, survival, growth and development. The programme will work closely with rural investment plans funded by the Government, donors or financial institutions. A participatory triple A (assessment, analysis, action) process will be used to develop viable village action plans.

22. The *HIV/AIDS prevention and care* programme will aim at reducing the HIV transmission rate through preventive interventions and developing support initiatives for people living with HIV/AIDS. This programme will work through a multisectoral approach to: (a) raise awareness, promote preventive behaviours and develop the life skills of adolescents and risk groups; (b) increase the

effectiveness of the national response to the epidemic; (c) develop appropriate interventions to reduce mother-to-child transmission of HIV; and (d) implement community-based activities aimed at family care and peer support groups.

23. The *advocacy and social mobilization* programme will encourage participation by both beneficiaries and implementers in improving child survival, development and protection, using targeted advocacy and appropriate communication tools for behavioural change and social mobilization. It will: (a) support the promotion of children's and women's rights through all UNICEF programmes and in national policies and plans; (b) increase awareness and

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

24. The country programme will be reinforced by several multi-agency subregional programmes, particularly in the areas of HIV/AIDS, Roll Back Malaria and prevention of trafficking of girls and women in the Mekong subregion.

Estimated programme budget

Estimated programme cooperation, 2001-2005^a

(In thousands of United States dollars)

	<i>Regular resources</i>	<i>Other resources</i>	<i>Total</i>
Health and nutrition	3 500	10 500	14 000
Expanded basic education	3 500	12 800	16 300
Children in need of special protection	2 000	9 000	11 000
Community action for the rights of children	5 000	11 000	16 000
HIV/AIDS prevention and care	800	4 300	5 100
Advocacy and social mobilization	700	2 000	2 700
Total	15 500	49 600	65 100

^a These are indicative figures only which are subject to change once aggregate financial data are finalized.