ACHIEVING CAMBODIA'S MILLENNIUM DEVELOPMENT GOALS -- GAP ANALYSIS

FINAL

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Map of Cambodia

Number of Provinces	24
Number of Districts	185
Number of Communes	1,621
Number of Villages	14,073
Population of Cambodia Both Sexes	13,388,910
Males	6,495,512
Females	6,893,398
Percentage of Urban Population	19.5
Annual Population Growth Rate (percent)	1.54
Density of Population	75 per Km²
Sex Ratio (males per 100 females)	94.2
Average Size of Household	4.7

Source: "*General Population Census of Cambodia 2008 - Provisional Population Totals", NIS, August, 2008*

Acronyms and Abbreviations

AER	Aid Effectiveness Report
APR	Annual Progress Report
ANC	Ante-Natal Care
ADB	Asian Development Bank
BSS	Behavioural Sentinel Surveillance
CCA	Common Country Assessment
CDC	Council for the Development of Cambodia
CDB	Commune Database
CDCF	Cambodian Development Cooperation Forum
CF	Community Forestry
CFi	Community Fishery
CFR	Case fatality rate
CMDG	Cambodian Millennium Development Goals
CRDB	Cambodian Rehabilitation and Development Board
CTIS	Cambodian Trade Integration Strategy
DAC	Disability Action Council
D&D	Decentralization and Deconcentration
DP	Development Partner
DTIS	Diagnostic Trade Integration Strategy
EA	External Assistance
EC	European Commission
EmONC	Emergency Obstetrics and Newborn Care
ERW	Explosive Remnants of War
ESP	Education Strategic Plan
FA	Forestry Administration
FDI	Foreign Direct Investments
GDCC	Government Donor Coordination Committee
GDP	Gross Domestic Product
GER	Gross Enrolment Rate
GHG	Green House Gas
CMAP	Gender Mainstreaming Action Plan
HEF	Health Equity Funds
HIV	Human Immunodeficiency Virus
HSP	Health Strategic Plan
IDU	Injecting Drug User
IFA	Insights for Action Initiative (UNDP)
ILO	International Labour Organisation
IMCI	Integrated Management of Childhood Illness
JICA	Japan International Cooperation Agency
JMIs	Joint Monitoring Indicators
LDC	Least Developed Countries
LSS	Lower Secondary School
MDG	Millennium Development Goals
MAFF	Ministry of Agriculture, Forestry and Fishery
MEF	Ministry of Economy and Finance
MoE	Ministry of Environment
MoEYS	Ministry of Education, Youth and Sports
MoH	Ministry of Health
MoI	Ministry of Interior
MoLVT	Ministry of Labour and Vocational Training
MoP	Ministry of Planning
MoWA	Ministry of Women's Affairs
MoSVY	Ministry of Social affairs, Veterans, and Youth Rehabilitation
MSM	Men who have sex with men
MTEF	Medium-Term Expenditure Framework
MTR	Mid-Term Review
NAA	National AIDS Authority
NAPA	National Adaptation Plan of Action
NAR	Net Admission rate
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NEC	National Elections Commission
NER	Net Enrolment Rate
NGO	Non-Governmental Organisation
NIS	National Institute of Statistics
NSDP	National Strategic Development Plan
ODA	Overseas Development Assistance
PBA	Programme Based Approaches
PFM	Public Financial management
PIP	Public Investment Programme
PLHIV	People living with HIV
PMTCT	Prevention of Mother-to-Child Transmission (of HIV)
RGC	Royal Government of Cambodia
RH	Reproductive Health
SNEC	Supreme National Economic Council
STI	Sexually Transmitted Infections
SWAp	Sector Wide Approach
TA	Technical Assistance
TWG	Technical Working Groups
UN	United Nations
UNCT	United Nations Country Team
UNDAF	United Nations Development Assistance Framework
UXO	Unexploded Ordnance
WB	World Bank
WTO	World Trade Organisation

SOURCES of DATA

BSS	Behavioural Surveillance Surveys
CAS	Cambodia Anthropomorphic Survey
CCLS	Cambodian Child Labour Survey
CDHS	Cambodia Demographic and Health Survey 2005
CGA	Cambodia Gender Assessment
CIPS	Cambodia Inter-Censal Population Survey 2004
CMAA	Cambodian Mine Action Authority
CMVIS	Cambodia Mine Victim Information System
CSES	Cambodia Socio-Economic Survey 2003-04
EMIS	Education Management Information System
FA	Forest Administration Database
FiA	Fishery Administration recording system
GPCC	General Population Census of Cambodia
HIS	Health Information System
MOE	GANCP recording system – Ministry of Environment
MoEYS	Ministry of Education, Youth and Sports (non-EIS)
MOH	Ministry of Health (non HIS)
MoI	Ministry of Interior
MoWA	Ministry of Women's Affairs
NAA	National Aids Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NEC	National Election Commission
NSDP	National Strategic Development Plan (used when the actual source of data is not known)
NSDP MTR	Mid-Term Review of the NSDP
RD	Royal Decree
SSCS	State Secretariat of Civil Service
WBPP	World Bank Poverty Profile , 2004 and 2007
WHO	WHO Country Health Information Profile 2008 Revision

Executive Summary

As part of an effort to strengthen the focus of the United Nations on achieving Millennium Development Goals (MDG) in general and the Cambodian MDG (CMDG) in particular, this document reviews progress in achieving CMDG, identifies key challenges, bottlenecks and risks, assesses the alignment of national programs and development partner support towards achievement of CMDG and highlights issues that affect the monitoring of CMDG.

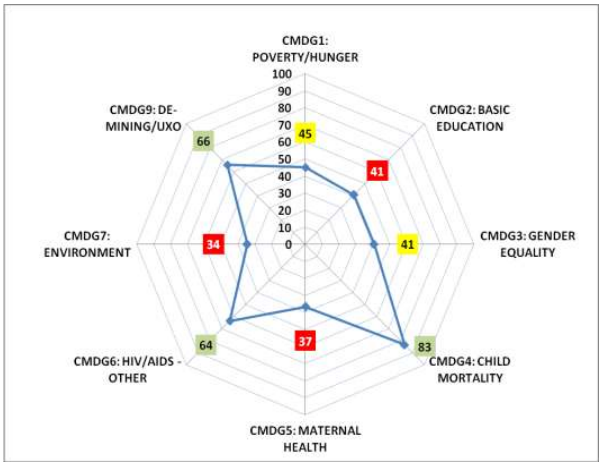
Progress in Achieving CMDG

As illustrated, the review of progress in achieving CMDG finds that:

- *The most progress has been achieved in CMDG4 (Child Mortality), CMDG9 (De-Mining, UXO and Victim Assistance) and in CMDG6 (HIV/AIDS and Malaria, Dengue Fever and TB) and these are all on track;*
- *It may be possible, with major changes and focussed attention, to achieve CMDG1 (Poverty and Hunger), and CMDG 3 (Gender Equality);*
- *Even with drastic changes, given the nature of the indicators and targets and the nature of the systemic problems faced in CMDG2 (Basic Education),CMDG5 (Maternal Health) and CMDG7 (Environment), while much progress can and should be made, these goals are unlikely to be achieved by 2015.*

If the issue of domestic violence is not vigorously addressed, CMDG 3 (Gender Equality) may also fall in the "off-track" category.

Progress in Achieving KEY CMDG Targets
(In terms of % Distance from Benchmark to latest available data in 2008)



Cambodia Millennium Development Goals		*Status*
1	*Eradicate Extreme Poverty and Hunger*	◎
2	*Achieve Universal Nine Year Basic Education*	⊘
3	*Promote Gender Equality and Empower Women*	◎
4	*Reduce Child Mortality*	◑
5	*Improve Maternal Health*	⊘
6	*Combat HIV/AIDS, Malaria and other diseases*	◑
7	*Ensuring Environmental Sustainability*	⊘
8	*Develop a global partnership for development*	⊖
9	*De-mining, UXO and Victim Assistance*	◑

● Achieved
◑ Very likely to be achieved, on track
◎ Possible to achieve if some changes are made
⊘ Off track
⊖ Insufficient information

Key Challenges

Achieving the CMDG requires addressing a few key challenges. These include:

- *maintaining the recent high levels of growth while broadening the base and diversifying the sources of growth and ensuring its more equitable distribution;*
- *designing and implementing a coherent, dynamic, focused and sustainable safety net that will not only address issues of hunger and shield the poor from economic shocks, reversals of fortune and the devastating effects of illness, but also stimulate entrepreneurship and empower them to take risks to improve their life and their income generation opportunities;*
- *closing the remaining gap in primary enrolment, and addressing the issues of high levels of overage enrolment in primary education leading to low lower secondary net enrolment rates, low completion rates, low levels of early childhood education, low levels of parent and community participation in education, low quality of education, and relevance of education;*

- *improving service delivery and access to services in the health sector and particularly, given the high levels of maternal mortality, making available to women a comprehensive package of services which includes family planning, pre-natal care, obstetrics, reproductive health, voluntary confidential counselling and testing and other HIV services;*
- *improving the gender focus of all sectoral interventions and addressing core issues of behavioural norms for both men and women to allow women improved economic and educational opportunities, access to health, participation in decision-making and protection from violence, exploitation and other risks;*
- *improving governance at all levels, including the consolidation and rationalization of planning and budgeting systems, linking national and sub-national systems, improved civil service capacity and performance in delivering services, fighting corruption, improving the rule of law and respect for human rights, and fostering and institutionalizing a constructive dialogue with civil society.*

Potential Risks

Since mid-2008, Cambodia has been affected by the combination of high oil and food prices and the global financial crisis, and its economic performance has deteriorated, as reflected by a decrease in orders in the textile industry, a drastic drop in the number of tourists, and a massive decline in the building sector. This has contributed to significant loss of jobs in these three sectors. The dramatic reduction of growth and foreign direct investments and reduced Government revenue, Are all likely to reverse gains in poverty and make it much more difficult to achieve targets in CMDG. Fortunately, ODA flows have not been substantially affected.

Gains in poverty and hunger are also at stake because of Cambodia's high vulnerability to the potential impacts of climate change, particularly floods and droughts, on agricultural production and productivity, and its high dependence on fuelwood and the consequent pressure on deforestation. The weak institutional frameworks and capacity to mitigate the effects of climate change increase the Country's vulnerability and the risk this poses to achieving CMDG targets.

National and Development Partner Priorities

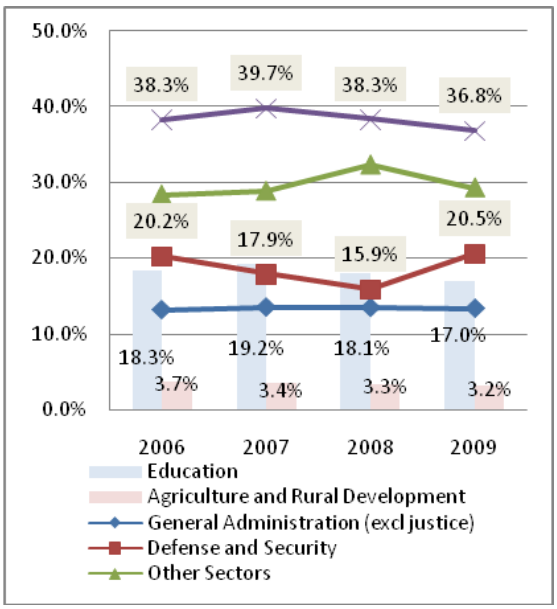
Poverty reduction in the fastest possible way is the Government's stated foremost priority and its National Strategic Development Plan (NSDP) is entirely focused on this goal and the achievement of CMDG. As such the country's priorities are aligned with CMDG achievement. An institutional framework has been put in place to coordinate Government and Development Partner actions and a large number of sectoral strategies have been developed.

Planned capital allocations for agriculture over the five-year period of the NSDP have recently been increased from 10 to 14 percent to reflect an increased focus on the sector, with a total of 26 percent for economic sectors, and the allocations to health and education are planned at 17 and 16 percent respectively, with a total of 33 percent for social sectors.

Estimated total actual capital allocations over the period 2006-2009 for Health and Transportation have been much higher than planned, with Transportation taking an increasing share of total investments, having doubled its share from 14 to 28 percent. Education has, in 2009, experienced a large downward trend in both share (from 18.1 to 11.4 percent) and total funding, which is worrisome considering the progress that still remains to be done in education. While Agriculture and Land Management initially substantially underspent in 2007, it has been on an upward trend since, but it is still only half way to the target, and the agriculture budget is consistently largely unspent pointing to low absorptive capacity for investment in agriculture. Rural Development has retained a share of 11 percent, but with increased funding and Gender Mainstreaming and Environment and Conservation are both showing an exponential decline in share and total funding, which is also alarming, given the effort that must still be done to reach CMDGs in these areas.

Total Current Budgets have indeed increased sharply over the past few years, with 2009 current budget reaching 4,361 billion Riels (about US$1.06 billion), due to higher than expected revenue collection. While the total budget has increased by 22.7 percent from 2007 to 2008 and by 28 percent from 2008 to 2009, the allocations of current budgets to priority sectors have not increased according to expectations.

Evolution of Budget Shares of Current Expenses (2007-2009)



In order to prioritize poverty reduction expenditure, the RGC has identified seven ministries as "priority". These are the ministries of Education Youth and Sports, Health, Women's Affairs, Agriculture Forestry and Fisheries, Rural Development, Land Management Urban Planning and Construction, and Justice.

The figure shows that the budget shares of "priority" sectors, after increasing slightly in 2007, have decreased consistently from 39.7 percent to 36.8 percent from 2007 to 2009, initially to the advantage of other sectors. In 2009, however, the downward trend in defence and security spending was abruptly reversed, increasing to 20.5 percent and causing shares of other sectors to also decrease. Of particular concern are the decreasing share of education and the very low and decreasing shares of agriculture and rural development. If gains are to be made in these critical CMDG areas in terms of extended and improved services in rural areas, this situation requires urgent attention.

Most external support is relatively well aligned with the NSDP at an aggregate level, although continued reallocation towards agriculture and rural development is required and attention must also be paid to rural water and sanitation, which are under-funded. In response to the economic crisis, sixty eight priority projects have been identified, disbursing USD 370 million in 2009 and over USD 300 million in 2010 allocated. While the priority projects are centred on economic growth, livelihoods and safety nets, they do address priority needs in education, health and rural development.

A large number of sectoral strategies have been defined and resources are generally available. The major constraint is therefore not so much resource availability as it is capacity to utilise these resources effectively. The major bottleneck is in the linkage between national and sub-national levels and effective implementation at the sub-national level

CMDG Monitoring Issues

A large number of issues affect the proper monitoring of CMDGs. These include unrealistic targets (some of which need to be revisited), issues related to the logic of indicators as there is absence of clarity in the relationship between result and process indicators, ownership of CMDG and possible tension between NSDP and CMDG monitoring, indicator definition, incompatibility of data sources, data collection and updating issues, issues related to analysis and interpretation capacity, and coordination and organizational issues.

In general, here again, as in the case of resources, the availability of data for monitoring CMDGs and the existence of analytical reports are not the issue. If anything there is too much data and there are too many sophisticated analyses. What is missing is a simple clear consistent and logical monitoring framework and the national capacity to perform simple analyses and translate these into effective policy and program actions at all levels.

1. INTRODUCTION

1.1 Background

The United Nations Country Team (UNCT) is currently engaged in an analysis and planning exercise leading to the formulation of the 2011-2015 United Nations Development Action Framework (UNDAF) and its Common Country Assessment (CCA) was recently completed.

The Millennium Development Goals (MDG) are at the core of the development mandate of the UN system and as the target date for their achievement coincides with the term of the next UNDAF, it becomes increasingly important that evolving strategies are evaluated in the light of their contribution to the achievement of these goals. The global MDG have been localized in 2003 for the Cambodian context, resulting in nine Cambodian Millennium Development Goals (CMDG) and the UNCT in Cambodia is committed to work together in support of national efforts to achieve these goals by 2015.

Parallel to this process, in line with the UNDP's Administrator's emphasis on the need to strengthen UNDP's focus on achieving the MDGs, UNDP is conducting an assessment of the alignment of its programs to the CMDG. As UNDP serves as the custodian of the CMDGs and supports the monitoring of progress through the preparation of the MDG report, it is also initiating preparations for the 2010 MDG report for Cambodia. This exercise is complementary to the 2009 CCA.

The purpose of this report is to document the results of a consultancy initiated by UNDP to support UNCT efforts in aligning UN programs better with CMDGs in the context of UNDAF preparation, to assist UNDP to respond to the its Administrator's emphasis on strengthening UNDP focus on achieving MDGs and as a first step towards the preparation of the MDG report for Cambodia scheduled for 2010. The consultancy included two parts: a gap analysis and an identification of best practices. This first report deals with the gap analysis. The best practices part is covered in a separate report[1].

In the remainder of Section 1, the objectives and methodology of the assignment are summarized. In Section 2, progress for each CMDG is reviewed in detail. This is followed by an identification of challenges and risks in achieving CMDGs (Section 3), an assessment of the alignment of national programmes and priorities to the CMDGs (Section 4) and a discussion of issues that affect CMDG monitoring (Section 5).

1.2 Objectives of the Consultancy

This consultancy has two main objectives:

- Conduct an MDG gap analysis, looking at progress made, challenges, and potential risks in regards to the achievement of the MDGs in Cambodia
- Identify best practices in the area of supporting the achievement of the MDGs

For the first part covered by this report, the consultant was expected to conduct an MDG gap analysis, including:

- reviewing of the current status of the CMDGs in Cambodia, using the latest MDGR and data, and conducting a gap analysis to find out which targets are on track and which are lagging behind (at national, and sub national level, if available)
- highlighting key issues that affect the monitoring of the MDGs , including the availability of data
- identifying key national development challenges and implementation bottlenecks that might undermine the achievement of the MDG

[1] See report entitled "*Achieving Cambodia's Millennium Development Goals: Some Best Practices*", October 1, 2009, UNDP

- identifying and analysing potential risks to sustaining MDG progress in Cambodia, including the current financial crisis, the impact of climate change etc.
- evaluating National Programmes in Support of MDG achievement, with the identification of Government priorities of specific MDGs, including an analysis of the national budget allocation and Development Partner (DP) fund flows by social sector, as related to the MDGs
- identifying the key constraints that the UN and UNDP Cambodia face in terms of providing effective support to national efforts in achieving the MDGs

The key output expected from this consultancy is an MDG Gap Analysis report, including an analysis of Government priorities (which MDGs have been prioritized by Government looking at national budget allocation and ''priority national programmes'' being funded by DPs), and an updated CMDG achievement table

1.3 Methodology of the Assignment

The consultancy included the following main tasks:

- Desk review of relevant existing national documents, including the Rectangular Strategy II, the NSDP, and available sectoral strategies;
- Review of national budget allocation and Overseas Development Assistance (ODA) allocation by sector (using the 2008 aid effectiveness report) to refine the identification of national priorities;
- Liaison with the UNDP Insights for Action[2] team, particularly in the identification of potential risks to sustaining MDG progress at the time of the global financial crisis;
- Data gathering from the Ministry of Planning, National Institute of Statistics (MOP/NIS), Cam Info (UNICEF/NIS), the commune database (UNDP/MOI), the household poverty survey (GTZ/MOP), the World Bank poverty report and other relevant data sources (socio-economic survey, national census UNFPA/NIS etc.);
- Interviews with MoP and other relevant key informants to clarify data issues;
- Updating of the CMDG table with the most recent data, wherever possible;
- Generating analytical summaries of progress and simple projections, whenever possible for each CMDG.

[2] The Insight for Action (IFA) initiative is a UNDP project, which was established to assist decision-makers and others in their efforts to meet the development challenges faced by Cambodia. Among other tasks IFA generates knowledge through practical research.

2. STATUS OF CMDG ACHIEVEMENT

In 2003, the Royal Government of Cambodia (RGC) adapted the 8 universally agreed Millennium Development Goals (MDGs) to better suit the realities of the country. Recognizing that one major constraint to development is the continued contamination of mines and unexploded ordinance (UXO), the RGC added de-mining, UXO and victim assistance as the ninth major development goal. Cambodia's MDGs (CMDGs) thus consist of the following 9 goals:

Goal 1: Eradicate extreme poverty and hunger

Goal 2: Achieve universal primary education

Goal 3: Promote gender equality and empower women

Goal 4: Reduce child mortality

Goal 5: Improve maternal health

Goal 6: Combat HIV/AIDS, malaria and other diseases

Goal 7: Ensure environmental sustainability

Goal 8: Develop a global partnership for development

Goal 9: De-mining, UXO and victim assistance

This section reviews the status of CMDG achievement, using the most recent available data. While the list of indicators for MDGs has changed globally in 2008 (see list in Appendix A), this report assesses progress based on the official list of CMDG indicators, since no decision has been made about updating CMDGs. The Official List of CMDG indicators is attached in Appendix B.

For each CMDG, the following sub-sections provide a summary table with the baseline value, the most recent value, and 2010 and 2015 target values for each indicator. The table also shows the total "distance" and current distance travelled, which allows computing a percent progress value. This allows highlighting high and low performance areas. These values are computed as follows:

- **TOTAL DISTANCE** is the total "distance" that needed to be travelled between benchmark and goal (value of target – value of benchmark, or opposite if negative).
- **CURRENT DISTANCE** is the "distance" to goal travelled so far (from benchmark). The remaining distance is therefore the GAP. If the indicator is defined in terms of adoption and implementation of a law or policy, an attempt was also made at expressing that in terms of a percentage completion, arbitrarily giving "adoption" a value of 50% and "implementation" and estimated value (0 if there is no information).
- **% progress:** in these tables is therefore computed as current distance over total distance.

Given that current values of indicators represent more or less a mid-point for most indicators, progress much below 50 percent is alarming and has been highlighted in red in all the tables, suggesting that the CMDG targets are unlikely to be achieved for that indicator. Progress fifty percent or above has been highlighted as green, suggesting that targets are likely to be achieved.

An attempt was also made in the following to provide and indication of trends of key indicators and sub-national data, when available.

As no formal objectives have been set for CMDG8, "Forge a Global Partnership for Development", this development goal has not been addressed in this report.

2.1 CMDG1: Eradicate Extreme Poverty and Hunger

A summary of the current status of the indicators for CMDG1 is presented in Table 1 below.

Table 1: Status of Achievement of CMDG1 Targets

CMDG1: Eradicate Extreme Poverty and Hunger	Benchmarks		Most Recent Available			Targets		Distance		% Progress
	Value	Year	Value	Year	Source	2010	2015	Total	Current	
Target 1: Halve, between 1993 and 2015, the proportion of people whose income is less than the national poverty line										
1.1 Proportion of people whose income is less than the national poverty line	**47**	1993	30.1	2007	CSES07	25	19.5	27.5	16.9	61%
1.2 Share of poorest quintile in national consumption	8.5	1993	6.6	2007	CSES07	10	11	2.5	-1.9	-76%
1.3 Proportion of working children aged between 5-17 years	16.5	1999	22.3	2004	CIPS04	10.6	8	8.5	-5.8	-68%
Target 2: Halve, between 1993 and 2015, the proportion of people who suffer from hunger										
1.4 Prevalence of underweight (weight for age <2 SD) children < 5 yrs of age	**38.4**	2000	28.8	2008	CAS08	**24.6**	**19.2**	19.2	9.6	50%
1.5 Proportion of people below the food poverty line	**24**	1993	18	2007	CSES07	13	10	14	6	43%
1.6 Prevalence of stunted (height for age <2 SD) children under five years of age	**49.7**	2000	39.5	2008	CAS08	**31.2**	**24.5**	25.2	12.4	40%
1.7 Prevalence of wasted (weight for height <2 SD) children under five years of age	**16.8**	2000	8.9	2008	CAS08	**11.2**	**10.1**	6.7	7.9	118%
1.8 Proportion of households using iodized salt	14	2000	71.5	2008	CAS08	90	90	76	57.5	76%

NOTES:

Target 1.1: Baseline value of poverty headcount: the number used for the baseline (39%) in the official CMDG table was for only part of the country covered in the 1993/94 survey, which included only 59% of the villages due to security reasons. In 2006, the World Bank projected the level of poverty for the whole country in 1994 backwards, based on the 2004 CSES. This makes the baseline and current values for the whole country comparable.

Target 1.3: The definition of "working" and the age groups considered are different for different sources and there is a difference between child work and child labour (see sub-section on child labour below). The baseline for the CMDG target is derived by taking (1) the economically active 5-17 year-old population as estimated in CCLS 2001, and then (2) applying the standard formula used in ILO/IPEC global child labour estimates to calculate the proportion of children in worst forms of labour. This was also done using data from the 2004 CIPS. CSES 2007 provides the value of 38.6 for economically active children but there is no updated estimate for child labour yet.

Target 1.5: The number used for the baseline for the areas covered in 1993/94 is 20%. No backward projection from the 2004 CSES is available for this number, and it is not comparable to the actual value for 2007. Projecting the baseline backwards to 1994 using the same proportion as for the poverty line, would result in a baseline of about 24%. This value used here is this backward projection to make it comparable to progress on the poverty headcount.

Targets 1.4, 1.6 and 1.7: The values in red for baseline and targets have been tentatively recomputed here to compare with the CAS 2008 values that use WHO definitions introduced in 2006 to allow comparison. They still need to be officially changed.

Poverty and Food Poverty Targets: since the goal is halve poverty by 2015, if new baselines are adopted, there is a case for modifying targets. However, targets have not been changed in this table.

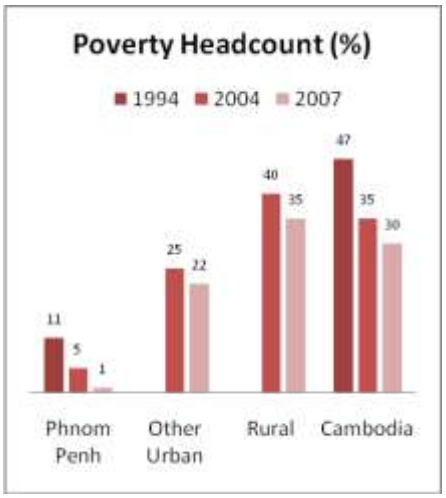
2.1.1 Poverty

Poverty Headcount

As can be seen from Table 1 and Figure 1, Cambodia has made substantial progress in poverty reduction since 1994, reducing poverty by about 17 percentage points over a period of 13 years, an estimated 61percent progress towards targets. Over the three year period from 2004 to 2007, poverty was reduced from 35 percent to 30 percent, at a rate of about 1.2 percent per year (with an average growth in GDP of 11 percent over this period).

While poverty has decreased substantially over the last 13 years, a third of the population still lives below the poverty line, and the average rural poverty rate is 35 percent, much higher than the other urban rate of 22 percent and the Phnom Penh rate of 1 percent.

Figure 1: Evolution of Poverty Headcount by Region (1994-2007)



Source [WB 2009e]

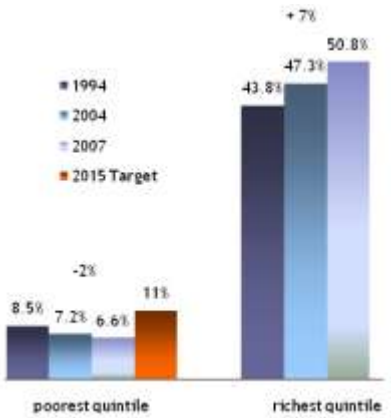
Inequality

Poverty reduction in Cambodia has so far occurred through trickle-down and spread effects of a strongly growing economy largely centred on urban activities. Even at the high rates of growth of recent years, the benefits of growth have not been equitably distributed, and this type of growth has exacerbated inequality in the country: the rise in living standards has been more pronounced in urban areas and among the richest quintile; the extreme poor (the bottom 20 percent who fall below the food

poverty line) have experienced significantly slower growth in real consumption than the "normal" poor. From 1994 to 2004, poverty fell in rural areas by 22 percent, in other urban areas than Phnom Penh, by 44 percent and in Phnom Penh by 60 percent.

As illustrated in Figure 2, the share of the lowest quintile in national consumption has fallen from 8.5 percent in 1993 to 6.6 percent in 2007, much below the 2010 target of 10 percent -- a reversal showing high negative movement in the wrong direction of 76 percent. The difference in share of consumption between the richest 20 percent of Cambodians and the poorest 20 percent reveals a dramatic and widening gap in wealth, as figures show that almost half of the country's total consumption is enjoyed by the richest 20 percent of the population.

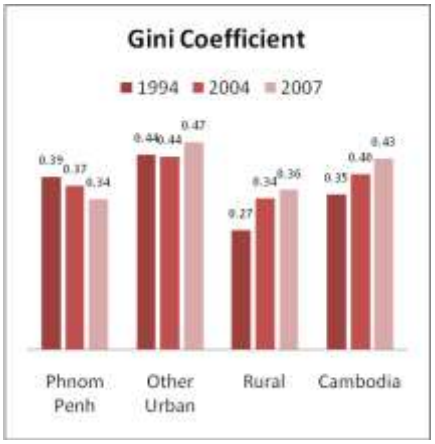
Figure 2: Evolution of Share of National Consumption of Lowest and Highest Quintiles (2004-2007)



Source [WB 2009e]

This is reflected in increases in the Gini coefficient which has increased from 0.35 in 1994 to 0.43 in 2007 for the country as a whole, making Cambodia one of the more unequal countries in the region[3]. Inequality in Cambodia is somewhat unusual in that most countries in Southeast and East Asia saw levels of inequality start to widen only at later stages of development, when levels of average income and consumption were higher (and poverty headcounts lower). Significantly, inequality rose from 0.27 to 0.36 in rural areas, indicating that inequality has increased not only between rural and urban areas, but also within rural areas.

Figure 3: Evolution of Gini Coefficient by Region (1994-2007)



Source [WB 2009e]

Child Labour

Child involvement in economic activity is widespread in Cambodia. In all, an estimated 52 percent of 7-14 year-olds, over 1.4 million children in absolute terms, were economically active in the 2001 reference year[4]. This percentage is very high relative to other countries with similar levels of income, underscoring that children's work poses a particular concern in the Cambodian context.

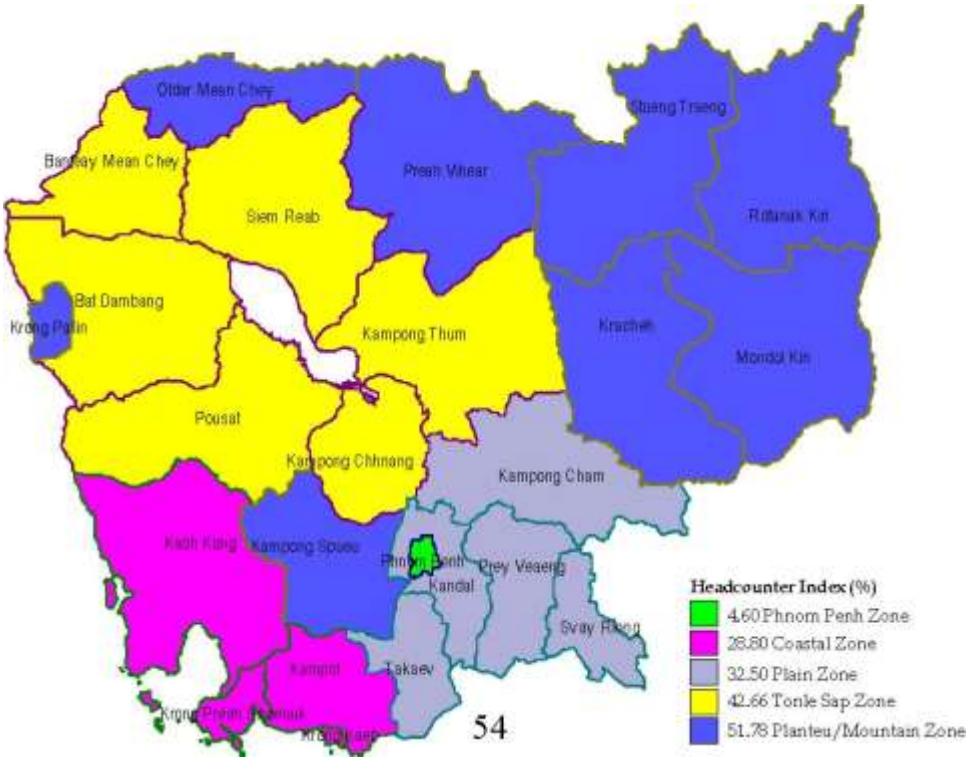
There has been no survey of child labour in Cambodia since the Cambodian Child Labour Survey (CCLS) of 2001 and other surveys have data incompatibilities. It is therefore not possible to assess trends in child labour with any degree of confidence. The 2007 CSES shows that 38.6 percent of children 5-17 worked at least 1 hour per day (paid or unpaid), but this is not child labour. Not all work done by children or economic activity performed by children is child labour. Only work that impairs a child's physical, mental, moral or educational development or affects the child's safety or health or moral is child labour. The data for 2004, derived from the CIPS 2004, which was arrived at by applying an international standard formula for worst forms of child labour, shows a worsening of the situation, but the methodology is also debatable. No such computation is currently available for 2007.

[3] Source [WB 2006a] and [WB 2009e]
[4] See [ILO 2006]

Regional Variation of Poverty

The poor are overwhelmingly rural: in 2004, 91.6% of the nation's poor were living in rural areas; in 2007, this rose to 92.7%. In terms of regional distribution of poverty, the last official poverty assessment that allows regional comparisons is derived from the 2004 CSES. The 2007 CSES had a much smaller sample, which does not allow provincial level assessments (only rural /urban/ Phnom Penh).

Figure 4: Poverty Map by Geographical Zone (2004)



Source: [MoP 2006a]

The map in Figure 4 and the data in Table 2 show that the regions with the highest levels of poverty are the Plateau/Mountain Zone (with average 52 percent poverty, and with Kampong Speu having the highest level of poverty in the country -- 57 percent), followed by the Tonle Sap Zone (with average 43 percent poverty, with high poverty rates in Kompong Thom and Siem Reap (about 52 percent).

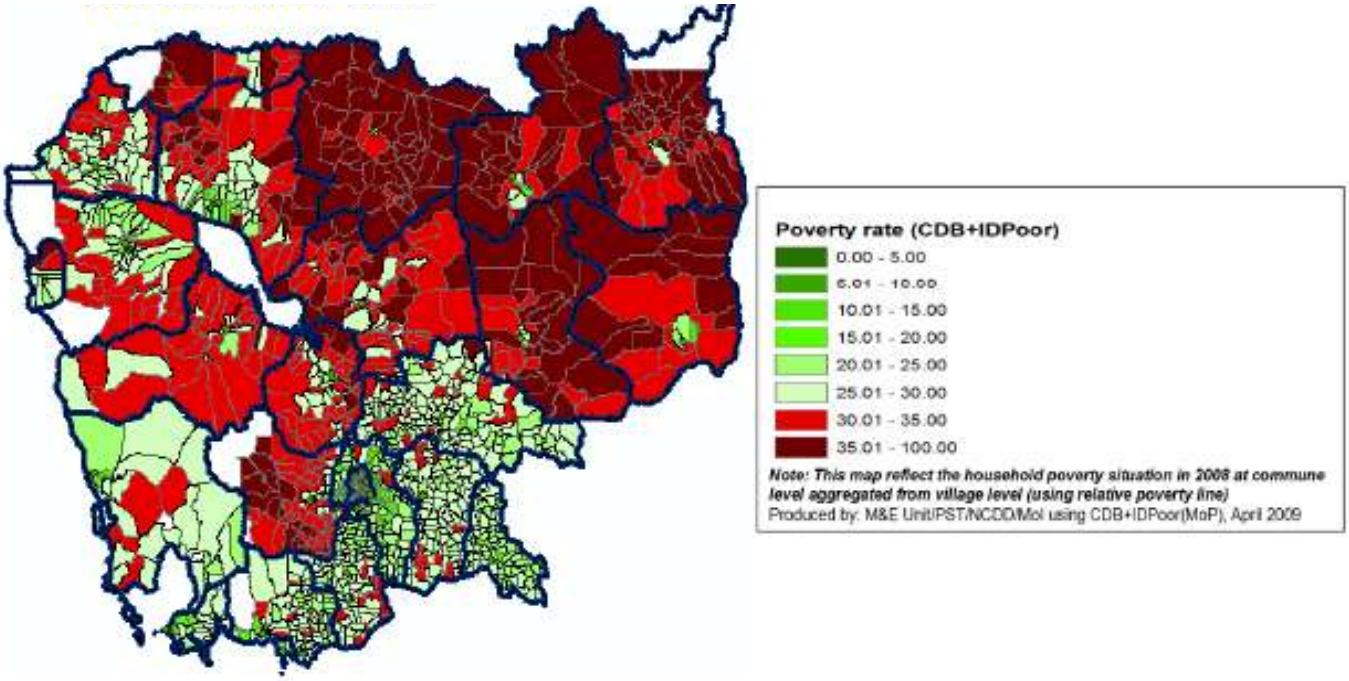
As further discussed in Section 5.3.1, recently, the Commune Database (CDB) managed by the Ministry of Planning (MoP) has been proposed as an effective alternative data source to consumption-based poverty surveys to provide annually updated poverty measurements based on extrapolations from information on assets and other poverty related variables collected at the household, village and commune level. The advantage is that it would provide annual poverty estimated at the commune level, as illustrated in the map in Figure 5, which correlate well with survey results.

Table 2: Poverty Estimates by Province (2004)

PROVINCE	2004 Poverty Headcount Index (%)
i) Phnom Penh zone	**4.60**
Phnom Penh	4.60
ii) Plains zone	**32.50**
Kompong Cham	37.04
Kandal	22.24
Prey Veng	37.20
Svay Rieng	35.93
Takeo	27.71
iii) Tonle Sap zone	**42.66**
Banteay Meanchey	37.15
Battambang	33.69
Kompong Thom	52.40
Siem Reap	51.84
Kompong Chhnang/Pursat	39.57
iv) Coastal zone	**28.80**
Kampot	29.96
Sihanoukville/Kep/Koh Kong	23.18
v) Plateau/Mountain zone	**51.78**
Kompong Speu	57.22
Other provinces	46.11
Cambodia	**35.13**

Source: [MoP 2006a]

Figure 5: Example of Poverty Map by Commune for 2008 Generated from the CDB[5]



Prospects and Challenges

Breaching the poverty gap to meet the 2015 target (8 years from 2007) would require reducing poverty by about 10 percentage points, requiring poverty reduction rates above 1 percent per year, derived from at least 7 percent annual growth rate, as anticipated in the National Strategic Development Plan (NSDP)[6].

In the absence of the recent economic crisis and food price trends, this may have been possible to achieve for overall poverty headcount targets. Now, as discussed in more detail in Section 3.2.1, this appears highly unlikely. It should be noted, however, that the targets for 2015 were based on a baseline estimate of 39 percent for 1993/94 from a survey that only covered 59 percent of the villages. The actual poverty rate, projected backwards by the World Bank in 2006[7] is closer to 47 percent. Halving that would yield a target of 23.5 percent, which is more achievable than the current target of 19.5 percent. There is therefore a compelling argument for revising that target.

While achieving the national poverty headcount target may be possible with a well-designed strategy, reversing the trend of increased inequality will require a drastic change in the overall approach to growth, and a focus on the connections between growth, poverty and equity in Cambodia's development process[8].

Addressing growth, poverty and equity in a balanced way will require acting simultaneously on many fronts, both at the policy and macro-economic levels and at the level of direct interventions focused on the poorest populations.

[5] Source: [UNDP 2009]
[6] See [MoP 2006b]
[7] See [WB 2006a]
[8] This is elaborated further in [WB 2007]

2.1.2 Hunger

Food Poverty

Food poverty also declined over the period 2004-2007 (the original value for the baseline in 1993/94 is not comparable to the values in 2004 and 2007), but the estimated decrease in the poverty headcount relative to the food poverty line over this period is considerably smaller (from 19.7 to 18.0 percent), reflecting more rapid inflation in food prices than in non-food prices during this period.

Malnutrition

Figure 6 shows the evolution of underweight, stunted and wasted children under five years of age. As can be seen from the various diagrams, while tremendous progress was made between 2000 and 2005 in reducing the proportion of underweight and wasted children under five, the recent economic downturn and the high food prices in 2008 have had an effect of slowing down progress in underweight children (now constant at 28.8 percent) or reversing the trend between 2005 and 2008 for wasted children (from 8.4 to 8.9). The level of wasting among the urban poor has alarmingly risen from 9.6 percent in 2005 to nearly 16 percent in 2008.

Since stunting (height for age) is not responsive to short term change, it is the only indicator that shows continued improvement, but the percentage of stunted children remains high (39.5 percent)

Cambodia is among the 36 countries with the highest burden of child under-nutrition in the world, one of the 33 "alarming or extremely alarming" countries in terms of hunger and under-nutrition.

Prospects

Figure 6 also illustrates two projections for malnutrition and stunting (wasting is a short-term variable responding to crisis and it does not make sense to project it). The LOW projection assumes a linear continuation of trends from 2000 to 2008 and the HIGH projection assumes a linear continuation of trends from 2000 to 2005, a period during which progress was higher.

The projections show that targets will likely be met for underweight children unlikely to be met for stunted children. It does not make sense to project wasted children, but the current situation is already better than originally targeted, despite the recent upsurge in this variable.

Figure 6: Evolution of Planned, Actual and Projected Malnutrition Levels

Source: [UNICEF 2009b] for actual data. Author's computations for Planned and Projected data. Projections are simple linear extrapolations of rates of progress for 2000-2005 (HIGH) and 2000-2008 (LOW).

Regional Variations

Table 3 shows regional variations in the three anthropometric indices of nutritional status.
As can be seen from the table:

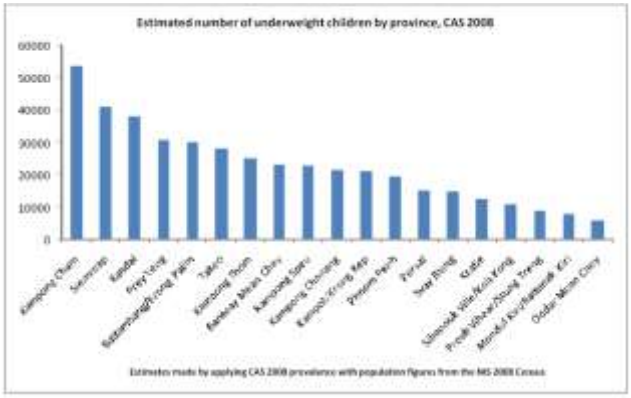
- The highest rates of underweight children (over 30 percent weight for age) can be found in Kampong Chhnang, Siemreap, Kampong Thom, Pursat, Svay Rieng and Kampong Cham;
- The highest rates of stunted children (over 40 percent height for age) can be found in Kampong Thom, Preah Vihear/Stung Treng, Kratie, Siemreap, Kampong Chhnang, Takeo, Prey Veng, Mondul Kiri/Rattanak Kiri, Oddar Mean Chey and Sihanouk Ville/Koh Kong;
- The highest rates of wasted children (over 10 percent) can be found in Banteay Mean Chey, Pursat, Kampong Chhnang, Svay Rieng, Kampong Speu, Kandal, Oddar Mean Chey, and Kampong Cham.

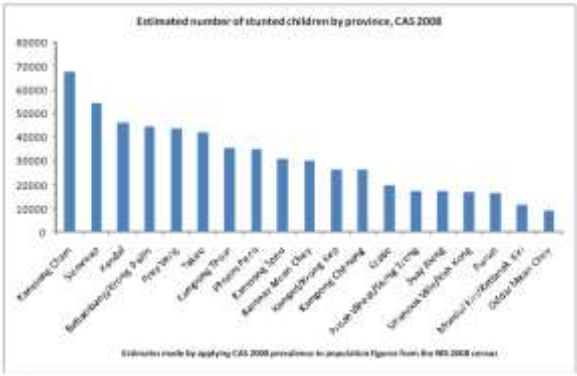
Table 3: Child Malnutrition Indicators by Province (2008)[9]

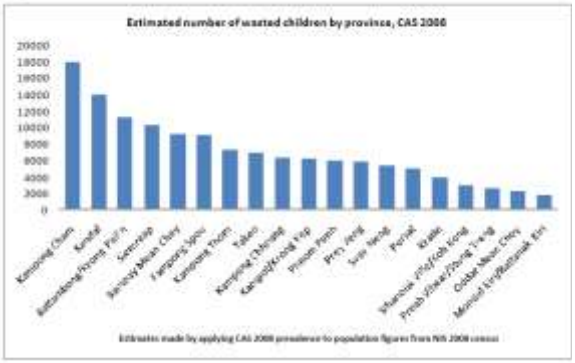
Percentage of children uder five years classified as malnourished according to three anthropometric indices of nutritional status: height-for-age; weight-for height, and weight-for-age by domain, CAS 2008

Province	Height-for-Age		Weight-for-Height		Weight-for-Age		Number of Children
	< -2 SD	< -3 SD	< -2 SD	< -3 SD	< -2 SD	< -3 SD	
Banteay Mean Chey	38.4	18.0	11.7	2.8	29.7	10.4	317
Kampong Cham	38	15.5	10	2.9	30.1	9.6	888
Kampong Chhnang	45.4	19.6	11.1	3.3	37.4	12.1	306
Kampong Speu	37.6	15.1	10.9	1.3	27.8	5.9	471
Kampong Thom	47.1	23.0	9.6	2.1	33.5	12.8	187
Kandal	35.8	15.8	10.8	1.9	29.6	9.9	627
Kratie	46.3	22.6	9.1	2.4	29.3	9.8	164
Phnom Penh	33.6	16.7	5.6	1.4	18.7	6.8	658
Prey Veng	42.2	16.1	5.5	0.8	29.7	8.3	528
Pursat	36.4	16.1	11.2	2.2	33.3	9.1	187
Siemreap	46	23.1	8.6	1.8	34.7	11.9	628
Svay Rieng	36	13.6	11	1.1	30.9	9.2	272
Takeo	43.4	16.7	7.1	1.9	28.9	7.9	479
Oddar Mean Chey	41	16.7	10.1	3.8	28.6	7.6	78
Battambang/Krong Pailin	37.3	15.3	9.3	1.3	25	8.3	557
Kampot/Krong Kep	34.5	13.8	8.1	1.1	27.2	7.7	261
Sihanouk Ville/Koh Kong	40.1	19.9	7.1	0.5	26.4	10.5	182
Preah Vihear/Stung Treng	46.6	23.3	6.7	1.5	24.1	6.0	133
Mondul Kiri/Rattanak Kiri	41.7	22.9	6.3	2.1	27.1	9.4	96
Total	39.5	17.3	8.9	1.8	28.8	9.1	7019

Figure 7: Total Number of Underweight, Stunted and Wasted Children by Province[10]







As illustrated in Figure 7, the highest numbers of underweight, stunted and wasted children are in Kampong Cham (about 50,000, 70,000 and18,000 respectively).

Use of Iodized Salt

The CAS 2008[11] shows that 71.5 percent of household use iodized salt, which puts this indicator well in reach of its target of 90 percent, as it started from a low 14 percent in 2000.

[9] Source: [UNICEF 2009b] Table 3.1
[10] Source: [UNICEF 2009b]
[11] [UNICEF 2009b]

2.2 CMDG2: Achieve Universal Primary Education

A summary of the current status of the indicators for CMDG2 is presented in Table 4.

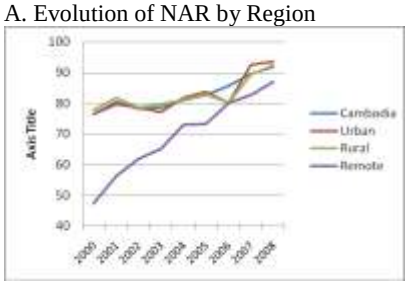
Table 4: Status of Achievement of CMDG2 Targets

CMDG2: Achieve universal nine-year basic education	Benchmarks		Most Recent Available			Targets		Distance		% Progress
	Value	Year	Value	Year	Source	2010	2015	Total	Current	
Target 3: Ensure all children complete primary schooling by 2010 and nine-year basic schooling by 2015										
2.1 Net primary admission rate	81	2001	91.9	2008/2009	EMIS	100	100	19	10.9	57%
2.2 Net enrolment ratio in primary education	87	2001	94.4	2008/2009	EMIS	100	100	13	7.4	57%
2.3 Net enrolment ratio in lower secondary education	19	2001	33.9	2008/2009	EMIS	75	100	81	14.9	18%
2.4 Proportion of 6-14 year olds out of school	35	1999	19.81	2008	GPCC08	11	0	35	15.19	43%
2.5 Survival rate from grade 1 to 5	58	2001	67.4	2008/2009	EMIS	100	100	42	9.4	22%
2.6 Survival rate from grade 1 to 6 (last grade of primary cycle)	51	2001	59.3	2008/2009	EMIS	100	100	49	8.3	17%
2.7 Survival rate from grade 1 to 9 (last grade of basic cycle)	33	2001	33.1	2008/2009	EMIS	76	100	67	0.1	0%
2.8 Literacy rate of 15-24 years old	82	1999	87.5	2008	GPCC08	95	100	18	5.5	30%
Target 4: Eliminate gender disparity in nine-year basic education by 2010										
2.9 Ratio of girls to boys in primary education	87	2001	90.2	2008/2009	EMIS	100	100	13	3.2	25%
2.10 Ratio of girls to boys in lower secondary education	63	2001	90.1	2008/2009	EMIS	100	100	37	27.1	73%

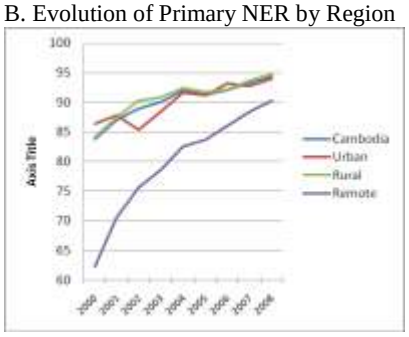
As can be seen from Table 4 and as illustrated in Figure 8, remarkable strides have been made over the past seven years in improving the Net Admission Rate (NAR), the Primary Net Enrolment Rate (NER), the proportion of 6-14 year olds out of school, and improving gender parity and regional inequities in primary education, all of which are on track to achieve the 2015 CMDG targets[12]. The likelihood of these targets being achieved will also be reinforced by revised population estimated for each age group based on the 2008 census, which found the population growth rate to be lower than in the projections used for computing these rates.

Figure 8: Evolution of NAR and NER by Region and Gender

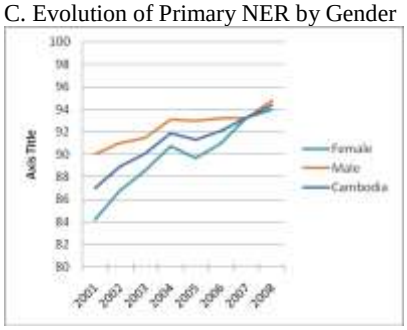
A. Evolution of NAR by Region



B. Evolution of Primary NER by Region

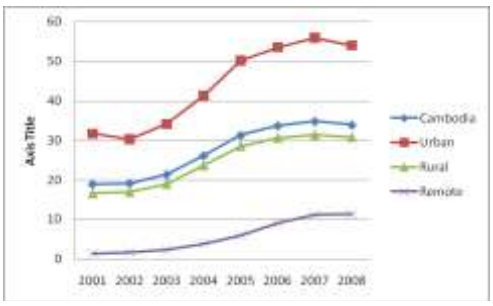


C. Evolution of Primary NER by Gender



The major current challenges are enrolment rates in Lower Secondary School (LSS), survival rates in Primary School and LSS, and the literacy rate of 15-24 year olds, which are all far below targets.

Figure 9: Evolution of LSS NER by Region



The evolution of NER in LSS by region, illustrated in Figure 9 shows both a slowing down of growth in this area and the still very large gap between urban, rural and remote areas. The LSS NER rates are low partly because of the large overage enrolment in primary schools, partly because of high drop-out and low transition rates.

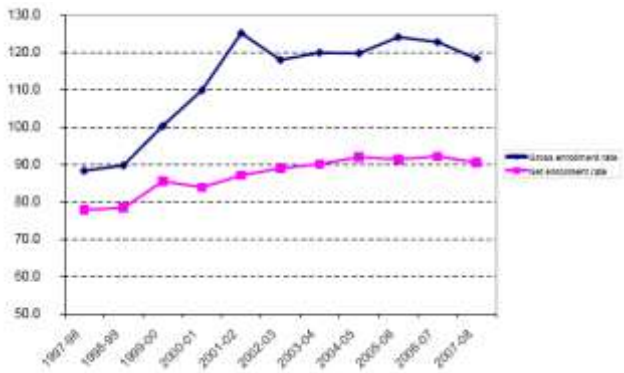
The major focus over the next seven years must therefore be on improving access to LSS and improving survival rates (including the transition rate to LSS), which are related to issues of quality of

[12] Data for the proportion of 6-14 years old out of school from the GPCC 2008 shows that little progress has been done for this indicator since 2004. This needs to be examined more carefully.

education. It will not be possible to affect the LSS NER substantially until the overage situation in primary schools is addressed fully.

Figure 10 shows the large proportion of overage children in primary school and the fact that the gap is not closing. In 2008-09, almost half the children admitted to first grade in Remote Areas were overage (45 percent); in Urban Areas this was less than one third (29.5 percent), and in Rural Areas it was about one third (32.3 percent). The national average rate of overage admissions in grade 1 was 32.5 percent.

Figure 10: Evolution of Primary GER and NER



This persistent trend for overage entry and enrolment in the primary level in Cambodia must be remedied with specific policies, but it is likely to remain a reality to which the school system and teachers should accommodate for some time to come, and it will require appropriate modifications of classrooms and pedagogy.

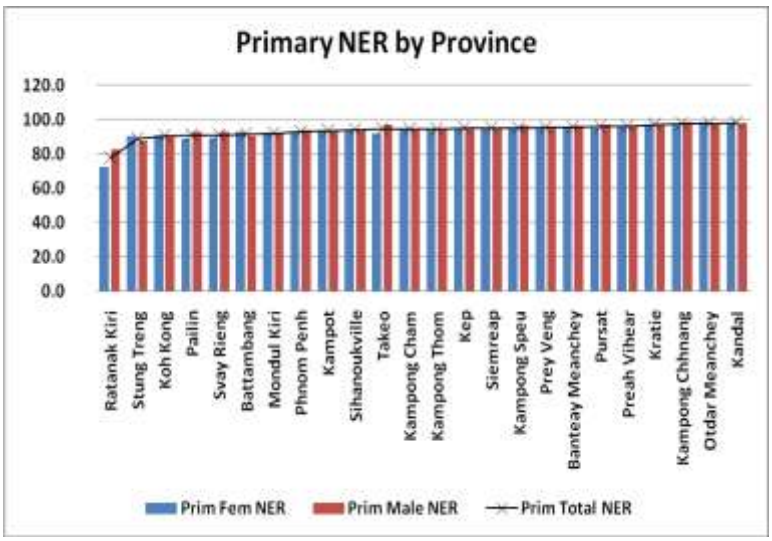
At current rates of progress, it is unlikely that the targets for NER in LSS and survival rates will be achieved by 2015. Achieving these will require more than a tripling of recent growth rates in these indicators. So despite the tremendous progress in primary education, sadly, Cambodia still scores low in CMDG2 because of this situation.

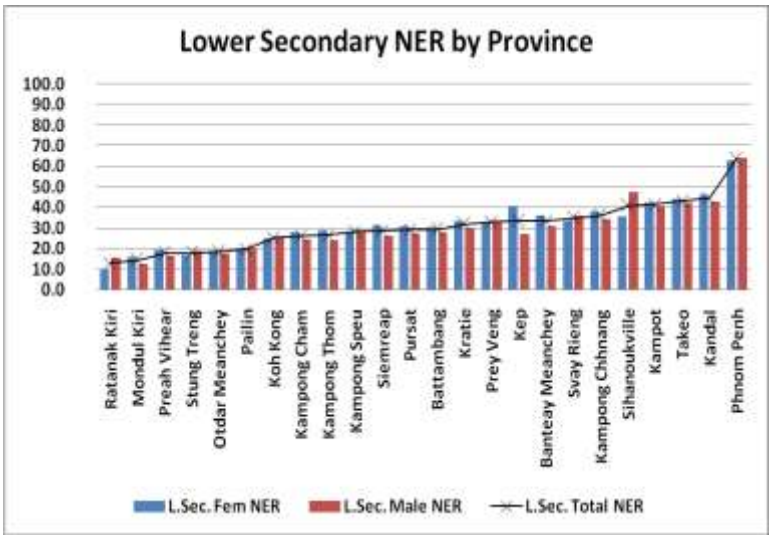
Provincial Differences

Figure 11 show the status of Primary and Secondary NER by province. As can be seen from the Figure, except for Ratanak Kiri, discrepancies in Primary NER among provinces have been nearly eliminated.

For LSS, on the other hand, there is still a very large variation in NER among provinces, with Ratanak Kiri, Mondul Kiri, Preah Vihear, Stung Treng, Oddar Meanchey, and Pailin still trailing far behind the national average of about 34 percent.

Figure 11: Primary and Lower Secondary NER by Province





2.3 CMDG3: Promote Gender Equality and Empower Women

A summary of the current status of the indicators for CMDG3 is presented in Table 5.

Table 5: Status of Achievement of CMDG3 Targets

CMDG3: Promote Gender Equality and Empower Women	Benchmarks		Most Recent Available			Targets		Distance		% Progr.
	Value	Year	Value	Year	Source	2010	2015	Total	Curr.	
Target 5: Reduce significantly gender disparities in upper secondary education and tertiary education										
3.1 Ratio of girls to boys in upper secondary education	48	2001	72.9	2008	EMIS	80	100	52	24.9	48%
3.2 Ratio of females to males in tertiary education	38	2001	57.5	2008	MoEYS	70	85	47	19.5	41%
3.3 Ratio of literate females to males 15-24 years old	87	1998	95.7	2008	GPCC08	100	100	13	8.7	67%
3.4 Ratio of literate females to males 25-44 years old	78	1998	85.9	2008	GPCC08	100	100	22	7.9	36%
Target 6: Eliminate gender disparities in wage employment in all economic sectors										
3.5 Female share in wage employment in Agriculture	35	1998	50.2	2007	CSES	50	50	15	15.2	101%
3.6 Female share in wage employment in Industry	44	1998	44.2	2007	CSES	50	50	6	0.2	3%
3.7 Female share in wage employment in Services	21	1998	35.6	2007	CSES	37	50	29	14.6	50%
Target 7: Eliminate gender disparities in public institutions										
3.8 Proportion of seats held by women in National Assembly	12	2003	22	2008	NEC	24	30	18	10	56%
3.9 Proportion of seats held by women in Senate	13	2003	14.8	2007	CGA	14	30	17	1.8	11%
3.10 Proportion of female Ministers	8	2003	7.7	2008	RD	12	15	7	-0.3	-4%
3.11 Proportion of female Secretaries of State	6	2003	8	2008	RD	15	18	12	2	17%
3.12 Proportion of female Under-Secretaries of State	5	2003	14.6	2008	RD	17	20	15	9.6	64%
3.13 Proportion of female Provincial Governors	0	2003	0	2008	SSCS	6	10	10	0	0%
3.14 Proportion of female Deputy Provincial Governors	1	2003	16.5	2009	MoI	8	15	14	15.5	111%
3.15 Proportion of seats held by women in Commune Councils	8	2003	14.6	2009	MoI	15	25	17	6.6	39%
Target 8: Reduce significantly all forms of violence against women and children										
3.16 Proportion of population aware that that violence against women is wrong and criminal	?	2003	30	2005	MoWA	50	100	100	30	30%
3.17 Proportion of domestic violence cases counselled by qualified personnel	?	2003	4	2005	MoWA	50	100	100	4	4%
3.18 Adoption and implementation of laws against violence against women and children (year)	0	2003	50	2009	MoWA	100	100	100	50	50%
3.19 Collection of annual statistics to monitor violence against women (year)	0	2003	50	2009	MoWA	100	100	100	50	50%
3.20 Adoption and implementation of a prevention plan (year)	0	2003	50	2009	MoWA	100	100	100	50	50%

NOTES

Target 3.4: The current value of 85.9 is the average of average of 87.9 for 25-34 year olds and 83.9 for 35-44 year olds taken from the GPCC08, as the values for the 25-44 age group were not available at the time of this writing.

Target 3.16: The figure of 30% is taken by MoWA from the baseline survey on Violence against Women of 2005 (see chapter 2.1.1.2 and 2.1.1.3 together with Tables 38, 39 and 65 in Annex A) as an average of those who know it is wrong (26%) and those who know it is criminal (illegal): 36% for the lowest form of violence. No baseline data was available. (it is taken as 0 to compute progress)

Target 3.17: No clear indicator or data is available for this. The Violence Against Women Baseline Survey (2005 – MoWA) finds that only 4% of abused women sought counselling (table 2.4). No baseline data is available. It is taken as 0 for progress computations. See further discussion in text below

Targets 3.18-3.20: Since the "implementation" part of the indicators is not measurable without a clear definition of what implementation entails, it was decided for now to allocate 50% to "adopted" (which was done) and assume that "implemented" is half way there (25%). This will be modified when a set of clear implementation targets are defined.

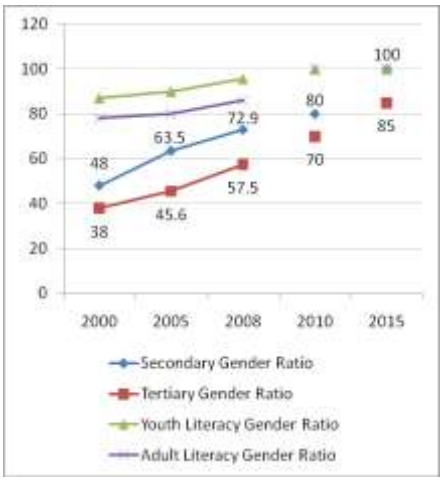
While Table 5 above is a gender specific table, it is important to note that other indicators are "engendered" and that some gender indicators in education have been covered in CMDG2. This table does not therefore reflect the entire gender situation.

Disparities in Education

As can be seen from Table 5 and Figure 12, much progress has been made in improving the ratios of females to males in secondary and tertiary education, although they still remain far below targets.

Progress in youth literacy gender ratio (15-24 years of age) has been very good, generally reflecting improvements in the primary and LS education indicators, but not enough is being done to improve the literacy of adult women (25-44 year olds). This needs to be addressed as it has impacts on their employment, rights health, and ability to negotiate safe sex, as well as on the education and health of their daughters.

Figure 12: Planned and Actual Higher Education and Literacy gender Ratios (%)

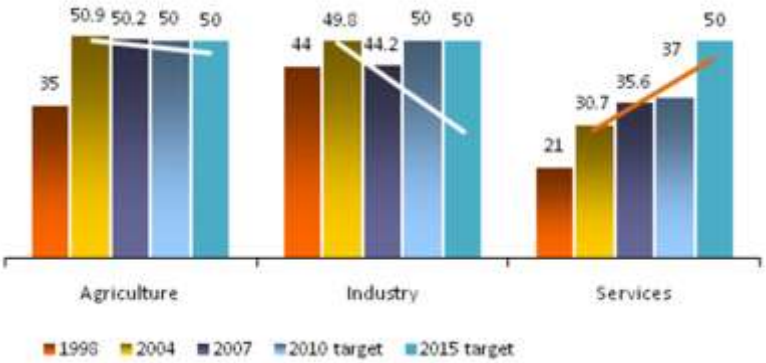


Disparities in Wage Employment

As indicated in Figure 13, women have achieved parity in wage employment in agriculture (although more recently there is a slight downward trend), and, while much progress has been made in services, the situation has not changed much in industry since 1998 and seems to be regressing after it increased in 2004. Trends indicate that parity in services may be achieved but parity in industry will require concerted and focussed action (and further analysis).

By and large, economic opportunities for women are still constrained, with most credit, training extension and support programs not sufficiently tailored to their needs.

Figure 13: Planned, Actual and Projected Female Share in Wage Employment by Sector (%)



Adapted from CSES 2007 [WB 2009e]

Although wage employment parity is improving, attention needs to be paid to women in the informal economy, a critical but vulnerable source of livelihood for women.

Disparities in Public Institutions

Women's representation in elected positions (both at the commune level and in the National Assembly) has increased as well as in deputy positions, but women are still seriously underrepresented in top decision making positions, where the situation has regressed in some cases.

Violence Against Women

There is a problem with the definition of indicator 3.16 (Proportion of population aware that that violence against women is wrong and criminal) as there are substantial differences between awareness that it is criminal and acceptance that it is wrong (many know that it is criminal but do not agree that it is wrong). As contradictory knowledge and attitudes have been lumped together, there is a need to change the domestic violence indicators.

Most victims of violence do not seek help. The CDHS 2005 survey shows that, only 31% of those who experienced violence sought help and most of that (51%) from family members. The MoWA baseline shows that only 4% sough professional help to stop the behaviour (doctor or counselling).

Overall, traditional gender attitudes still prevail and are reflected in discrimination, women's low nutritional status and high maternal mortality rates (see Section 2.5), increased impact of HIV on women (see Section 2.6), and, while legislation to prevent violence against women has been adopted, the extent of its implementation is not clear and violence against women is still widespread and tolerated, with weak prevention and support.

2.4 CMDG4: Reduce Child Mortality

Significant progress has been made in key health indicators related to child mortality since 2000. A summary of the current status of the indicators for CMDG4 is presented in Table 6.

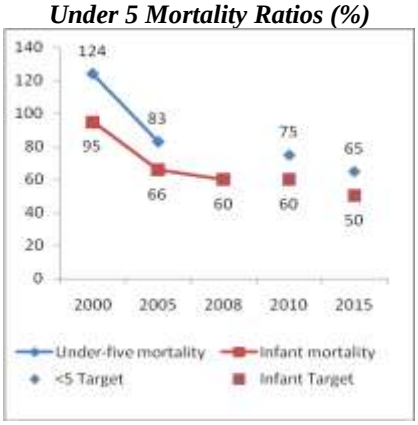
Table 6: Status of Achievement of CMDG4 Targets

CMDG4: Reduce child mortality	Benchmarks		Most Recent Available			Targets		Distance		% Progr.
	Value	Year	Value	Year	Source	2010	2015	Total	Curr.	
Target 9: Reduce the under-five mortality rate										
4.1 Under-five mortality rate (per 1,000 live births)	124	1998	83	2005	CDHS	**75**	65	59	41	69%
4.2 Infant mortality rate (per 1,000 live births)	95	1998	60	2008	GPCC	60	50	45	35	78%
4.3 Proportion of children under 1 year immunized against measles	41.4	2000	91	2008	HIS	85	90	48.6	49.6	102%
4.4 Proportion of children aged 6-59 months receiving Vitamin A capsules	28	2000	79	2008	HIS	**85**	90	62	51	82%
4.5 Proportion of children under 1 year immunized against DPT3	43	2000	92	2008	HIS	**95**	**95**	52	49	94%
4.6 Proportion of infants exclusively breastfed up to 6 months of age	11.4	2000	65.9	2008	CAS	34	49	37.6	54.5	145%
4.7 Proportion of mothers who start breast-feeding newborn child within 1 hour of birth.	11	2000	35.1	2005	CDHS	45	62	51	24.1	47%

NOTES:
Target 4.1: Original target for 2010 of 85 was changed to 75 in the Health Strategic Plan (HSP)
Target 4.4: Original target for 2010 of 80 was changed to 85 in the HSP
Target 4.5: Original targets for 2010 and 2015 of 85 and 90 were both changed to 95 in the HSP
(% progress has been computed based on changed targets for 2015)

Child Mortality is the CMDG where most progress has been made and many targets have been reached or exceeded, prompting the MoH to revise some targets upwards in the Health Strategic Plan (HSP).

Figure 14: Evolution of Infant and Under 5 Mortality Ratios (%)



As indicated in Table 6 and illustrated in Figure 14, infant mortality has decreased from 95 to 60 deaths per 1,000 live births from 2000 to 2008, (already reaching its 2010 CMDG target) and under-five mortality has decreased from 124 to 83 deaths per 1,000 live births from 2000 to 2005 (with a 2010 CMDG target of 75). This progress has been attributed to the strong performance of the national immunization programme, successful exclusive breastfeeding promotion, improved access to basic health services, an overall reduction of poverty levels and improved access to education and better roads.

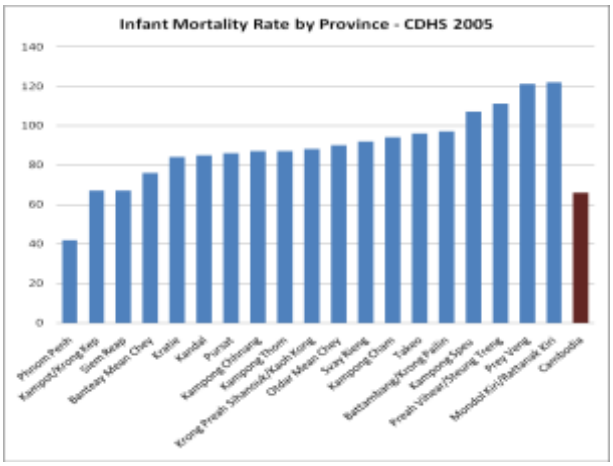
Indeed:

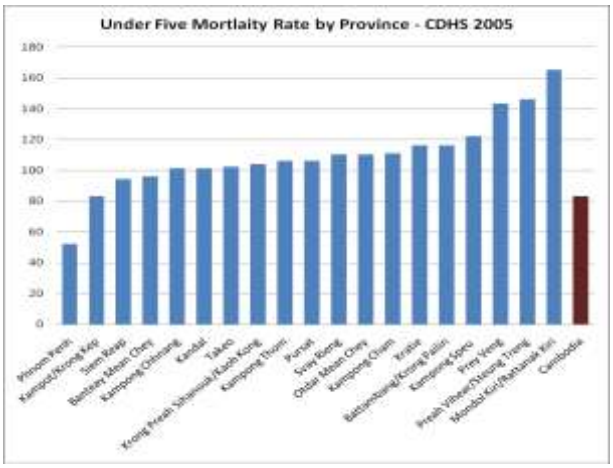
- The proportion of children age 12 to 23 months fully immunized against six preventable diseases increased from 40 per cent to 66 per cent (with measles coverage up to 91% in 2008);
- Feeding practices have improved, with an increase in babies being breastfed early and exclusively, from 11 per cent to 35 per cent and from 11 per cent to 60 per cent, respectively;
- The proportion of children aged 6-59 months receiving Vitamin A capsules has increased substantially from 28 per cent in 2000 to 79 per cent in 2008;
- Coverage of Integrated Management of Childhood Illness (IMCI), critical to reducing under 5 mortality, has increased substantially.

Regional Disparities

While overall, the situation of child mortality has improved substantially, there are still wide regional variations that need to be addressed.

Figure 15: Infant and Under-Five Mortality by Province (2005)[13]





As can be seen from the figure, infant and under-five mortality are still almost double the national average in Kampong Speu, Preah Vihear/Steung Treng, Prey Veng and Mondol Kiri/Rattanak Kiri.

[13] From [CDHS 2005]

2.5 CMDG5: Improve Maternal Health

A summary of the current status of the indicators for CMDG5 is presented in Table 7.

Table 7: Status of Achievement of CMDG5 Targets

CMDG5: Improve Maternal Health	Benchmarks		Most Recent Available			Targets		Distance		% Progr.
	Value	Year	Value	Year	Source	2010	2015	Total	Curr.	
Target 10: Reduce the maternal mortality ratio										
5.1 Maternal mortality ratio (per 100,000 live births)	437	1997	461	2008	GPCC	243	140	297	-24	-8%
5.2 Total fertility rate	4	1998	3.1	2008	GPCC	3.4	3	1	0.9	90%
5.3 Proportion of births attended by skilled health personnel	32	2000	58	2008	HIS	70	80	48	26	54%
5.4 Proportion of married women using birth spacing methods	18.5	2000	26	2008	HIS	44	60	41.5	7.5	18%
5.5 Proportion of pregnant women with 2 or more ANC with skilled health personnel	30.5	2000	81	2008	HIS	75	90	59.5	50.5	85%
5.6 Proportion of pregnant women with iron deficiency anaemia	66	2000	57	2005	CDHS	39	33	33	9	27%
5.7 Proportion of women 15-49 years with BMI<18.5 kg/sq. meter	21	2000	16.1	2008	CAS	12	8	13	4.9	38%
5.8 Proportion of women 15-49 years with iron deficiency anaemia	58	2000	47	2005	CDHS	32	19	39	11	28%
5.8 Proportion of pregnant women delivered by Caesarean Section	0.8	2000	2	2008	MoH	2.5	4	3.2	1.2	38%

NOTES:
Target 5.8: Original target for 2010 of 3 was changed to 2.5 in the HSP

Table 7 shows an improved total fertility rate, which at 3.1 percent in 2008 has almost reached its 2010 target, and the persistent high level of maternal mortality, which currently stands at 461 deaths per 100,000 live births (2008 Census) and is among the highest in the region, and which has not changed much since 1997 (and even reversed slightly, although measurement error is high for this indicator, and the situation is likely to show improvement in the next CDHS). This makes it highly unlikely that the CMDG target of 140 by 2015 can be reached.

The high maternal mortality rates are attributed to a number of factors:

- The shortage, weak capacity and poor deployment and retention of midwives (only 58 percent of women have access to a skilled birth attendant);
- 57 percent of pregnant women have iron deficiency anaemia;
- Emergency Obstetrics and Newborn Care (EmONC) is not accessible to many women and newborns (the caesarean section rate is at about 2 percent, against the CMDG target of 4 percent and the minimum recommended by WHO level of 5 percent); the most recent 2008 Emergency Obstetrics and Newborn Care assessment revealed that there are only 1.6 facilities providing EmONC services per 500,000 people, which is significantly lower than UN recommended standards;
- Inadequate family practices and care-seeking during pregnancy and childbirth, such as the reliance on traditional birth attendants and unclean cord care; and
- Limited access to safe termination of pregnancy services (Unsafe abortion)

While Ante-Natal Care (ANC) usage has increased dramatically (from 31 percent in 2000 to 81 percent in 2008), increases in family planning have been limited (only 26 percent out of a CMDG target of 60 percent) making it unlikely that this target will be achieved. As family planning has the potential to reduce maternal mortality by up to 30 percent (reducing the need for unwanted pregnancies, unsafe abortions, etc.) it is critical this be addressed.

While the persistence of maternal mortality is an epidemiological fact, due to the factors identified above, it is also due to a range of social factors related to perceptions of women's health, the nutrition of girls and women and women's educational levels, which are addressed in CMDG 2 and 3.

Regional Disparities

Data by province on all indicators is available from CDHS 2005 and for many from CAS2008. The patterns are generally similar to the distributions shown above for poverty and child mortality.

2.6 CMDG6: Combat HIV/AIDS, Malaria and Other Disease

A summary of the current status of the indicators for CMDG6 is presented in Table 8.

Table 8: Status of Achievement of CMDG6 Targets

CMDG6: Combat HIV/AIDS, malaria and other diseases	Benchmarks		Most Recent Available			Targets		Distance		% Progr.
	Value	Year	Value	Year	Source	2010	2015	Total	Curr.	
Target 11: Decrease the spread of HIV/AIDS										
6.1 HIV prevalence rate among adults aged 15-49	1.9	1997	0.7	2008	NCHADS	<0.9	<0.9	1	1.2	120%
6.2 HIV prevalence rate among pregnant women, 15-24 yrs visiting ANC clinic	1.9	1998	1.1	2006	NCHADS	<0.9	<0.9	1	0.8	80%
6.3 Condom use rate among commercial sex workers during last commercial sexual intercourse	91	2002	96.7	2003	BSS	98	98	7	5.7	81%
6.4 Proportion of Young people 15-24 yrs old reporting use of condom during sexual intercourse with a non-regular sexual partner	82	2002	84.4	2005	CDHS	90	95	13	2.4	18%
6.5 Proportion of condom use reported by married women who identified themselves at risk	1	2002	NA			5	10	9	0	0%
6.6 Proportion of HIV infected pregnant women attending ANC receiving a complete course of antiretroviral prophylaxis to reduce risk of MTCT	2.7	2002	3.8	2004	NAA	35	50	47.3	1.1	2%
6.7 Proportion of people with advanced HIV infection receiving antiretroviral combination therapy	3	2002	94	2008	NCHADS	60	75	72	91	126%
Target 12: Decrease the spread of Malaria, Dengue Fever and TB										
6.8 Malaria case fatality rate reported by Public Health Sector	0.4	2000	0.35	2008	WHO	0.25	0.1	0.3	0.05	17%
6.9 Proportion of population at high risk who slept under insecticide-treated bed nets during the previous night	24	1998	49	2004	MOH	95	98	74	25	34%
6.10 Number of malaria cases treated in public health sector per 1000 population	11.4	2000	4.4	2008	WHO	7	4	7.4	7	95%
6.11 Proportion of public health facilities able to confirm malaria diagnosis according to national guidelines with 95% accuracy	60	2002	NA			80	95	35	0	0%
6.12 Number of dengue cases treated in the public health sector per 1000 population	1	2001	0.7	2008	WHO	0.6	0.4	0.6	0.3	50%
6.13 Dengue case fatality rate reported by Public Health Sector	1.5	2003	0.68	2008	WHO	0.5	0.3	1.2	0.82	68%
6.14 Prevalence of smear positive TB per 100,000 population	428	1997	215	2008	HIS	214	135	293	213	73%
6.15 TB death rate per 100,000 population	90	1997	75	2007	MOH	45	32	58	15	26%
6.16 Proportion of all estimated new smear-positive TB cases detected under DOTS	57	2002	69	2008	HIS	70	70	13	12	92%
6.17 Proportion of registered smear-positive TB cases successfully treated under DOTS	89	2002	90	2008	HIS	85	85	4	-1	100%

NOTES:

Target 6.1: The original baseline value was 3.3. This was modified in 2005 to 3. The value for 2008 was taken from the NCHADS projection model, after corrections. It is not comparable to the original baseline and target values. According to the corrected values in Figure 16 below from the Expert Consensus Meeting on Estimation of HIV Prevalence (2007, NCHAD), the 1997 baseline should be 1.9, the 2005 value 1.0 and the targets are stated in the HSP as <0.9

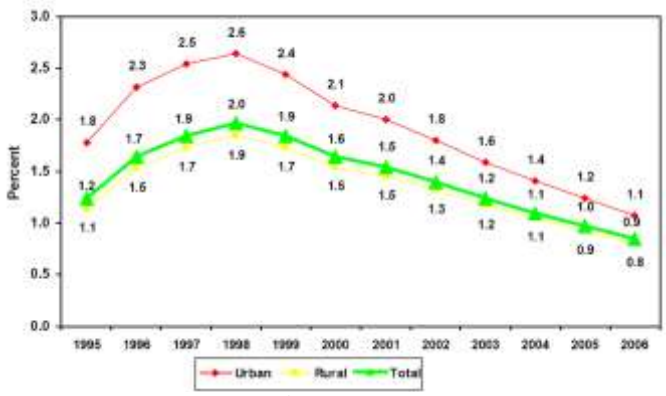
Target 6.2: Similar corrections as above were applied to this indicator.

HIV/AIDS

As can be seen from Table 6 and illustrated in Figure 16, earlier 100 percent condom campaigns in brothels contributed to a spectacular decrease in HIV prevalence from 1.2 percent in 2003 to 0.9 percent in 2006 (now estimated at 0.7 percent for 2008), a rate far better than the original 2015 target of 2.3 percent, which is now modified to <0.9.

The number of People Living with HIV (PLHIV) in 2009 is estimated 57,900 (30,300 women and 27,600 men) and a high proportion of those living with advanced HIV infection are receiving antiretroviral combination therapy (94 percent).

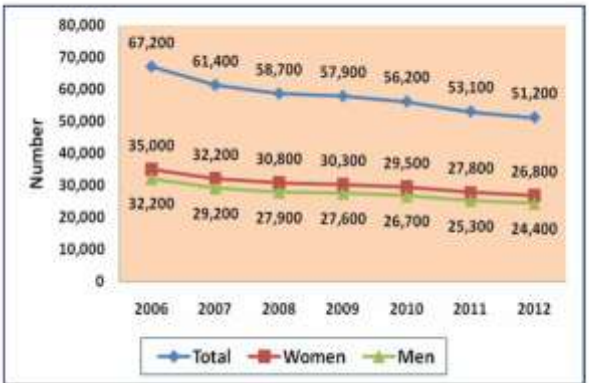
Figure 16: HIV Prevalence among the general population aged 15-49 years by type of residence



Source: NCHADS 2007, Report of a Consensus Workshop, HIV Estimates and Projections for Cambodia 2006 - 2012

Projections show that HIV prevalence is expected to further decline and to stabilise at 0.6 percent after 2010, with a total PLHIV of 51,200 (See Figure 17) although there remain concerns around the possibility of resurgence in the epidemic among the most-at-risk populations. The proportion of new HIV infections through spousal and mother-to-child transmission is increasing: the highest proportions of new infections are among married women (43 percent), and mother to child transmission (30 percent). Despite significant improvements, PMTCT coverage remains low and more work is needed to link sexual transmitted infections, reproductive health, voluntary confidential counselling and testing and other HIV services so women can have access to a comprehensive package of health services.

Figure 17: PLHIV Projections



Populations with high risk, such as Drug Users and Men who have sex with Men (MSM), also have a considerable higher prevalence of HIV. [14]

The major challenge now is to maintain and increase the gains made in HIV education and prevention (the proportion of young people 15-24 yrs old reporting use of condom during sexual intercourse with a non-regular sexual partner is still below target) and to addressing the risks of a second wave epidemic due to behaviours among groups at particular risk of HIV infection and other communicable diseases (e.g., drug users, MSM, entertainment workers in brothel and non-brothel settings and their clients and sexual partners, populations in prisons and drug rehabilitation centres).

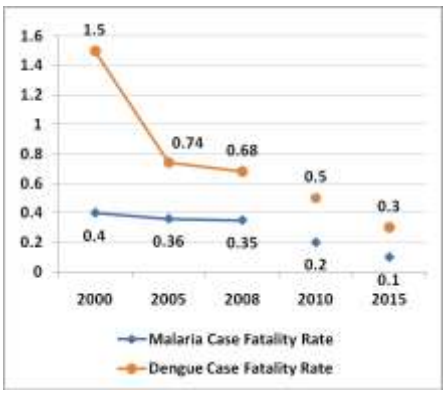
Promiscuous male sexual behaviour, which indicates values placed on women, both formal and informal sex workers, and their wives, is a manifestation of increasingly dysfunctional gender values in the country. This is related to low scores in CMDG3 for indicators related to violence against women and must be addressed in the context of general gender equality issues.

Malaria, Dengue Fever and TB

The figures in Table 8 indicate that the number of **malaria** cases treated in the public health sector per 1,000 population has declined from 11.4 in 2000 to about 4.4[15] in 2008 (there were about 59,000 cases in 2008), although there was a significant increase to 101,000 cases in 2006. This is close to the 2015 CMDG target.

While the number of cases has reached target, the malaria case fatality rate (CFR) reported by the public health sector remains far from the 2015 target of 0.1, having fallen only from 0.4 percent in 2000 to 0.35 percent in 2008 (there were 209 fatalities from 59,000 cases) (see Figure 18).

Figure 18: Malaria Case (%) and Dengue (per 1000) Fatality Rates



The malaria situation is currently exacerbated by the presence of artemisinin-tolerant malaria parasites, especially in the Cambodia-Thailand border area, which puts Cambodia at the centre of the global multidrug-resistant malaria problem. One of the priority objectives for Cambodia is currently to eliminate the tolerant parasites by implementing a short term containment project (2009-2010) and a medium term plan (2011-2015) to sustain and scale up the containment activities.

[14] NCHADS 2008 report.
[15] The figure is based on new population figures 2008 (59,000 cases / 13,388,910 population).

The national **dengue fever** incidence rate from hospitalized cases decreased from 1 per 1000 population in 2001 to 0.7 per 1000 in 2005.

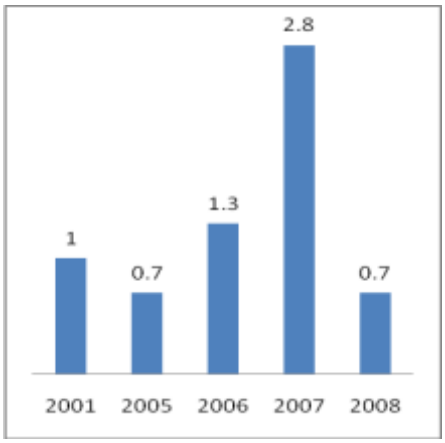
In 2006, however, the rate increased to 1.3 per 1000 due to outbreaks in several provinces, characteristic of the three-to-five-year cyclical pattern of dengue disease. The worst year for dengue on record was 2007, when 39,851 cases, with 407 deaths, were reported (CFR = 1.03%). In 2008, the reported dengue cases significantly reduced to 9,542 cases with 65 deaths (CFR=0.68%). The current incidence rate of 0.7 per 1000 population is still much higher than the 2015 target of 0.4 and the case fatality rate of 0.68 percent is also more than double the 2015 target of 0.3 (see Figure 18). Much further effort in prevention and treatment therefore still remains required to reach targets, but they appear to be in reach.

Significant progress has been made since 1997 in reducing **tuberculosis** prevalence from 428 per 100,000 population to 215 per 100,000 population in 2008, but this must still be reduced by almost half to reach 2015 targets.

Little progress has been made in the tuberculosis death rate per 100,000 population, which, at 75, remains more than double the 2015 CMDG target of 32.

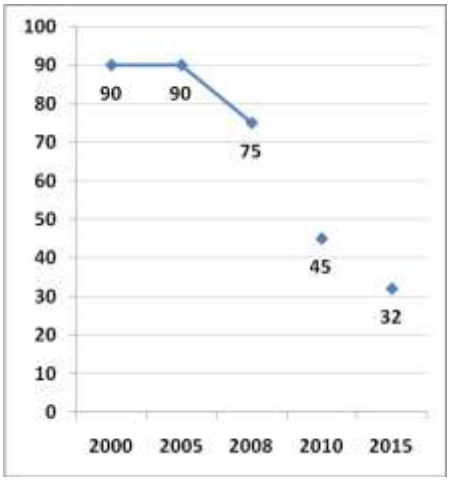
The proportion of TB cases detected under DOTS has increased from 57 in 2002 to 69 in 2008, almost reaching the 2015 target of 70, and the treatment success rate of about 90% has already exceeded targets.

Figure 19: Evolution of Dengue Fever Cases Per 1000 Population



Source: Derived by Author from WHO Cambodia Profile 2008

Figure 20: TB Death Rate (per 100,000 pop)



2.7 CMDG7: Ensure Environmental Sustainability

A summary of the current status of the indicators for CMDG7 is presented in Table 9.

Table 9: Status of Achievement of CMDG7 Targets

CMDG7: Ensure environmental sustainability	Benchmarks		Most Recent Available			Targets		Distance		% Progr.
	Value	Year	Value	Year	Source	2010	2015	Total	Curr.	
Target 13: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources										
7.1 Forest Cover (% of total area)	60	2002	59.09	2006	FA	60	60	0	-0.91	-2%
7.2 Surface of 23 protected areas (millions of hectares)	3.3	1993	3.2	2009	MOE	3.3	3.3	0	-0.1	-3%
7.3 Surface of 6 new forest-protected areas (millions of hectares)	1.35	1996	1.44	2009	FA	1.35	1.35	0	0.09	107%
7.4 Number of rangers in protected areas	600	2001	910	2009	MOE	987	1200	600	310	52%
7.5 Number of rangers in forest protected areas	500	2001	363	2009	MOE	500	500	500	137	-73%
7.6 Proportion of fishing lots released to local communities	56	1998	56.46	2005	FiA	60	60	4	0.46	12%
7.7 Number of community based fisheries	264	2002	487	2009	FiA	464	589	325	223	69%
7.8 Surface of fish sanctuaries (thousand hectares)	264.5	2000	NA			581	581	316.5	0	0%
7.9 Proportion of households dependent on fuel wood	92	1993	91.108	2008	GPCC	61	52	40	0.92	2%
Target 14: Halve by 2015 the proportion of people without sustainable access to safe drinking water										
7.10 Proportion of **rural** population with access to safe water source (Dry Season)	24	1998	53.7	2005	CDHS	40	50	26	29.7	114%
7.11 Proportion of **urban** population with access to safe water source (Dry Season)	60	1998	67.3	2005	CDHS	74	80	20	7.3	37%
Target 15: Halve by 2015 the proportion of people without sustainable access to improved sanitation										
7.12 Proportion of **rural** population with access to improved sanitation	8.6	1998	15.7	2005	CDHS	20	30	21.4	7.1	33%
7.13 Proportion of **urban** population with access to improved sanitation	49	1998	56.1	2005	CDHS	67	74	25	7.1	28%
Target 16: Increase the proportion of the population in both urban and rural areas with access to land security by 2015										
7.14 Proportion of land parcels having titles in both rural and urban areas	15	2000	20	2008	NSDP MTR	32	65	50	5	10%

NOTES:

Target 7.9: The number for 2008 (derived from the 2008 census) includes charcoal. It is 83.61 if charcoal is excluded. It is not clear if the baseline value includes charcoal.

Targets 7.10 – 7.13: The values shown are from CDHS 2005. More recent values are available, including from the 2008 census, but the definitions of "improved" vary among various surveys. This issue is currently being resolved. The UNICEF/WHO Joint Monitoring Report 2008 using data from 2006 shows the following values: **Improved drinking water coverage:** ***Total***: 65 %, ***Urban***: 80 %, ***Rural***: 61%; **Improved sanitation coverage:** ***Total***: *28 %*, ***Urban***: 62%, ***Rural***: 19%

Forests and Protected Areas

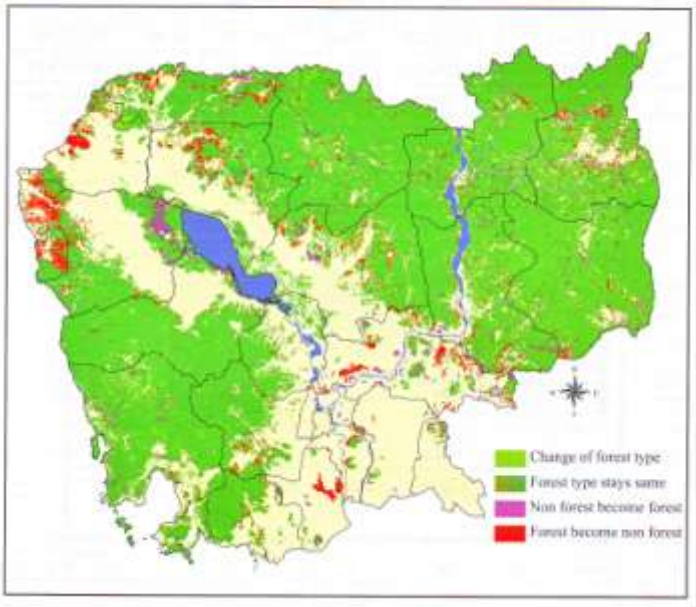
The CMDG for forestry is to maintain the forest cover at 60 percent. A national forest cover assessment conducted in 2006 found that the total forest cover had decreased from 61.15 percent in 2002 to 59.09 percent in 2006, representing a loss of 373,510 hectares of forest as indicated in Table 10 below.

Table 10: Change in Forest Cover 2002-2006

No.	FOREST TYPES	FOREST COVER AREA				CHANGE 2002-2006	
		2002		2006			
		Ha	%	Ha	%	Ha	%
1	Evergreen forest	3,720,493	20.49	3,668,902	20.20	-51,591	-0.28
2	Semi evergreen forest	1,455,183	8.01	1,362,638	7.50	-92,545	-0.51
3	Deciduous forest	4,833,887	26.62	4,692,098	25.84	-141,789	-0.78
4	Others forest	1,094,728	6.03	1,007,143	5.55	-87,585	-0.48
	Total forest land	**11,104,291**	**61.15**	**10,730,781**	**59.09**	**-373,510**	**-2.06**
5	Non forest	7,056,383	38.85	7,429,893	40.91	373,510	2.06
	TOTAL AREA	**18,160,674**	**100**	**18,160,674**	**100**		

Source: "*Cambodia Forest Cover*" Forestry Administration, Royal Government of Cambodia, June 2008

Figure 21: Map of Forest Cover Change 2002-2006[16]



Most of the deforestation is happening in the four Northwest provinces, as illustrated in Figure 21. There are also losses in protected areas, although smaller in scale and over a much longer period.

While the number of rangers in protected areas has increased as planned and is within reach of targets, the number of rangers in forest protected was not maintained at 500 and has instead decreased to 363.

The main challenges to be addressed by the National Forestry Program currently under development include strengthening the enforcement of the forestry law and improving sustainable forestry management, including the further development of Community Forestry. Although not a CMDG indicator, the slow pace of formalization of CF is an issue. There are currently only 124 approved CF out of a total of 390 existing groups. 150 are awaiting approval in MAFF[17].

Fisheries

Fisheries in Cambodia underwent reforms in 2000 which included both releasing fishing lots from large-scale fishing operations into management of small-scale fishers through community control and the establishment of Community Fisheries (CFi). Seventy seven (77) fishing lots (54 lake-stream fishing lots, 3 Dai fishing lots and 20 sand-beach fishing lots) were completely released and eighty one (81) fishing lots were partly released resulting in a total area of 538,522 ha out of total 953,740 ha (56.46 percent) released for family-scale fishing by December 2003. No further release seems to have happened since.

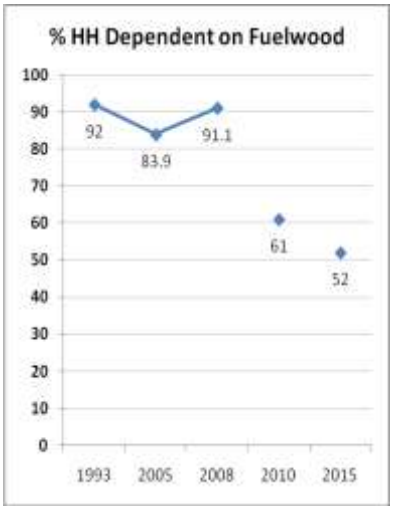
Since 2001, the number of CFis has been gradually increasing from 165 to about 487 in 2009, although, as of December 2005, only 60 percent had by-laws, 31 percent had CFi maps, 13 percent had annual action plans, and 17 percent had fish sanctuary zones. Most of these still remain to be approved to allow their formal registration.[18]

Dependence of Fuel Wood

Fuelwood dependency does not appear to have progressed since baseline, as illustrated in Figure 22. As indicated in the notes to Table 9, the value for 2008, derived from the census, includes charcoal. This may not have been included in the 2005 report and it is not clear if it was included in the baseline value. If charcoal is excluded, the proportion of households dependent on fuelwood is still 83.6 percent. Even at this rate, it is highly unlikely that the CMDG target will be met without drastic action to promote alternatives to fuelwood.

The information from the 2008 census is reproduced in Table 11 below.

Figure 22: Actual and Target Fuelwood Dependency



[16] From "*Cambodia Forest Cover*" Forestry Administration, Royal Government of Cambodia, June 2008
[17] Source: CF Statistic in Cambodia, FA, June 2009.
[18] From "Five Year Achievement Report of the Department of Fisheries (2201-2005), FiA

Table 11: Classification of Household by Type of Fuel Used for Cooking (1998 and 2008)

Total/ Urban/ Rural	Year	Number of Households	Households using							
			Total	Firewood	Charcoal	Kerosene	Liquefied Petroleum Gas(LPG)	Electricity	None	Other
(1)	(2)	(3)	(4)	(5)	(6)	(7)	(8)	(9)	(10)	(11)
Total	**2008**	**2,817,637**	**100**	**83.61**	**7.47**	**0.35**	**7.90**	**0.38**	**0.22**	**0.07**
	1998	**2,162,086**	**100**	**90.04**	**5.26**	**1.82**	**1.74**	**-**	**-**	**1.14**
Urban	2008	506,579	100	34.74	25.56	0.36	37.28	1.52	0.40	0.14
	1998	364,581	100	62.88	24.64	2.75	8.79	-	-	0.94
Rural	2008	2,311,058	100	94.32	3.51	0.34	1.46	0.13	0.18	0.06
	1998	1,797,505	100	95.55	1.33	1.63	0.31	-	-	1.18

Note: In 1998, information on "Electricity" and "None" for type of fuel was not obtained. They were included in "Other"

Source: 2008 general population Census (Table 9.17)

Access to Water and Sanitation

Assessing the trend in access to improved water sources in rural areas depends heavily on the technical definition chosen for the measure and various studies use different definitions. The value shown in Table 9 (53.7 per cent in 2005 for dry season) derived from CDHS is not strictly comparable to values from the more recent CSES 2007 or the UNICEF WHO Joint Monitoring Report 2008.

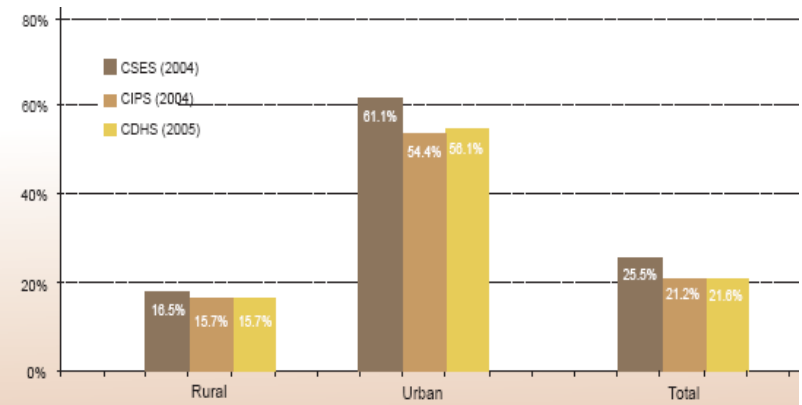
While all show that the 2015 MDG target for rural water has been exceeded, there is continuing confusion over coverage figures, the difference between "safe" and "improved" in wet or dry season and whether "access" actually translates to "utilization". There is a large difference between what people report what they actually use compared to what they have available (inventory of constructed facilities). The situation of access to safe water in rural areas is therefore probably not as good as the value of the indicator suggests.

In Cambodia, diarrhoea alone is directly responsible for 11,000 deaths a year (30 per day)[19] and is a contributing factor in many more. Hygiene (washing hands), sanitation and water supply -in that order- are the main preventive strategies for this killer. Cambodia's access to sanitation in rural areas is dismal; between 1990 and 2005, Cambodia was the only country not in sub-Saharan Africa that had sanitation coverage rates below 10 percent. Current access figures indicate 16 percent, half as low as Laos.

Insufficient attention has been paid to sanitation, although the 2003 National Water Supply and Sanitation Policy: Part III Rural Water Supply and Sanitation contains explicit provisions regarding sanitation and hygiene improvement.

The national policy advocates for a dramatic increase in rural sanitation coverage between 2015 and 2025, from the 30 percent target contained in the 2015 CMDG up to 100 percent rural sanitation coverage only 10 years later.

Figure 23: Sanitation Coverage Estimates in Different Surveys



Source: "Economic Impacts of Sanitation in Cambodia", Water and Sanitation Program - East Asia and the Pacific (WSP-EAP), World Bank East Asia and the Pacific Region, 2008

[19] Personal Communication from World Bank Water and Sanitation Program, Phnom Penh

In 2005, it was estimated that about 204,000 people needed to gain access each year to improved latrines if Cambodia is to achieve its MDG target for 2015. Based on current coverage and existing resource allocations to sanitation, it is unlikely that these targets will be reached by 2015. It is stated that at the current rates of latrine construction, it will take about 24 years to reach the 2015 target, and another 130 years to reach universal rural sanitation coverage[20].Therefore, the sanitation improvement efforts need to be sped up if the universal rural sanitation target set by the national policy is to be achieved by 2025.

Subsidized sanitation approaches that have been adopted by most sanitation projects have not contributed meaningfully to improving the consistently low coverage of rural sanitation. New and innovative approaches are required to achieve the sanitation objective.

[20] Rosenboom, J.W., J. Ockelford, and A. Robinson, "Water supply and sanitation in Cambodia: Poor access for poor people", 2006, World Bank Water and Sanitation Program.

2.8 CMDG9: De-Mining, UXO and Victim Assistance

A summary of the current status of the indicators for CMDG9 is presented in Table 12.

Table 12: Status of Achievement of CMDG9 Targets

CMDG9: De-mining, UXO and Victim Assistance	Benchmarks		Most Recent Available			Targets		Distance		% Progr.
	Value	Year	Value	Year	Source	2010	2015	Total	Curr.	
Target 24: Moving towards zero impact from landmines and UXOs by 2012										
9.1 Annual numbers of civilian casualties recorded	1691	1993	271	2008	CMVIS	200	0	1691	1420	84%
9.2 Percentage of severe/high/medium/low suspected contaminated areas cleared	10	1995	**70.8**	2008	CMAA	77	100	90	60.8	68%
Target 25: Eliminate the negative humanitarian and socio-economic impacts of landmines and UXOs by 2025										
9.3 Develop and implement a victim assistance framework (Year)	0	2003	**50**	2009	CMAA	100	100	100	50	50%
9.4 Number of landmine/UXO victims receiving assistance package and integrated into society	0	2003	NA			75	100	-100	0	0%

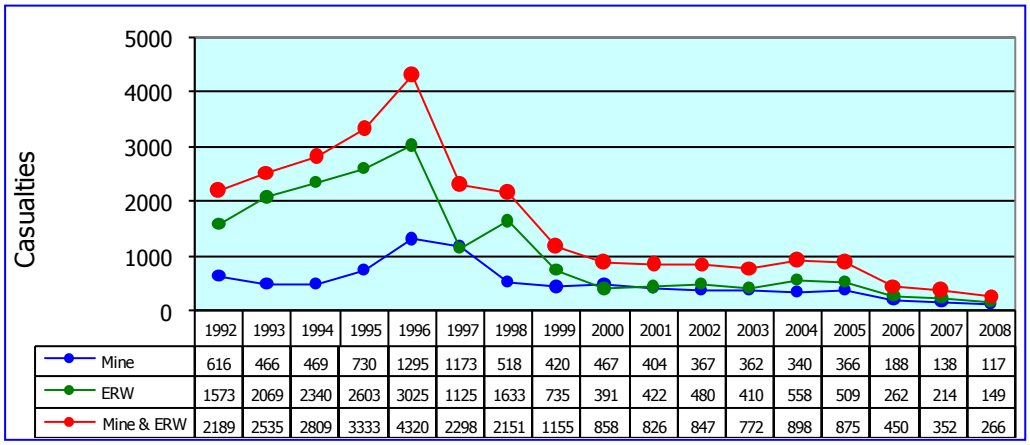
NOTES:

- **Target 9.2**: 70.8% is estimated from 46,000 ha cleared, assuming a total target of 65,000 ha
- **Target 9.3**: 50% is estimated as framework developed but not fully implemented

Casualties and Land Clearing

Cambodia has made remarkable progress in reducing causalities from land mines and ERW, as illustrated in Figure 24.

Figure 24: Mine and ERW Casualties 1992-2008



	1992	1993	1994	1995	1996	1997	1998	1999	2000	2001	2002	2003	2004	2005	2006	2007	2008
Mine	616	466	469	730	1295	1173	518	420	467	404	367	362	340	366	188	138	117
ERW	1573	2069	2340	2603	3025	1125	1633	735	391	422	480	410	558	509	262	214	149
Mine & ERW	2189	2535	2809	3333	4320	2298	2151	1155	858	826	847	772	898	875	450	352	266

Source: CMVIS

By the end of 2008, about 46,000 ha of land had been cleared by the licensed humanitarian demining operators and the Royal Cambodian Armed Forces (out of an assumed total target of 65,000), about 70.8 percent.

Progress is therefore on track for both these indicators.

Humanitarian and Socio-Economic Impacts

The Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MoSVY) and the Disability Action Council (DAC) are responsible for victim assistance so that activities can be integrated with the Royal Government's overall strategy for persons with disabilities. In 2008, the Council of Ministers approved Cambodia's first Law on promoting and protecting the rights of persons with disabilities, which is a significant step in implementing legislation to protect their rights. This became law in July 2009.

A national plan of action for assistance to persons with disabilities, including mine and ERW survivors, has been finalized using the framework and tools adopted by the States Parties to the Anti-Personnel Mine Ban Convention (also known as the Ottawa Convention). The document will be presented to the Prime Minister's office in 2009.

In 2007, Cambodia signed the Convention on the Rights of Persons with Disabilities and its Optional Protocol. The Convention was translated into Khmer and publicly launched in collaboration with MoSVY, UN agencies, and relevant Government partners.

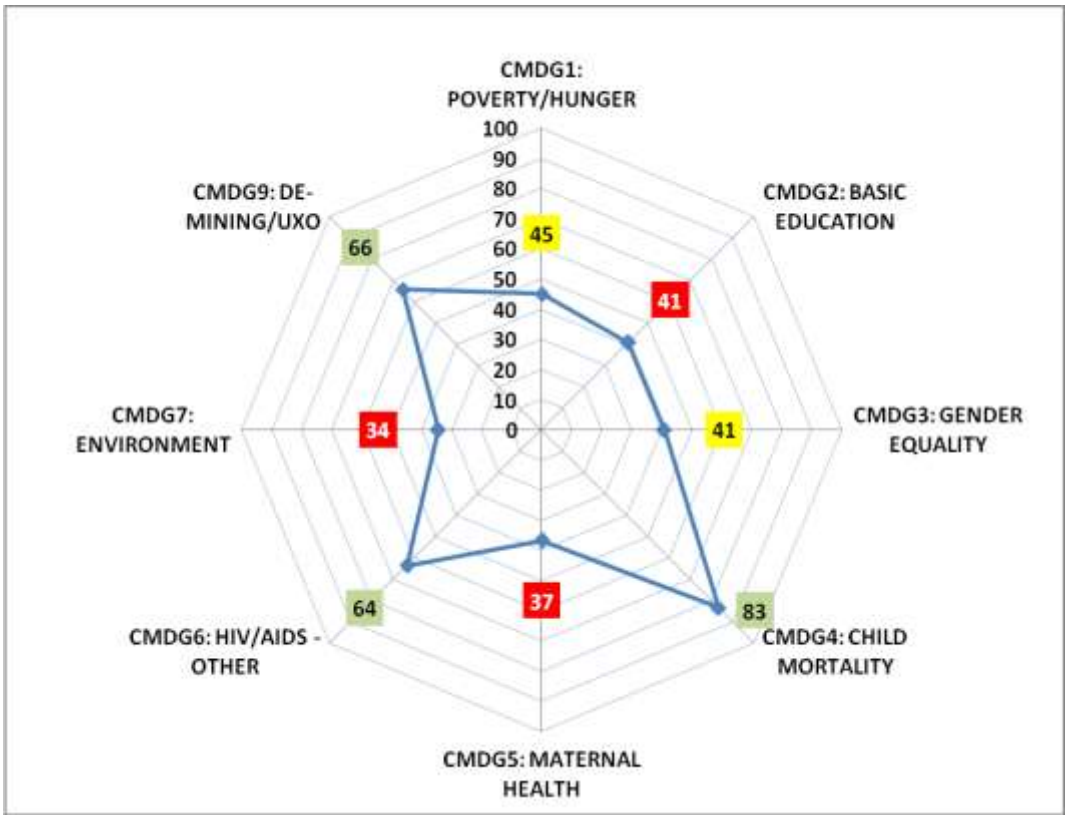
In terms of assistance to victims, numerous NGOs provide assistance in the form of community-based rehabilitation, emergency assistance, income generation activities, vocational training and social reintegration of Persons with Disabilities. The Cambodian Red Cross, through the Cambodian Mine/UXO Victim Information System (CMVIS), which is active in every province in Cambodia, is developing a system to collect information on services provided for landmine survivors.

At the time of this writing, clear information on assisted victims is not yet available.

2.9 Summary of Progress in CMDG Achievement

The percentage progress values indicated in all the CMDG status tables above can be used to assign a score to progress for each indicator. In doing so, not all indicators should be taken into account as some are result indicators and others are process indicators. An assignment of scores to key indicators was done as indicated in the table in Appendix C. It results in a single score for each goal area as illustrated in the diagram of Figure 25 below.

Figure 25: Progress in Achieving KEY CMDG Targets
(In terms of % "Distance" travelled from Benchmark to latest available data in 2008)



The figure shows clearly that:

- The most progress has been achieved in CMDG4 (Child Mortality), CMDG9 (De-Mining, UXO and Victim Assistance) and in CMDG6 (HIV/AIDS and Malaria, Dengue Fever and TB);
- It may be possible, with major changes and focussed attention, to achieve CMDG1 (Poverty and Hunger) and CMDG 3 (Gender Equality);
- Even with drastic changes, given the nature of the indicators and targets and the nature of the systemic problems faced in CMDG2 (Basic Education), CMDG5 (Maternal Health) and CMDG7 (Environment), while much progress can and should be made, these goals are unlikely to be achieved by 2015.

  If the issue of domestic violence is not vigorously addressed, CMDG 3 (Gender Equality) may also fall in the "off-track" category.

These findings are illustrated in another simplified form in Table 13 below.

Table 13: Simplified Current Status of Achievement of CMDGs

Cambodia Millennium Development Goals		Status
1	Eradicate Extreme Poverty and Hunger	
2	Achieve Universal Nine Year Basic Education	
3	Promote Gender Equality and Empower Women	
4	Reduce Child Mortality	
5	Improve Maternal Health	
6	Combat HIV/AIDS, Malaria and other diseases	
7	Ensuring Environmental Sustainability	
8	Develop a global partnership for development	
9	De-mining, UXO and Victim Assistance	

Legend

- Achieved
- Very likely to be achieved, on track
- Possible to achieve if some changes are made
- Off track
- Insufficient information

3. CHALLENGES AND RISKS IN ACHIEVING CMDGs

The sections below examine the main challenges faced by the country in achieving MDGs, assess alignment of national priorities in support of MDG achievement and identify potential risks to sustaining MDG progress in Cambodia.

3.1 National Development Challenges and Implementation Bottlenecks

As described in the preceding section, Cambodia has made substantial progress towards the achievement of CMDGs in many areas. Specific challenges to achieving each CMDG were briefly identified as part of the gap analysis for the CMDGs in Section 2 above. We summarize here these key challenges and add some governance issues that are common to all.

- **Sustained, Broad-based, Equitable Economic Growth:** The foremost challenge faced by Cambodia in achieving CMDGs, in particular in reducing levels of poverty and inequality, is the need to maintain the high rate of economic growth that it has experienced over the past few years to provide employment opportunities, particularly in rural areas, for the large numbers of youth that are now joining the workforce. However, this growth must be broader based, more sustainable and more diversified, in particular exploiting more effectively the potential of agriculture, while ensuring that it is more equitably distributed among regions and population strata. This requires addressing not only macro issues of investment climate and policy coherence to promote large scale diversified investment in agriculture, industry and services resulting in productive employment and decent work, but also empowering the rural poor to take advantage of diversified employment options, take steps to improve their own agricultural productivity and identify and embrace new agri-business options, in the context of improved land tenure, natural resource management and disaster preparedness.
- **Implementation of a productive safety net:** Closely related to the above point and as discussed further in Section 3.2, a large portion of the population has been affected by the impact of the global economic downturn and high prices and risks falling back or further into poverty, with the accompanying devastating loss of productive assets. This population cannot wait for growth to trickle down from urban based development. The second key challenge is therefore the need to design and implement a coherent, dynamic, focused and sustainable safety net that will not only address issues of hunger and shield the poor from economic shocks, reversals of fortune and the devastating effects of illness, but also stimulate entrepreneurship and empower them to take risks to improve their life and their income generation opportunities.
- **Access to, and Quality and Relevance of Education:** the main challenges to be addressed in education include closing the remaining gap in primary enrolment, the high proportion of overage children in primary education leading to low LSS net enrolment rates, low completion rates, low levels of early childhood education, low levels of parent and community participation in education, low quality of education, and issues of relevance of education. Relevance is particularly important to expanding options for youth to acquire productive skills that will support employment and self-employment, especially in agri-business.
- **Access to and Quality of Primary Health Services:** The key challenges faced by the Health Sector relate to human resource management, service delivery, financing, governance, epidemiological transition and occupational health and safety. An additional challenge is to maintain the gains made in HIV and addressing the risks of a second wave epidemic due to behaviours among groups at particular risk of HIV infection. Significant inequities also persist between rural and urban areas, across provinces and among people with different educational levels and economic status, with lack of access to health services playing a major role in maintaining of furthering poverty. Of particular concern is the high maternal mortality levels and the challenge of making available to women a comprehensive package of services which includes family planning, pre-natal care, obstetrics, reproductive health, voluntary confidential counselling and testing and other HIV services.

- **Improved Gender Mainstreaming**: Gender issues have been shown to be at the root of many of the development problems faced by the country, in terms of women's ability to avail of economic and educational opportunities, to access health services and to participate more fully in decision-making processes, while being protected from the negative impacts of migration, domestic violence and exposure to various risks. Stronger gender focus and specific gender strategies need to permeate all sectoral interventions. Central to such strategies is a vibrant dialogue on behaviour norms for both men and women.
- **Governance Reforms and Program Implementation:** While it is not explicitly addressed in the CMDG framework, a key challenge in achieving progress in all of the above areas is to achieve improved governance at all levels, including the consolidation and rationalization of planning and budgeting systems, linking national and sub-national systems, improved civil service capacity and performance in delivering services, fighting corruption, improving the rule of law and respect for human rights, and fostering and institutionalizing a constructive dialogue with civil society. A major underlying cause of weakness in governance identified in the recent CCA is the entrenched system of client-patron relationships that permeates all governance systems at all levels and that will defeat attempts at rational reform if it is not explicitly identified and addressed through creative measures emerging from an open and frank societal dialogue.

Issues and challenges in terms of monitoring and evaluation and integration of planning and implementation processes are discussed further in Section 5.

3.2 Potential Risks to Sustaining MDG Progress in Cambodia

Two key identified risks pertaining to the achievement of CMDGs are the impact of the global financial economic crisis and its effect on CMDG and ODA flows and domestic revenues and the impact of climate change.

3.2.1 Impacts of Financial/Economic Crisis

One of the achievements of the past decade is the increased integration of Cambodia in the global economy, mostly in the form of garment exports, which constitute about 90 percent of all exports and in the form of Foreign Direct Investments (FDI) in textiles, tourism, construction and agri-business. The downside of this integration is that Cambodia has not been spared from the impact of the global economic downturn. Since mid-2008, Cambodia has been affected substantially by the combination of high oil and food prices and the global financial crisis, and its economic performance has deteriorated significantly, as reflected by a decrease in orders in the textile industry, a drastic drop in the number of tourists, and a massive decline in the building sector. This has contributed to significant loss of jobs in these three sectors - about 70,000 since end of 2008 in the garment sector alone by some estimates. This has also caused a substantial downward revision of growth estimates.

Impact of Crisis on Growth

While many differing estimates exist for growth in 2008, and projections for 2009 and 2010, the general consensus is that the recent rates of growth as well as the more conservative projections of 7 percent growth until 2010 will be substantially reduced. Growth for 2008 is now estimated at around 5.5 percent, with various sources predicting a contraction of 0.5 percent to 1 percent (ADB/IMF and WB respectively) for 2009 and a more conservative growth of around 3 percent for 2010 (See Figure 26).

Figure 26: Real GDP Growth (Y/Y % Change)

Source: IMF, March 2009

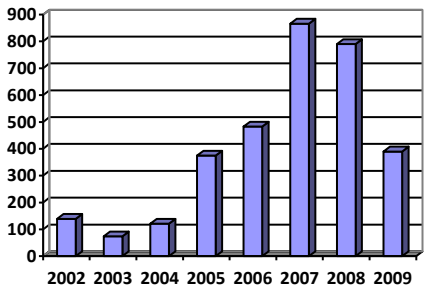
This now makes it impossible for the country to achieve the Government's target of continued growth of at least 7 percent per annum over the period of the NSDP, which has implications for further accelerated poverty reduction.

Even when global conditions improve, Cambodia may not be able to sustain the same level of growth as before the crisis. The growth in the textile sector has benefited from special circumstances, which are fast eroding with the rise of competition in the region and the possible loss of Cambodia's comparative advantage because of limitations imposed by the low skilled workforce and perceptions of the cost of doing business in Cambodia. There are therefore urgent imperatives to reconsider growth strategies, diversify the source of growth, improve integration into the regional economy, and in particular, to improve agricultural productivity.

Impact on Foreign Direct Investment

Foreign Direct Investment (FDI) in Cambodia has been hit not so much by the financial crisis (since the Cambodian debt market is not yet developed) but mostly by the global economic downturn and credit crunch faced by investors. Cambodia mainly receives investment from neighbouring Asian countries attracting a peak of US$ 866 million in 2007. According to CDC, FDI in 2008 was estimated at around US$800. According to the World Bank, actual FDI in 2009 is estimated to be US$390 million (The Economics Today, May 2009) (See Figure 27).

Figure 27: Foreign Direct Investment to Cambodia (Actual, US$ million)



Source: IMF, and estimates by World Bank for 2008 and 2009

Impact on ODA flows

During the last CDCF meeting held in December 2008, development partners pledged about US$950 million in grants and loans to Cambodia, in the mid of the crisis, when ODA was expected to be down sharply. This is a good sign that the crisis will not affect substantially ODA to Cambodia. There is however, a risk of that actual disbursements will be less than the amounts pledged. Pledges for 2010 will indicate any impacts on ODA.

Impact on Government Revenue

It is expected that the economic downturn will have a noticeable impact on Government revenue collection. Government revenue is expected to decline from 12 percent to 11 percent of GDP in 2009. This, however, is not seen as a being likely to significantly reduce public expenditure, planned for nearly US$ 1.8 billion in 2009, a projected increase, in real terms, from 14 percent of GDP in 2008 to 15.8 percent of GDP in 2009. Part of this increase, which is not substantial, is a form of stimulus package.

Impact on Poverty

Tentative projections of the impacts of the crisis on the poverty headcount show that it is expected to increased substantially (to 35-36 percent) in 2008 mostly because of the rapid increase in food prices in that year, and to remain around that level for 2009 reflecting the sharp decrease in economic growth but more stable food prices, before it falls back to anywhere from 31 to 34 percent (as positive economic growth with relative price stability resumes), depending on assumptions made about consumption patterns and inequality.[21]

Even under the most optimistic scenario, poverty levels in 2010 are not expected to be any lower than in 2007. Even if recovery is complete and the Cambodian economy starts growing again at least at the 7 percent per annum anticipated in the NSDP, resulting in an expected 1percentage point annual drop in poverty rates, this can only lead to about 25 percent in 2015, still about 8 percent higher than the CDMG target for 2015.

[21] Private discussion with World Bank staff

3.2.2 Impacts of Climate change

Climate Change

The recently completed CCA provides a complete analysis of the potential impact of climate change and the risks it poses to CMDG achievement. The relevant section is reproduced here.

Climate change is expected to affect Cambodia significantly as it is one of the most vulnerable countries in the region.[22] At stake are recent gains in the fight against poverty, hunger and disease, and the lives and livelihoods of the majority of Cambodians. Climate Change will lead to higher temperatures, changes in precipitation patterns, rising sea levels and distribution and frequency of weather-related disasters, posing risks for already vulnerable agriculture, food, and water supplies.

Cambodia's vulnerability to climate change is linked to its characteristics as a post-civil war, least developed, agrarian country with 80 percent of the population living in rural areas, and combined with its low elevations on the central plain. Climatic events such as floods and droughts are already recognised as one of the main contributors to poverty. Between 1998 and 2002, floods accounted for 70 percent of production losses of rice – the single major agricultural crop of the country, while drought accounted for 20 percent of losses. Climatic variations are anticipated to further increase the severity and frequency of flood and drought events.

It is estimated that Cambodia's average temperature could increase by up to two degrees Celsius by 2100[23] (yet estimates of up to 4.3 degrees Celsius by 2090 have also been proposed[24]) and annual rainfall could increase by up to 35 percent from current conditions, with lowland areas more affected than highland areas. Rainfall increases are anticipated predominantly in the central agricultural plains stretching from southeast to northwest, a high population area historically with low rainfall yet known to be vulnerable to flooding and drought.

In general, wet seasons will be shorter and dry seasons will be longer and both seasons will be more intense with the timing of onset more variable. This translates to reduced predictability in crop yield, changing irrigation demand and a growing risk of pest infestation, particularly in areas surrounding Tonle Sap Lake and the Mekong River. Ground and surface water supply becomes more volatile in volume, quality and distribution with the change in seasons. Whilst flooding is a natural phenomenon in the region, destructive floods are becoming more frequent, not only destroying infrastructure and disrupting agriculture, but also increasing the risk of water quality degradation and water-related diseases such as malaria and dengue.

Ecosystems in the Cambodian forests are likely to be significantly altered. Cambodia's forests are presently composed of dry forests (60 percent), wet forests (20 percent) and moist forests (20 percent). The effects of climate change are predicted to contribute to a decrease in the areas of dry and wet forests and an increase in moist forests. Given the degraded nature of Cambodia's forests in general, increased rainfall is expected to increase soil erosion leading to accelerated degradation and the associated loss of watershed protection, agricultural production and potential hydroelectricity output. Changes in soil water availability caused by increasing temperature and changing rainfall patterns will also impact on forest composition and biomass production. Coastal areas, whilst traditionally low population areas, have recently experienced substantial development of port facilities and transport infrastructure, trade, oil and gas, tourism and fisheries which are all vulnerable to the potential impacts of climate change.

The agricultural sector contributes around 31 percent of GDP and engages 84 percent of the population. The high dependence on agriculture with 80 percent of farmers growing rice (60 percent for subsistence) but with only 7 percent of crop area being irrigated makes this important sector extremely vulnerable to any change in rainfall patterns. The lack of processing capacity and dependence on a single rice cropping cycle means food security is highly climate dependent. The

[22] Yusuf, A.A. & Fransisco, H., Climate Change Vulnerability Mapping for South East Asia, January 2009 (www.eepsea.org).

[23] Ministry of Environment of Cambodia, Initial National Communication to UNFCCC, 2002.

[24] McSweeney, C.,New, M., & Lizcano, G., Cambodia Climate Change Profile, Oxford University, 2008 (http://country-profiles.geog.ox.ac.uk/).

combination of high poverty levels and great dependence on agriculture are the main mechanisms attributed to the country's extreme vulnerability to climatic events.

Cambodia's fisheries are also highly vulnerable to climatic variations.[25] The Tonle Sap fishery alone accounts for a significant 7 percent of GDP and as a sector contributes between 9 and 12 percent of GDP and substantially to incomes, jobs and food security. Women's livelihoods are particularly at risk in this sector due to their significant post-harvest participation. Cambodia's fishery sector is almost all capture fisheries with very limited aquaculture thereby making the sector highly vulnerable to flow changes in the Mekong (notably, the flood pulse), particularly if exacerbated by hydropower development.

It is expected that climate change will increase the incidents of infectious, water-borne and vector-borne diseases, heat stress and mortality and will raise public health costs. Tropical diseases, a weak health care system and limited technical, financial and institutional resources further increase vulnerability. Climate induced migration and conflict (typically due to land grabbing) is already taking place in Cambodia as uncertainty in seasonal patterns has resulted in reduced reliance on traditional cropping and fishing practices leading to changes in seasonal movements as well as increased urban drift.

Cambodia has recently become a net emitter of Green House Gas (GHG).[26] This is primarily as a result of increasing deforestation, agriculture and energy consumption giving rise to increasing GHG emissions and decreasing GHG sinks.[27] Less than 20 percent of the population have access to electricity and the country is almost entirely reliant on imported fossil fuels, mainly diesel and heavy oil, for electricity generation. The main form of energy for most households is wood and wood charcoal accounting for approximately 80 percent of total national energy consumption. This dependence on wood is a major driver for deforestation and contributes to a low level of household energy security. The lack of access to modern clean energy in rural areas is a barrier to livelihood development and security. Despite substantial potential (in particular for biomass energy, small-scale afforestation and reforestation, and protection of existing forests through reduction of deforestation and degradation) Cambodia does not have the necessary policy, financing or institutional arrangements in place to enable access to carbon markets; for mitigation of GHG emissions using renewable energy or energy efficiency; or for reducing deforestation.

The Rectangular Strategy – II recognises climate change as a threat to Cambodia's economy and growth prospects and commits to mobilise resources, support and financing to tackle climate change. However, despite these policy statements, obtaining high level commitment to mainstream climate change issues into sector programmes continues to be a challenge. The primary policy framework is the National Adaptation Plan of Action (NAPA) produced in 2007 which details the RGCs priority actions; however it does not establish the institutional or financing arrangements necessary to translate into real action. Inter-ministerial linkages are weak, in particular the Ministry of Environment (MoE) and the Forestry Administration (FA) are not effectively addressing areas of common interest, such as community-based natural resource management. A contributing factor is the very limited capacity within the National Climate Change Committee and the Climate Change Office to coordinate these efforts and facilitate the development of a cohesive policy environment.

[25] Johnston, R. et al. Scoping Study on Natural resources and Climate Change in Southeast Asia with a Focus on Agriculture, International Water Management Institute South East Asia, May 2009.

[26] Ministry of Environment, DRAFT Second National Communications to UNFCCC July 2009.

[27] Forests are natural carbon sinks as they store carbon in the form of biomass which would otherwise be released into the atmosphere as Carbon Dioxide.

4. National Programmes in Support of MDG Achievement

This section discusses the extent to which national program priorities are focussed on CMDG achievement and the extent to which External Assistance (EA) supports these national priorities.

4.1 National Strategic Framework

The overall action of the Royal Government of Cambodia (RGC) is defined by the "*Rectangular Strategy*"[28], first formulated in the third legislature (2003-08) and recently reaffirmed, refined and extended in the fourth legislature (2008-13) as the '*Rectangular Strategy Phase II*"[29]. The Rectangular Strategy is the political platform of the Government. Achieving good governance has been placed at the core of the strategy, as a prerequisite to sustainable development, and it covers four cross-cutting areas of reform: combating corruption; judicial and legal reform; public administration reform (including decentralization and deconcentration); and reform of the armed forces, especially demobilization.

The strategy revolves around four priority program areas emanating from this foundation:

- Enhancement of the agriculture sector;
- Further rehabilitation and construction of physical infrastructure;
- Private sector development and employment generation; and
- Capacity building and human resource development.

The Rectangular Strategy is operationalized by the National Strategic Development Plan[30] (NSDP) which is also the country's poverty reduction strategy, initially designed for the period 2006-2010, but which is currently being extended to 2013 to correspond to the term of the Fourth Legislature. The NSDP is subtitled a strategy for "*Growth, Employment, Equity and Efficiency to reach Cambodia Millennium Development Goals*"[31].

As such the NSDP is entirely focused on achieving CMDGs, and 28 out of its 43 key targets are CMDG key targets, addressing each of the 8 goals (See Table 3.2 in NSDP document attached in Appendix D). The NSDP states that poverty reduction "*in the fastest possible manner*" is the RGC's foremost priority. It does, however, also note that the achievement of poverty reduction targets and other CMDG targets is not possible without addressing other goals and processes that are not explicitly part of the CMDG framework. These include political and social stability, rule of law, critical reforms in public administration, infrastructure development and balanced and equitable macro-economic growth, among others.

4.2 Planned Allocation of Investments to Priority Actions

The NSDP provides an overall framework for action and estimates of resource investment requirements for the five year period 2006-2010 from both domestic and foreign public and private sources and expects government expenditures and external assistance to conform to this framework.

Translating this overall guidance into well integrated sectoral strategies and operational plans and clear mid-term and annual budgets that reflect overall priorities has not been an easy task and is still very much a work in progress.

Part of the problem is that responsibilities for various parts of the process have been allocated to separate agencies and they are using parallel and sometimes incompatible tools to fulfil their functions. The key Government institutions responsible for coordination and implementation of the NSDP include:

[28] [RGC 2004]
[29] [RGC 2008]
[30] [MoP 2006b]
[31] [MoP 2006b]

- **The *Ministry of Planning* (MOP)**: it has the lead responsibility for producing the NSDP in cooperation with the relevant ministries and institutions, coordinating its implementation and monitoring, and preparing the three-year rolling Public Investment Programme (PIP) aggregated from line agencies (excluding current expenditure);
- **The *Ministry of Economy and Finance* (MEF)***:* it prepares the macroeconomic framework for the three-year Medium-Term Expenditure Framework (MTEF), as well as the annual budget, which both which include current and capital expenditures, and it controls the allocation of funds;
- **The *Cambodia Rehabilitation and Development Board* of the *Cambodia Development Council* (CRDB/CDC):** it is the focal point within the government for the mobilization of Official Development Assistance (ODA), for coordination of ODA with all development partners (multilateral and bilateral development partners and NGOs), and for coordination with and between ministries and agencies on ODA allocation and utilization issues and to ensure that they are channelled towards NSDP priorities.

Within the general framework of the NSDP, the various sector ministries are required to develop sector plans and results-based programs for the implementation of the NSDP.

A mid-term review of the NSDP, prepared in November 2008[32], reviews progress in the first two and half years of the plan and, noting the vulnerability to external shocks of the narrow based growth of the previous few years exposed by a combination of global crises and trends, and in line with the Rectangular Strategy Phase II, places a much greater emphasis on agricultural growth and productivity and on increasing rural incomes in order to broaden the economic base, make it more sustainable and address more directly issues of rural poverty. The revised strategy also recognizes the need provide a safety net for the poorest segments of the population to mitigate the impacts of these crises on them.

The revisions of 2008 increase by 20% the expected outlay for public sector investments during 2006-2010 from the original US$3,500 million to US$4,200 million. Sixty three percent of this amount is allocated to rural areas. Table 13 below summarizes the NSDP original and revised investment allocations to various sectors.

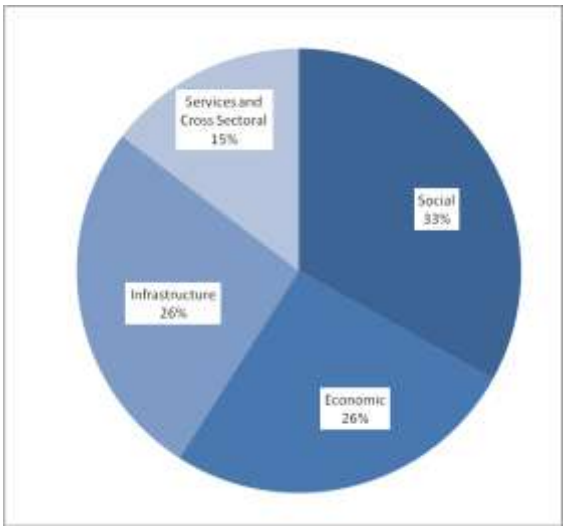
Table 14: Original and Revised NSDP Allocations 2006-2010 (US$ million) [33]

Sector	2006 NSDP	2006 % allocation	2008 MTR revision	2008 % allocation	2006 - 2008 % change
Social Sectors					
Education (basic = 60%)	550	15.71%	670	15.95%	22%
Health	600	17.14%	720	17.14%	20%
Sub-Total	**1150**	**32.85%**	**1,390**	**33.10%**	**21%**
Economic Sectors					
Agriculture & Land Mgmt: other than crops	150	4.29%	200	4.76%	33%
Seasonal crops: rice etc	200	5.71%	370	8.81%	85%
Rural Development	350	10.00%	420	10.00%	20%
Manufacturing, Mining & Trade	80	2.29%	100	2.38%	25%
Sub-Total	**780**	**22.29%**	**1,090**	**25.95%**	**40%**
Infrastructure					
Transportation (Primary & Secondary Roads)	550	15.71%	690	16.43%	25%
Water and Sanitation (excluding rural)	150	4.29%	180	4.29%	20%
Power & Electricity	120	3.43%	160	3.81%	33%
Post & Telecommunications	60	1.71%	75	1.79%	25%
Sub-Total	**880**	**25.14%**	**1,105**	**26.31%**	**26%**
Services & Cross Sectoral Programmes					
Gender Mainstreaming	30	0.86%	40	0.95%	33%
Tourism	30	0.86%	45	1.07%	50%
Environment and Conservation	100	2.86%	120	2.86%	20%
Community and Social Services	80	2.29%	100	2.38%	25%
Culture & Arts	30	0.86%	40	0.95%	33%
Governance & Administration	220	6.29%	270	6.43%	23%
Sub-Total	**490**	**14.00%**	**615**	**14.64%**	**26%**
Unallocated	200	5.71%			
Grand Total:	**3,500**	**100%**	**4,200**	**100%**	**20%**

Source: NSDP 2006 Table 5.2 and NSDP MTR 2008 Table 4.3 (derived)

The planned sectoral allocation of investments over the five-year period of the NSDP is illustrated in Figure 28.

Figure 28: Planned Allocations of Investments by Sector (2006-2010)



As can be seen from Table 14 and the Figure 28, the planned allocations for education and health have remained stable are around 16 and17 percent each, adding up to a total Social Sector share of 33 percent; the allocations for agriculture and seasonal crops have increased from 10 to 13.6 percent, raising the Economic Sector share to 26 percent; and infrastructure and other sectors shares amount to 26 percent and 15 percent respectively.

Of the original US$3,500 million required total public outlay, a total of about US$ 3,275 million was estimated to be available, from both government budget surpluses (US$ 775 million or about $US 155 million per year) and from DPs (US$ 2,500 million or about US$500 million per year), leaving a shortfall of about $US 225 million.

In 2008, these figures were increased to US$ 1,200 million from domestic resources (almost double the original amount), and US$ 3,000 million from external sources (both traditional and non-traditional DP).

4.3 Actual Allocation of Investments

It is not a simple matter to obtain a clear picture of Government and Development Partner (DP) priorities in terms of resource allocation and much still remains to be done to coordinate the preparation of key documents resulting from the parallel processes described above and to ensure their proper sequencing and coherence as well as consistency among the various databases they are using. Not two sources were found to provide the same figures for the same year, as financial reporting is plagued by a tendency to mix budgeted, actual, estimated and projected figures in the same tables, using different definitions, exchange rates and assumptions.

A further complication is that NSDP targets are written in terms of “sectors” combining the activities of various ministries, and, while the PIPs provide a summary by sector and sub-sector and a detailed listing of projects by sector and by ministry, the National Budget is allocated on the basis of ministries and much of the available analysis and commentary is on the basis of these allocations. There is no simple way to compare budgets and actual expenses by “sector” in order to monitor resource allocation processes for the NSDP. The best that can be done at this time is to use the approximate actual annual allocations by sector included in the PIPs (for the year preceding the three year planning period).

Five PIPs have been prepared since the beginning of the NSDP: 2006-2008, 2007-2009, 2008-2010, 2009-2011 and 2010-2012. While they have attempted to align sector projects and budgets to NSDP priorities, many projects included in the PIP do not have clear funding at the time of the PIP preparation, and not all projects are properly captured, which makes the PIP some of its relevance.

Table 15 provides a summary of annual estimated sectoral investment expenditures from 2006 to 2009 derived from these PIPs.

Table 15: Estimated Annual Investment Expenditures by Sector (2006-2009) [34]

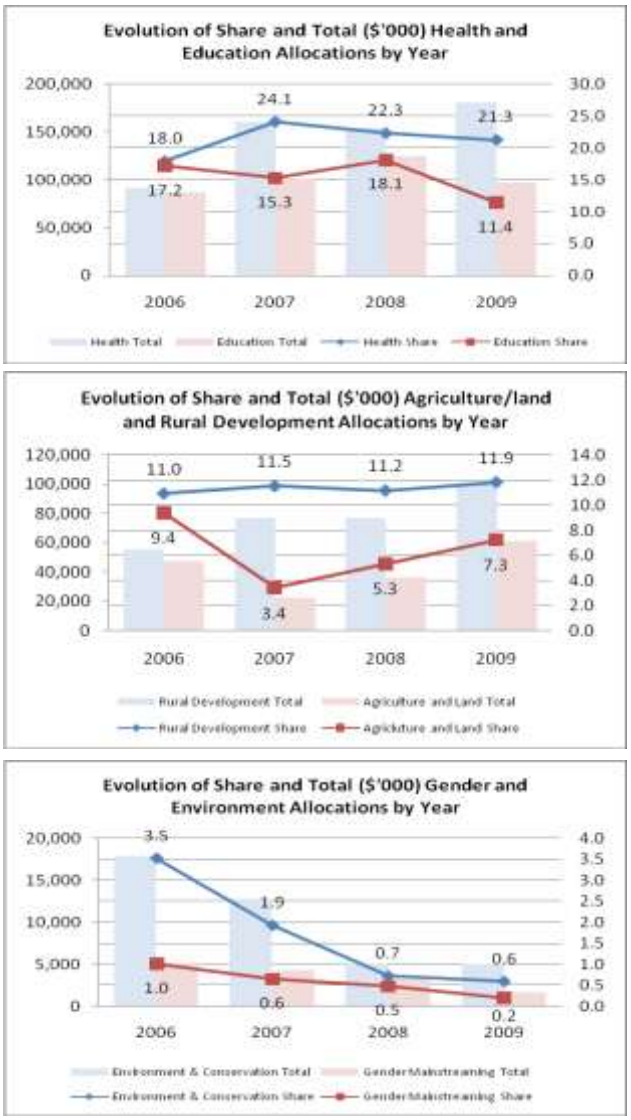
SECTOR	NSDP Target	2006	2007	2008	2009	Total Since 2006	% of Grand Total
Health	17.1%	91,235	160,523	153,894	180,917	586,569	21.6%
Education	16.0%	87,226	101,607	124,916	96,730	410,479	15.1%
Agriculture and Land Management	13.6%	47,740	22,857	36,801	61,673	169,071	6.2%
Rural Development	10.0%	55,630	76,828	77,206	100,702	310,366	11.4%
Manufacturing, Mining and Trade	2.4%	10,979	14,449	6,293	4,337	36,058	1.3%
Transportation	16.4%	75,120	173,628	144,551	239,905	633,204	23.3%
Water & Sanitation	4.3%	21,837	21,946	15,374	21,234	80,391	3.0%
Power & Electricity	3.8%	24,817	12,422	40,122	36,250	113,611	4.2%
Posts & Telecommunications	1.8%	10,023	398	17,045	33,460	60,926	2.2%
Gender Mainstreaming	1.0%	5,106	4,231	3,217	1,631	14,185	0.5%
Tourism	1.1%	3,210	4,331	2,700	6,000	16,241	0.6%
Environment & Conservation	2.9%	17,917	12,843	4,998	4,978	40,736	1.5%
Community & Social Services	2.4%	4,129	9,027	5,379	6,249	24,784	0.9%
Culture & Arts	1.0%	400	301	0	0	701	0.0%
Governance & Administration	6.4%	52,632	50,609	57,504	55,934	216,679	8.0%
Grand Total	100.0	**508,001**	**666,000**	**690,000**	**850,000**	**2,714,001**	**100.0%**

Table 15 shows that, while the priorities of the NSDP are by and large respected in the various ministry planning processes, the allocation for Health and Transportation are much higher than planned, Agriculture and Land Management, Gender Mainstreaming and Environment and Conservation are far below target and Education is slightly lower.

The diagrams in Figure 29 illustrate the evolution of sectoral investment total expenses and shares over the period 2006-2009 for key sectors related to CMDGs. The diagrams show that:

- The share of health investment financing has been consistently higher than planned, but with a slowly decreasing trend;
- Education has in 2009 experienced a large downward trend in both share (from 18.1 to 11.4 percent) and total funding, which is worrisome considering the progress that still remains to be done in education;
- While Agriculture and Land Management initially substantially underspent in 2007, it has been on an upward trend since, but it is still only half way to the target, and the agriculture budget is consistently largely unspent pointing to low absorptive capacity for investment in agriculture;
- Rural Development has retained a share of 11 percent, but with increased funding;
- Gender Mainstreaming and Environment and Conservation are both showing an exponential decline in share and total funding, which is also alarming, given the effort that must still be done to reach CMDGs in these areas.

Figure 29: Evolution of Shares and Total Investment Allocations for CMDG relevant Sectors (2006-2009)



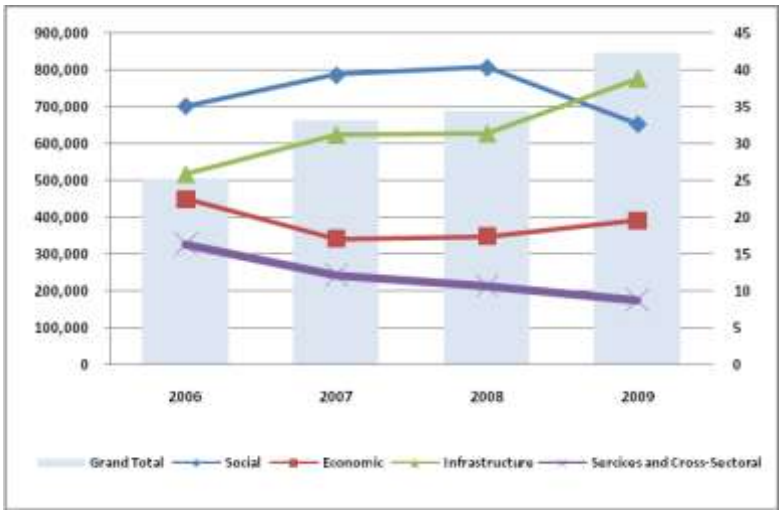
Source: Compiled by Author from PIPs

[34] Data is taken from PIPs 2006-2008 to 2010-2012, MOP

Figure 30 illustrates the evolution of shares of sectoral categories from 2006 to 2009, as well as the total investment over this period.

It is clear from the figure that transportation is taking an increasing share of total investments, having doubled its share from 14 to 28 percent and this is happening mostly at the expense of social and cross sectoral initiatives. Economic sectors are increasing slowly, but not at the pace they need to be.

Figure 30: Evolution of Shares of Aggregate Sectors and Total Investments ($'000) (2006-2009)



Source: Compiled by Author from PIPs

Table 16: Public Investment Programme 2010-2012: Summary by Sector (US$ 000)[35]

Sector	NSDP Target (*1)	Total Planned Programme (*2) 2009-2012		Planned Programme 2009 (*3)		Total Planned Programme 2010-2012		Available Resources On-Going and Committed Projects				Additional Funds Needed (*4)	
								Government	EDPs				
	%	Amt	%	Amt	%	Amt	%	Amt	Amt	Total	%	Amt	%
Social Sectors													
Health	17.14	667,161	18.13	180,917	21.28	486,244	17.18	194,688	140,308	334,996	68.9	151,248	31.1
Education	15.95	497,446	13.52	96,730	11.38	400,716	14.16	7,351	109,219	116,570	29.1	284,146	70.9
Sub-Total	*33.09*	*1,164,607*	*31.65*	*277,647*	*32.66*	*886,960*	*31.34*	*202,039*	*249,527*	*451,566*	*50.9*	*435,394*	*49.1*
Economic Sectors													
Agriculture & Land Mgmt	13.57	434,904	11.82	61,673	7.26	373,231	13.19	11,549	105,672	117,221	31.4	256,010	68.6
-- Crops	8.81	223,045	6.06	33,456	3.94	189,589	6.70	1,749	38,271	40,020	21.1	149,569	78.9
-- Other than crops	4.76	211,859	5.76	28,217	3.32	183,642	6.49	9,800	67,401	77,201	42.0	106,441	58.0
Rural Development	10.00	387,968	10.54	100,702	11.85	287,266	10.15	18,143	143,057	161,200	56.1	126,066	43.9
Manufacturing, Mining & Trade	2.38	76,208	2.07	4,337	0.51	71,871	2.54	254	7,068	7,322	10.2	64,549	89.8
Sub-Total	*25.95*	*899,080*	*24.43*	*166,712*	*19.61*	*732,368*	*25.88*	*29,946*	*255,797*	*285,743*	*39.02*	*446,625*	*60.98*
Infrastructure													
Transportation	16.43	725,254	19.71	239,905	28.22	485,349	17.15	18,238	340,674	358,912	73.9	126,437	26.1
Water & Sanitation	4.29	146,315	3.98	21,234	2.50	125,081	4.42	7,784	41,615	49,399	39.5	75,682	60.5
Power & Electricity	3.81	155,259	4.22	36,250	4.26	119,009	4.21	15,000	71,550	86,550	72.7	32,459	27.3
Posts & Teleommunications	1.79	87,419	2.38	33,460	3.94	53,959	1.91	9,118	15,189	24,307	45.0	29,652	55.0
Sub-Total	*26.32*	*1,114,247*	*30.28*	*330,849*	*38.92*	*783,398*	*27.68*	*50,140*	*469,028*	*519,168*	*66.27*	*264,230*	*33.73*
Services & Cross-Sectoral													
Gender Mainstreaming	0.95	4,675	0.13	1,631	0.19	3,044	0.11	0	535	535	17.6	2,509	82.4
Tourism	1.07	41,336	1.12	6,000	0.71	35,336	1.25	0	750	750	2.1	34,586	97.9
Environment & Conservation	2.86	95,211	2.59	4,978	0.59	90,233	3.19	840	3,437	4,277	4.7	85,956	95.3
Community & Social Services	2.38	76,950	2.09	6,249	0.74	70,701	2.50	2,203	13,186	15,389	21.8	55,312	78.2
Culture & Arts	0.95	31,509	0.86	0	0.00	31,509	1.11	0	0	0	0.0	31,509	100.0
Governance & Administration	6.43	252,385	6.86	55,934	6.58	196,451	6.94	26,084	47,575	73,659	37.5	122,792	72.8
Sub-Total	*14.64*	*502,066*	*13.64*	*74,792*	*8.80*	*427,274*	*15.10*	*29,127*	*65,483*	*94,610*	*22.1*	*332,664*	*77.9*
Unallocated													
Grand Total	100	3,680,000	100	850,000	100	2,830,000	100	311,252	1,039,835	1,351,087	47.7	1,478,913	52.3

The summary of the PIP for 2010-2012 in Table 16 also shows that while planned allocations for the period appear to be in-line with NSDP targets, there are large shortfalls of secured funding in key strategic areas, including: about US$284 million in education (71% of required funds), US$256 million in agriculture and crops (69%), US$126 million in rural development (44%), US$76 million in Water and Sanitation (61%), US$2.5 million in Gender mainstreaming (83%), and US$86 million in Environment and Conservation (95%).

Given that all of these were identified as priority areas for action in Section 2, continued effort will have to be made to align domestic and foreign resources better to meet CMDG priorities. Of particular note is the situation of rural sanitation. NSDP and PIP budgets do not allow a clear picture to emerge

[35] Table taken from PIP 2010-2012, 29 May 2009, MOP, RGC

about the budget for rural sanitation, which appears to be included in the rural development budget, not the water and sanitation one. It is generally perceived that water supply and sanitation investment lags behind the investment in other sectors, which can be explained by the low political profile of sanitation in terms of government prioritization and funding, limited government budget, the lack of recognition of the many costs to society of poor sanitation, and a higher demand for investments in domestic water supply. This situation requires remedy, as poor sanitation impacts strongly on poor health and has high economic costs.

4.4 Government Current Expenditures

Table 17: Percentage Allocations of Current Expenditure Budget by Sector [36]

Particulars/Sectors	2005	2006	2007	2008p	2009p	2010p
General Administration	18.1	18.9	26.4	15.0	14.1	13.3
of which, Justice	0.60	0.56	0.46	0.65	0.64	0.68
Rest of General Administration	17.48	18.39	25.78	14.34	13.46	12.60
Defence & Security	22.93	22.09	18.87	15.65	15.82	15.97
Social Services	36.64	37.17	31.74	36.40	37.93	39.45
of which, Health	11.4	11.1	10.5	11.6	12.2	12.9
Education	17.83	18.92	15.12	17.64	18.97	20.09
Women's Affairs	0.53	0.56	0.46	0.60	0.63	0.66
Labour and Vocational training	4.85	4.59	3.96	4.26	4.01	3.77
Rest of Social Services	2.02	2.03	1.69	2.09	2.08	2.06
Economic Services	9.05	10.20	7.33	8.54	8.61	8.68
Agriculture, Forestry & Fishery	2.39	2.38	1.77	1.90	2.01	2.11
Rural Development	1.125	1.275	1.036	1.376	1.450	1.523
Urbanization and Construction	0.40	0.54	0.47	0.56	0.59	0.62
Rest of Economic Services	5.13	6.01	4.03	4.71	4.57	4.42
Contingency Reserves & Debt Service	13.30	11.59	13.51	24.41	23.54	22.62
Central Government Current Expenditure (Billion Riels)	1,967	2,355	3,264	3,487	3,978	4,553

Source: Ministry of Economy and Finance

Obtaining a picture of current expenditures is bit more straightforward, although here again many sources differ.

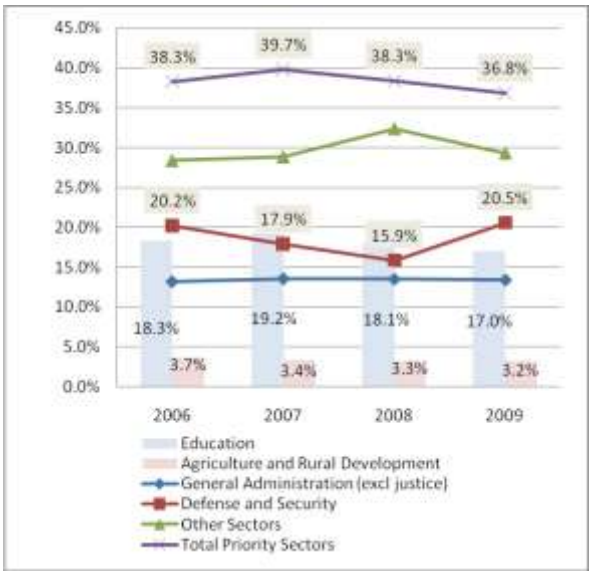
As indicated in Table 17, Government Current Expenditures were estimated to double from about 2,000 billion Riels (about US$500 million) in 2005 to about 4,500 billion Riels (about US$1.1 billion) in 2010, with health and education allocations increasing from 11% to 13% and 18% to 20%, respectively, and the defence and security budget projected to be reduced from 23% in 2005 to 16% in 2010.

Total Current Budgets have indeed increased sharply over the past few years, with 2009 current budget already at 4,361 billion Riels (about US$1.06 billion), due to higher than expected revenue collection.

While the total budget has increased by 22.7 percent from 2007 to 2008 and by 28 percent from 2008 to 2009, the allocations for priority sectors have not increased according to expectations.

In order to prioritize poverty reduction expenditure, the RGC has identified seven ministries as "priority". These are the ministries of Education Youth and Sports, Health, Women's Affairs, Agriculture Forestry and Fisheries, Rural Development, Land Management Urban Planning and Construction, and Justice.

Figure 31: Evolution of Budget Shares of Current Expenses (2007-2009)



Source: Compiled by Author from Budget Laws 2007, 2008 and 2009

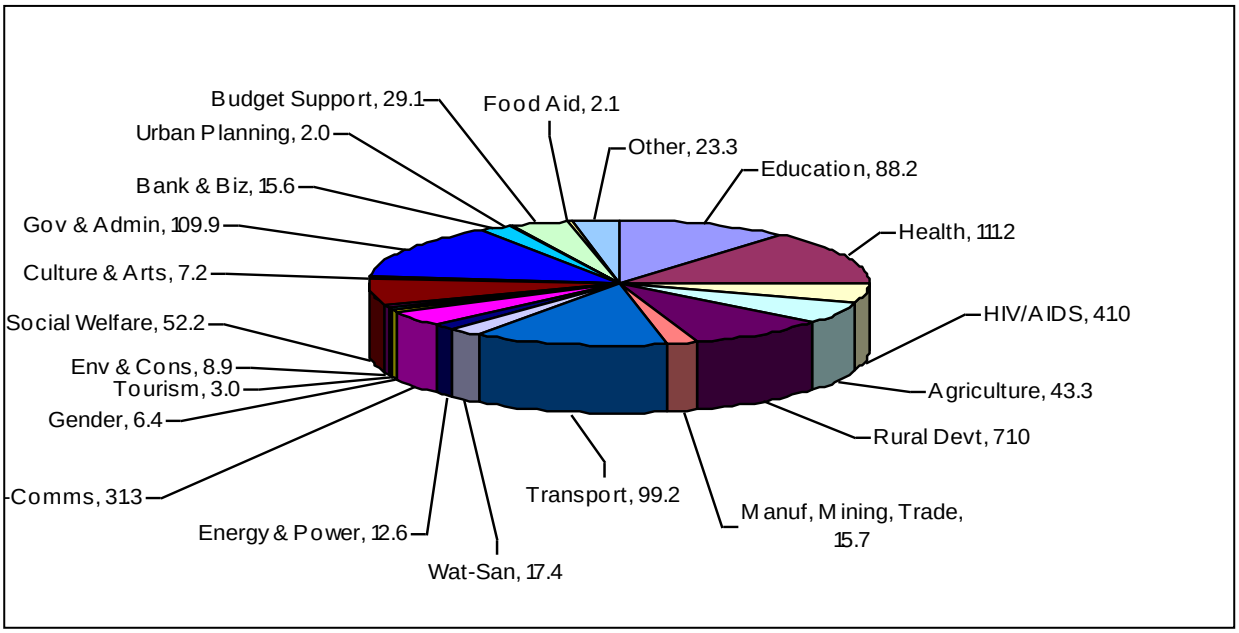
The graph in Figure 31 shows that the budget shares of "priority" sectors, after increasing slightly in 2007, have decreased consistently from 39.7 percent to 36.8 percent from 2007 to 2009, initially to the advantage of other sectors. In 2009, however, the downward trend in defence and security spending was abruptly reversed, increasing to 20.5 percent and causing shares of other sectors to also decrease. Of particular concern are the decreasing share of education and the very low and decreasing shares of agriculture and rural development. If gains are to be made in these critical CMDG areas in terms of extended and improved services in rural areas, this situation requires urgent attention.

[36] Table taken from [MoP 2008]

4.5 Alignment of External Assistance

While there are still some arguments about the extent of alignment of External Assistance (EA), and while the RGC would like to see it directed much more budget support and much less to Technical Assistance (TA), EA is generally though to be aligned with national priorities.

Figure 32: Allocation of External Assistance by Sector (2007)[37]



An assessment of aid alignment[38] shows that external support was equivalent to 95% of revised NSDP financing requirements in 2007. As illustrated in the pie char below, the sectors receiving most support were: Health and HIV/AIDS (a combined amount in excess of US$ 152 million), education (US$88 million), and rural development and agriculture (a total of US$114 million to these two sectors in total). Combined governance support was US$110 million, almost half of which was for decentralisation and deconcentration reform.

Overall the analysis indicates that "*most external support is relatively well aligned with the NSDP at an aggregate level, although continued reallocation towards agriculture and rural development, which the 2008 estimated figures indicate is already happening, will ensure that priorities in the Rectangular Strategy Phase II can be adequately supported*".

Attention must also be paid to rural water and sanitation, which is under-funded.

4.6 Current Top Priorities

On 28 April 2009, the RGC and its development partners, at the 14th GDCC meeting, agreed to jointly identify and monitor priority projects and programs for implementation that will contribute to the mitigation of the impact of the global economic and financial crisis in Cambodia.

Sixty eight (68) projects in support of economic growth, livelihood protection and social safety net provision have been identified, disbursing USD 370 million in 2009 and over USD 300 million in 2010 allocated as indicated in Table 18 below.

[37] Source: [CDC 2008]
[38] See [CDC 2008]

Table 18: Allocation of Priority Projects by Category 2009-2010 (US$)[39]

Project Area	2009	2010
Economic growth	$170,846,986	$136,623,991
Economic growth, safety nets	$13,000,000	$0
Livelihoods	$121,169,071	$111,791,045
Safety nets	$65,228,919	$58,399,723
Grand Total	**$370,244,976**	**$306,814,759**

Table 19 below shows the allocation of these priority projects by sector.

Table 19: Allocation of Priority Projects by Sector 2009-2010 (US$)[40]

Sector	2009	2010
Agriculture	$32,778,070	$19,356,835
Agriculture / Governance & Administration / Rural Development	$19,800,000	$17,300,000
Agriculture, Social Welfare	$13,000,000	$0
Banking and Business Services	$9,800,000	$15,750,000
Budget & BoP Support / Governance & Administration	$25,393,422	$15,629,546
Education	$20,688,900	$21,688,900
Education / Emergency & Food Aid / Health / HIV/AIDS / Transportation	$25,116,565	$25,277,735
Energy, Power & Electricity	$14,000,000	$24,000,000
Finance	$10,000,000	$0
Gender	$355,822	$800,577
Governance & Administration	$23,212,138	$24,063,695
Health	$34,738,163	$31,605,388
Health / HIV/AIDS	$1,381,515	$1,516,600
Information and Communications	$1,344,630	$0
Manufacturing and Trade	$642,904	$1,126,600
Manufacturing, Mining Trade	$2,500,000	$2,220,000
Rural Development	$32,916,692	$19,779,922
Tourism	$4,200,000	$1,500,000
Transportation	$93,277,753	$73,289,201
Water and Sanitation	$5,098,402	$11,909,760
Grand Total	**$370,244,976**	**$306,814,759**

As can be seen from the table, this initiative shows a concerted response to address the challenges and risks identified above. While the priority projects are centred on economic growth, livelihoods and safety nets, they do address priority needs in:

- **Education:** to speed up progress towards improved grade 1 right-age entry, net enrolment, retention, progression rates and grade 6 completion rates in primary education, to expand access to educational services by addressing supply, demand, quality and efficiency constraints, with special focus on the poor and underserved communities, school feeding and take home rations for vulnerable children, especially girls;
- **Heath:** food support to people living with HIV/AIDS, orphans and vulnerable children and tuberculosis patients, comprehensive support for reproductive, maternal and child health for rural poor and vulnerable groups in priority areas, nutrition, quality of health services, efficiency of health sector, equity health fund that will reduce the vulnerability of the poor to catastrophic health shocks; and
- **Rural Development**: Tonle Sap sustainable development, identification of poor households and land management;

Allocations for water and sanitation are still very low and mostly limited to water in urban areas, and so are gender allocations (although much of education and health funding is directly focused on needs of girls and women).

[39] From CDC Priority Project Spreadsheet (28 July 2009)
[40] From CDC Priority Project Spreadsheet (28 July 2009)

4.7 Implementation of National Strategies

The NSDP provides the overall goals and strategic directions, but it does not define specific sectoral strategies, sequencing and details of programs. This is left to ministries and Technical Working Groups (TWG). As a result, much effort has been invested since the launch of the NSDP in developing sectoral strategies. A number of sectoral and cross-sectoral strategies have been developed and some are still under development. In some sectors, such as Public Financial Management (PFM), Health, Education, Trade and Decentralization and Deconcentration (D&D), the support programme has developed or is in the process of developing into a Programme-Based Approach (PBA) or Sector-Wide Approach (SWAp).

The strategies include, among others, the Cambodian Trade Integration Strategy (CTIS), the Education Strategic Plan (ESP), 2006-2010, the Second National Health Strategic Plan (HSP2) 2008-2015 (supplemented by a large number of other policies and strategies related to child survival, nutrition, immunization, reproductive health, occupational health, health system financing, drug procurement and quality control, HIV, disabilities, demining, and water supply and sanitation), the Strategy for Agriculture and Water 2006-2010, the National Plan of Action on the Elimination of the Worst Forms of Child Labour 2008 – 2012, the Strategic Framework for Food Security and Nutrition in Cambodia 2008-2012, the Strategic Plan 2007-2009 on the Promotion of Child Safe Tourism to Prevent Trafficking in Children and Women for Labour and Sexual Exploitation in the Tourism Industry in Cambodia, the Strategic Plan for Women (2004-2009), called Neary Rattanak-II which embraces all sectors and its subsidiary Gender Mainstreaming Action Plans (GMAPs), the Cambodia National Population Policy, the Governance Action Plan, the Statistical Master Plan (SMP), the Strategic Framework for Decentralization and Deconcentration Reforms, the Plan of Action (April 2005) for implementing the Legal and Judicial Reform Strategy (June 2003), medium-term strategy and action plan to enhance remuneration (As part of the Administrative Reform), and the Harmonisation, Alignment and Results (H-A-R) Action Plan. A national Forest Program and a Fishery Strategic Plan Framework are also currently being finalized.

Most of these strategies and action plans refer to the CMDGs, although most are not explicit about the connections between program actions and their expected outcomes in terms of CMDGs. Even if the strategies are clear, the problem is not so much one of overall policy but one of implementation. It is at this level that the system breaks down and this is where the major challenge in terms of achieving CMDGs lies.

The Cambodia Aid Effectiveness Report (AER) 2008 finds that "*in common with many partner countries, Cambodia faces a challenge of "moving the aid effectiveness agenda out from the centre of a few key agencies at the heart of Government, to become a working reality in the ministries and communities where it must ultimately be implemented*."

5. CMDG Monitoring Issues

This section summarizes the situation in terms of CMDG reports produced to date, describes the CMDG monitoring framework and the sources of data and highlights issues that constraint CMDG monitoring.

5.1 CMDG Reports

The first Millennium Development Goal Report (MDGR) was prepared by the UNCT in 2001, mostly as an awareness raising and advocacy tool to bring a debate on MDGs at the centre of the development agenda[41]. The second report, prepared by the Council for Social Development, was the outcome of a participatory process which also involved contextualizing the MDGs to the Cambodian situation, resulting in the formal adoption of the Cambodian Millennium Development Goals (CMDGs), which added a Cambodia specific 9th goal related to De-mining, Unexploded Ordnance (UXO) and Victim Assistance, which are all particularly important in the Cambodian context[42]. The CMDGs cover 9 goals, 25 overall targets, and 106 specific targets. The third report was produced in October 2005 and updates CMDG achievement up to 2005[43], partly to contribute to the preparation of the NSDP. Most NSDP indicator tables are derived from this report. Finally two more updates are available: one in 2007, prepared for the 2007 Annual Ministerial Review of the High Level Segment of ECOSOC held in Geneva, 2-4 July 2007[44], and the other, an implicit update in the context of the NSDP Mid-Term review, which includes updated values for some of the indicators[45].

5.2 CMDG Monitoring Framework

As mentioned above, the NSDP has been made by the RGC the single overarching process that articulates the priorities outlined in the Rectangular strategy (phase I and II) and the main instrument for achieving CMDGs. It thus also defines the framework for monitoring both the achievement of NSDP strategies and the CMDGs they relate to. Not all CMDGs have been adopted as targets in the NDSP (about 28 out of its 43 key targets are CMDG key targets, see Table 3.2 in Appendix D).

The NSDP was intended to be a live document "*capable of being adjusted and updated annually based on data emerging from new studies and the proposed annual monitoring and evaluation exercises*" [46]. To date, a national level annual progress report (APR) was prepared in 2007 for the year 2006, and this was followed by the 2008 Mid-Term Review (MTR). An updating exercise is now underway in the context of preparing the extension of the NSDP.

An NSDP Monitoring Framework (MF), was developed in agreement between the four central agencies responsible for monitoring: the Ministry of Planning (MoP), the Ministry of Economy and Finance (MEF), the Cambodian Rehabilitation and Development Board of the Council for the Development of Cambodia (CDC/CRDB), and the Supreme National Economic Council (SNEC). It is intended that two types of information will be collected:

- Degree of alignment of development resources, both from National Budget and ODA, with the sectoral allocation of development resources and priorities outlined in the NSDP
- Progress in achieving the socio-economic development targets of NSDP at the national and sub-national levels, including the CMDGs.

[41] See "United Nations Development Goals – Cambodia 2001", UNCT Cambodia, July 2001.
[42] See "Cambodia Millennium Development Goals Report -2003", Ministry of Planning, RGC, November 2003.
[43] See "Achieving the Cambodia Millennium Development Goals – 2005 Update", Ministry of Planning, RGC, October 2005.
[44] See "Progress in Achieving Cambodia Millennium Development Goals: Challenges and Opportunities", Ministry of Planning, RGC, May 2007
[45] See "MID-TERM REVIEW 2008 ON NATIONAL STRATEGIC DEVELOPMENT PLAN 2006-2010", Ministry of Planning, RGC, November 2008.
[46] NSDP 2006, pvi

Only 26 of the 43 indicators for targets in the NSDP table 3.2 can be measured on an annual basis mainly through administrative data from line agencies or updated information from NIS, and responsibilities have been assigned for the collection of data. It is anticipated that most of the data would come from these sources without requiring primary data collection.

The Ministry of Planning (MOP) is to lead the task of preparation of the Annual Monitoring Report in close collaboration with MEF, CDC/CRDB and SNEC. A high level steering committee has been set up in regard to monitoring NSDP implementation and reporting. Within MOP, The National Institute of Statistics (NIS) is responsible for the collection of data and the General Directorate of Planning (GDP) for compilation of reports and analysis.

5.3 Sources of Data

The collection of data for NSDP/CMDG monitoring falls under the overall National Statistical System (NSS) which is based on the 2005 Statistics Law and is guided by the Statistical Master Plan (SMP) (2006-2105)[47]. The SMP outlines the priority statistical infrastructure and work programmes, including the work of the National Institute for Statistics (NIS), the statistical units in the line ministries and the National Bank of Cambodia (NBC). While NIS has been given the central responsibility for national statistics, the Cambodians statistical system is still highly decentralized and distributed across a large number of ministries and other institutions.

Data for monitoring progress on CMDGs comes from two kinds of sources: annual administrative data through various line agencies and ministries and regular and ad-hoc surveys.

5.3.1 Annual administrative data through various line agencies and ministries

The best developed are the Education Management Information System (EMIS), which provides annual updates for most indicators in CMDG 2 and a few others, the Health Information System (HIS), which provides annual updates for about half the indicators for CMDG 4 and 5, and the Commune Database (CDB), which is currently underutilized in terms of CMDG monitoring.

- **EMIS:** includes data items collected through the school census on Primary, Secondary, Tertiary/technical and vocational training; administrative units classification including School mapping, School cluster, Province, District; Area classification: Urban, Rural, Remote; Gender and age group, Disadvantaged groups, Disabled students, Migrant family/ poor family, Orphan

  EMIS is accurate, timely and complete and MoEYS provides widely available and well-documented and attractive education indicators, on-line, through published materials and posters and on CD.

- **HIS:** Uses primary data from various registers and surveys (Immunization register, Birth spacing register, Delivery register, Laboratory register, Hospitalization register, TB survey, etc.). HIS is still slow in providing timely and accurate updates that are easily available.

- **The Commune database**: was initially instituted under the Seila program. The system was then adopted by Ministry of Planning now covers all communes. The elements of the system are:
  - A Village Data Book, consisting of a questionnaire distributed annually to all Village Chiefs in Cambodia and containing questions relating to the socio-economic situation of the village;
  - A Commune Data Book, consisting of supplementary questions, mainly relating to provision of public infrastructure and services in the Commune, to be completed and returned annually by Commune Chiefs in each commune; and

[47] *Statistical Master Plan for Cambodia,* NIS, MOP, September 2005

- A Commune Database software package, into which data returns from the Village / Commune data books are entered by Provincial Departments of Planning in each Province.

The commune database (CDB) Contains basic socio-economic data collected at village level, such as data on birth, infant mortality and death; family planning, maternal and child health; water and sanitation; and labor force and employment. The CDB is managed by Provincial Department of Planning and Statistics

The potential of the CDB is unfulfilled as it is underutilized. Recently, the CDB has been proposed as an ideal source for CMDG monitoring because of its wide-reaching geographical scope, its many variables relevant to CMDGs, the fact that it is updated annually and that it allows village/commune level aggregation and that it is part of existing structures (linked with PSDD for direct policy impact). It is estimated that the current Commune Database analysis can directly support 14 CMDG Targets either by exact variables or relevant proxies.[48] While there is room for improvement, the CDB is thus an important tool for CMDG monitoring and CMDG mainstreaming in the planning process at the local level.

Routine Data collection systems in other ministries have not been reviewed.

5.3.2 Periodic Survey Data

Periodic survey data includes:

- **National Population Census:** By law, the Population Census in Cambodia is to be conducted once in ten years. The Population Census 2008 was done on 03 March 2008 and the preliminary result of the census was released on September 2008. The final result will be released in September 2009.

- **National sample surveys:** which include
  - **Cambodia Socio-Economic Survey (CSES):** The CSES has been conducted since 1993/94 by the National Institute of Statistics. It is a large scale sample survey conducted on a regular basis of every five year. CSES (a light scale survey) is now conducted annually from 2007. CSES contains a data for most CMDG indicators and allows the represent of data by provinces and regions and population sub-groups.

    The 2007 Cambodia Socio-Economic Survey (CSES) is the latest in the series. Compared to the 2004 CSES, the 2007 CSES is a considerably smaller "interim" survey that has been conducted continually from October 2006 to the end of calendar year 2007 and that is expected to continue through calendar year 2008, following which a larger survey (the 2009 CSES), comparable in size to the 2004 CSES, is expected to be fielded. The 2007 CSES surveyed only 3,593 households during calendar year 2007 in 360 villages (i.e., about 300 households per month in about 30 villages). The small sample size does not allow the generation of poverty estimated at the provincial level (only Phnom Penh, Other Rural and Urban). CSES is now an annual small sample survey with a larger survey every five years (next 2009) which will allow provincial measurements.

  - **Cambodia Demographic and Health Survey (CDHS):** The 2005 CDHS is the second nationally representative survey conducted in Cambodia on population and health issues. It used the same methodology as its predecessor, the 2000 CDHS, allowing policymakers to use the two surveys to assess trends over time. The primary objective of the CDHS is to provide the Ministry of Health, Ministry of Planning (MOP), and other relevant institutions and users with updated and reliable data on infant and child mortality, fertility preferences, family planning behaviour, maternal mortality, utilization of maternal and child health services, health expenditures, women's status, domestic violence, and knowledge and behaviour regarding HIV/AIDS and other sexually transmitted infections. This information contributes

[48] See "*Review of Village Data Collection and Analysis*", *NCDD* , JULIAN ABRAMS, March 2009 and "*Commune Database analysis for sub-national CMDG monitoring*", Briefing Note, UNDP, 12 March 2009.

to policy decisions, planning, monitoring, and program evaluation for the development of Cambodia, at both national- and local-government levels. The long-term objectives of the survey are to technically strengthen the capacity of the National Institute of Public Health (NIPH), Ministry of Health, and the National Institute of Statistics (NIS) of MOP for planning, conducting, and analyzing the results of further surveys. The 2005 DHS survey was conducted by the National Institute of Public Health (NIPH), the Ministry of Health, and the National Institute of Statistics of the Ministry of Planning.

- **Cambodia Inter-Censal Population Survey (CIPS)**: last one was conducted in 2004.
- **Labour Force Survey of Cambodia (LFS)**

- **Ad hoc surveys:** there are a number of other ad-hoc surveys. Among them:
  - **National Surveillance System (HIV/AIDS & STDs):** Within this system, the National Centre for HIV/AIDS, Dermatology and STDs (NCHADS) play a leading role in conducting of three surveys that are repeated on a regular basis (HIV Sentinel Surveillance (HSS), Behavioural Sentinel Surveillance (BSS), STI Sentinel Surveillance (SSS)) to monitor HIV/AIDS in Cambodia. Data collected includes HIV prevalence, condom use and access to prevention programs with the following grouping: Sector (urban/rural), Gender and age group, Most at risk population groups (MSM, IDU and direct and indirect female sex workers); At risk population groups (Military, Police and Motor-taxi drivers); Pregnant women attending ANC .

  - **Cambodia Anthropometric Survey (CAS):** conducted in 2008 to assess the impact of high food prices on nutritional status and behaviours

5.4 Issues Affecting CMDG Monitoring

A number of issues affect the proper monitoring of CMDGs. These include unrealistic targets, issues related to the logic of indicators, ownership of CMDG, indicator definition, incompatibility of data sources, data collection and updating, analysis and interpretation capacity, and coordination and organizational. Each of these is discussed briefly in the following.

5.4.1 Unrealistic Targets

Some of the targets set in the localized CMDG goals in 2003 appear to have been selected arbitrarily or without sufficient information at baseline, with an unclear connection between their initial status and the level of effort required to achieve them.

The situation with respect to poverty has already been described in the discussion about that goal above, as the target was set based on incomplete information. Now that a revised value exists for the baseline, it would make sense to revisit the target, still in keeping with the global target.

Another one of these is the target for Basic Education. It was too ambitious and unrealistic to expect 100% completion for the full nine year basic education, when the global target itself is only for primary. It is already quite a challenge to achieve 100% completion (not enrolment) for primary, let alone achieving this for lower secondary school. The tremendous progress done in primary education is clouded by the target for lower secondary and affects the sense of progress in education.

A third one is the target for maternal mortality, which, as discussed earlier, cannot be achieved even with redoubled efforts.

Having targets that are clearly unachievable no matter what effort is put into them from now to 2015 acts as a depressant for efforts in these areas. It would therefore help to make progress is targets were still challenging, but reassessed on the basis of sectoral strategies that are being developed. There is currently a disconnection between targets in the some of these strategies and CMDGs and these need to be reconciled.

5.4.2 Proliferation, Logic and Presentation of Indicators

The CMDGs include 106 indicators, as many indicators have been added in the process of localization (the original 2003 official global list for the 7 goals included in the CMDG contained only 32 indicators). No clear distinction is made in the list between result and process indicators, which makes it difficult for people to understand the nature of the indicators and their relationships and makes the list burdensome. If the CMDG goals and targets are to be diffused widely and understood, it is necessary to simplify the list, distinguish clearly between result indicators (some are impact indicators, like child mortality, others are outcome indicators, like access to water) and process indicators (like coverage, Vit A distribution, etc..), and clarify the links between process and result, the underlying logic and the assumptions that are implicitly made about the causal relationships that underlie them. This will go a long way towards helping agencies responsible for each goal in their planning, monitoring and evaluation efforts and clearly relating their activities to CMDGs. It would also help to reduce the number of instrumental (process) variables as these must be monitored at the sectoral and strategy implementation level anyways, and adopt a more limited set of indicators to focus on as was done in the NSDP.

5.4.3 Focus on CMDG versus NSDP

The NSDP is designed by the RGC to be the instrument for achieving CMDG and many of its targets include all the key CMDG targets. Proper implementation of the NSDP requires a clear understanding of its goals and targets. Donors are perceived as putting more emphasis on CMDGs while the RCG wishes to focus all attention on the NSDP. The two are not mutually exclusive -- they are actually the same process, and most of the non-CMDG indicators in the NSDP are actually instrumental to poverty reduction, but there is subtle distinction in ownership that needs to be taken into account in any efforts at raising awareness about CMDGs and diffusing and improving the CMDG/NSDP monitoring framework. This awareness raising effort must be a joint effort and use a single clear framework that promotes both CMDG/NSDP goals. Different education efforts by DP and the RCG will only result in confusion and harm efforts at monitoring CMDG achievement.

5.4.4 Indicator Definition Issues

Collecting data on CMDG indicators runs into a number issues related to the definition of indicators, with different sources reporting numbers that are not strictly comparable because of definitional differences, questions raised about the definitions of some indicators or insufficiently defined indicators which makes their measurement impossible. A sample of these issues is discussed below:

- **Poverty Measurement**: Two key issues affect the measurement of poverty. The first concerns the definition of the basket of commodities that is used for the measurement of consumption, which includes irrelevant items such as cassette players for example and there is a need to update it, although this would result in non-comparable measurement over time. The second relates to different approaches to measuring poverty, based on consumption, as is done in the CSES or on assets as is being proposed as a use of the CDB.
- **Water and sanitation**: issues of definition have already been referred to in Section 2.7. These relate to the difference between “safe” and “improved” water sources, in wet or dry season, and whether “access” actually translates to “utilization” as there is a large difference between what people report that they actually use compared to what they have available (inventory of constructed facilities).
- **Child Labour:** CCLS 2001 collected data on children aged 5-17 The core of the survey collected information from children aged 5-17 years, including children’s work status, working hours, children’s satisfaction in the workplace, injuries/disabilities related to work and use of mechanical equipment the including. CSES 2004 contains a narrower range of variables relating to child labour and does not provide information on children below the age of 10 but data limitations mean that the number of children in worst forms cannot be adequately measured.

- **Adoption and implementation of laws or policies**: several indicators are stated in this way (in gender, and mine action). While "adoption" can be measured with the date that a certain law or policy officially takes effect, if implementation is not defined with specific measurable benchmarks, it is impossible to conclude on the extent to which this has been achieved.
- **Malaria diagnosis**: "Proportion of public health facilities able to confirm malaria diagnosis according to national guidelines with 95% accuracy". No measures appear to exist for this nor is it clear if a mechanism exists for measuring it.
- **Community Fisheries**: there is a difference between informal fisheries and those that are officially recognized by fisheries administration (which is a long and complicated process). There are also different types of community fishery groups and all are required to have a fish sanctuary, but the numbers reported over time have at different times included all or part of the various categories. This needs to be clarified.
- **Areas cleared**: the area to be cleared for demining has been expressed as a percentage, but the denominator is not clear and there is still no clarity about the actual total amount to be cleared.

This is not an exhaustive list, but provides an example of different types of definitional problems encountered.

5.4.5 Incompatibility of Data sources

Even when defined in the same way, different ways of collecting data on identically defined indicators can yield vastly different results. A case in point is for example Vitamin A data. The CAS conducted in 2008 finds that the percentage of children 6 to 59 months of age receiving vitamin A capsules in the last six months is 59.4 percent[49]. Records from HIS for 2008 show a figure of 79 percent. A detailed analysis of the differences[50] reveals that the truth lies somewhere in between, as surveys based on recall (which have a lot of "don't know" responses) tend to underestimate coverage and administrative records tend to overestimate it. When both are available, it raises the issue of which to use, and when only administrative records are available, they are not strictly comparable to the baseline measurements or updates derived from surveys. This occurs for many of the variables in the CMDG table that are measured periodically by surveys and annually by administrative records (such as children in school for example). The current reporting framework uses a combination of both in inconsistent ways.

5.4.6 Annual Updating Mechanism

Although the NSDP monitoring framework specifies which variables are to be updated annually and specifies responsibilities for this, NIS still faces difficulties in collecting this information smoothly so that it can update the data in CamInfo. MoP itself generates very little information. It depends on other ministries and agencies for the generation of data. If some of these are inefficient in the process of generating the information required from them in an accurate and timely manner, this impacts negatively on MoP's capacity to generate summaries. Improving that capacity may therefore require also working on the entire network of organizations.

As a result, there is currently no annually updated CMDG table, which would automatically include the most up-to-date values. Each CMDG update requires time-consuming ad-hoc data collection efforts from a large number of sources. A simple, clear, efficient mechanism for automatic updating of the CMDG table and its wide diffusion via the MOP website or other means still needs to be adopted.

5.4.7 Analysis, Interpretation and Utilisation of Information

Even if clearly defined, reliable and timely data was available, the MoP itself and most other potential users of the information engage in very little analysis of the data and there is open acknowledgment of a shortage of analytical skills at all levels. There is either no analysis or extremely sophisticated

[49] See [UNICEF 2009b]
[50] See [JOHNSTON et al 2008]

analysis of data performed by development partners, which most national partners do not understand and cannot replicate.

Even when analysis is available, decision makers often do not know how to interpret it and use it in decision-making. A lot more effort therefore needs to be invested into developing analytical capacity at all levels leading to improved evidence-based decision-making.

5.4.8 Organizational, Coordination and Linkage Issues

While MoP has been given the primary responsibility for monitoring progress on the NSDP, its capacity to produce effective monitoring reports is constrained by the tendency of other ministries to resist what they sometimes perceive as encroachment into their territories or critical scrutiny of their planning.

The Cambodia Aid Effectiveness Report 2008 also notes that the links between CRDB's ODA Database and the central planning and budgeting process remain "*tenuous*" and the NSDP Mid-Term Review calls for "*more combined and concerted efforts…among the four main central agencies, MoP, MEF, SNEC and CRDB*". Both emphasise the importance of strengthening the NSDP monitoring framework, which, together with the linking of sub-national systems, remains "one of the most formidable challenges in fostering evidence-based development management in Cambodia[51]".

The D&D process is also changing the organizational landscape, with an increasing movement towards diminishing influence of national ministries, including MoP, over sub-national planning processes. This will call for a redefinition of roles and may place MoP, if it seizes the opportunity, in a position to assume a greater role in the facilitation and guidance to sub-national authorities[52].

Finally the organizational structure of MoP itself, particularly of the GDP, may not be aligned to its strategy and may need to be reviewed to allow it to better fulfil its changing functions.

Conclusion

As can be seen from all of the above, the availability of data for monitoring CMDGs and the existence of analytical reports are not the issue. If anything there is too much data and there are too many sophisticated analyses. What is missing is a simple clear consistent and logical monitoring framework and the national capacity to perform simple analyses and translate these into effective policy and program actions at all levels.

[51] See [CDC 2008] p. 21
[52] See [UNDP 2009b]

Appendix A. New Official Global MDG Indicator List (2008)

All indicators should be disaggregated by sex and urban/rural as far as possible.

Effective 15 January 2008

Millennium Development Goals (MDGs)	
Goals and Targets (from the Millennium Declaration)	**Indicators for monitoring progress**
Goal 1: Eradicate extreme poverty and hunger	
Target 1.A: Halve, between 1990 and 2015, the proportion of people whose income is less than one dollar a day	1.1 Proportion of population below $1 (PPP) per day[53] 1.2 Poverty gap ratio 1.3 Share of poorest quintile in national consumption
Target 1.B: Achieve full and productive employment and decent work for all, including women and young people	1.4 Growth rate of GDP per person employed 1.5 Employment-to-population ratio 1.6 Proportion of employed people living below $1 (PPP) per day 1.7 Proportion of own-account and contributing family workers in total employment
Target 1.C: Halve, between 1990 and 2015, the proportion of people who suffer from hunger	1.8 Prevalence of underweight children under-five years of age 1.9 Proportion of population below minimum level of dietary energy consumption
Goal 2: Achieve universal primary education	
Target 2.A: Ensure that, by 2015, children everywhere, boys and girls alike, will be able to complete a full course of primary schooling	2.1 Net enrolment ratio in primary education 2.2 Proportion of pupils starting grade 1 who reach last grade of primary 2.3 Literacy rate of 15-24 year-olds, women and men
Goal 3: Promote gender equality and empower women	
Target 3.A: Eliminate gender disparity in primary and secondary education, preferably by 2005, and in all levels of education no later than 2015	3.1 Ratios of girls to boys in primary, secondary and tertiary education 3.2 Share of women in wage employment in the non-agricultural sector 3.3 Proportion of seats held by women in national parliament
Goal 4: Reduce child mortality	
Target 4.A: Reduce by two-thirds, between 1990 and 2015, the under-five mortality rate	4.1 Under-five mortality rate 4.2 Infant mortality rate 4.3 Proportion of 1 year-old children immunised against measles
Goal 5: Improve maternal health	
Target 5.A: Reduce by three quarters, between 1990 and 2015, the maternal mortality ratio	5.1 Maternal mortality ratio 5.2 Proportion of births attended by skilled health personnel
Target 5.B: Achieve, by 2015, universal access to reproductive health	5.3 Contraceptive prevalence rate 5.4 Adolescent birth rate 5.5 Antenatal care coverage (at least one visit and at least four visits) 5.6 Unmet need for family planning
Goal 6: Combat HIV/AIDS, malaria and other diseases	
Target 6.A: Have halted by 2015 and begun to reverse the spread of HIV/AIDS	6.1 HIV prevalence among population aged 15-24 years 6.2 Condom use at last high-risk sex 6.3 Proportion of population aged 15-24 years with comprehensive correct knowledge of HIV/AIDS 6.4 Ratio of school attendance of orphans to school attendance of non-orphans aged 10-14 years
Target 6.B: Achieve, by 2010, universal access to treatment for HIV/AIDS for all those who need it	6.5 Proportion of population with advanced HIV infection with access to antiretroviral drugs
Target 6.C: Have halted by 2015 and begun to reverse the incidence of malaria and other major diseases	6.6 Incidence and death rates associated with malaria 6.7 Proportion of children under 5 sleeping under insecticide-treated bednets 6.8 Proportion of children under 5 with fever who are treated with appropriate anti-malarial drugs 6.9 Incidence, prevalence and death rates associated with tuberculosis 6.10 Proportion of tuberculosis cases detected and cured under directly observed treatment short course
Goal 7: Ensure environmental sustainability	
Target 7.A: Integrate the principles of sustainable development into country policies and programmes and reverse the loss of environmental resources Target 7.B: Reduce biodiversity loss, achieving, by 2010, a significant reduction in the rate of loss	7.1 Proportion of land area covered by forest 7.2 CO2 emissions, total, per capita and per $1 GDP (PPP) 7.3 Consumption of ozone-depleting substances 7.4 Proportion of fish stocks within safe biological limits 7.5 Proportion of total water resources used 7.6 Proportion of terrestrial and marine areas protected 7.7 Proportion of species threatened with extinction
Target 7.C: Halve, by 2015, the proportion of people without sustainable access to safe drinking water and basic sanitation	7.8 Proportion of population using an improved drinking water source 7.9 Proportion of population using an improved sanitation facility
Target 7.D: By 2020, to have achieved a significant improvement in the lives of at least 100 million slum dwellers	7.10 Proportion of urban population living in slums[54]

[53] For monitoring country poverty trends, indicators based on national poverty lines should be used, where available.

[54] The actual proportion of people living in slums is measured by a proxy, represented by the urban population living in households with at least one of the four characteristics: (a) lack of access to improved water supply; (b) lack of access to improved sanitation; (c) overcrowding (3 or more persons per room); and (d) dwellings made of non-durable material.

Goal 8: Develop a global partnership for development	
Target 8.A: 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 Target 8.B: Address the special needs of the least developed countries Includes: tariff and quota free access for the least developed countries' exports; enhanced programme of debt relief for heavily indebted poor countries (HIPC) and cancellation of official bilateral debt; and more generous ODA for countries committed to poverty reduction Target 8.C: Address the special needs of landlocked developing countries and small island developing States (through the Programme of Action for the Sustainable Development of Small Island Developing States and the outcome of the twenty-second special session of the General Assembly) Target 8.D: Deal comprehensively with the debt problems of developing countries through national and international measures in order to make debt sustainable in the long term	*Some of the indicators listed below are monitored separately for the least developed countries (LDCs), Africa, landlocked developing countries and small island developing States.* Official development assistance (ODA) 8.1 Net ODA, total and to the least developed countries, as percentage of OECD/DAC donors' gross national income 8.2 Proportion of total bilateral, sector-allocable ODA of OECD/DAC donors to basic social services (basic education, primary health care, nutrition, safe water and sanitation) 8.3 Proportion of bilateral official development assistance of OECD/DAC donors that is untied 8.4 ODA received in landlocked developing countries as a proportion of their gross national incomes 8.5 ODA received in small island developing States as a proportion of their gross national incomes Market access 8.6 Proportion of total developed country imports (by value and excluding arms) from developing countries and least developed countries, admitted free of duty 8.7 Average tariffs imposed by developed countries on agricultural products and textiles and clothing from developing countries 8.8 Agricultural support estimate for OECD countries as a percentage of their gross domestic product 8.9 Proportion of ODA provided to help build trade capacity Debt sustainability 8.10 Total number of countries that have reached their HIPC decision points and number that have reached their HIPC completion points (cumulative) 8.11 Debt relief committed under HIPC and MDRI Initiatives 8.12 Debt service as a percentage of exports of goods and services
Target 8.E: In cooperation with pharmaceutical companies, provide access to affordable essential drugs in developing countries	8.13 Proportion of population with access to affordable essential drugs on a sustainable basis
Target 8.F: In cooperation with the private sector, make available the benefits of new technologies, especially information and communications	8.14 Telephone lines per 100 population 8.15 Cellular subscribers per 100 population 8.16 Internet users per 100 population

The Millennium Development Goals and targets come from the Millennium Declaration, signed by 189 countries, including 147 heads of State and Government, in September 2000 (http://www.un.org/millennium/declaration/ares552e.htm) and from further agreement by member states at the 2005 World Summit (Resolution adopted by the General Assembly - A/RES/60/1, http://www.un.org/Docs/journal/asp/ws.asp?m=A/RES/60/1). The goals and targets are interrelated and should be seen as a whole. They represent a partnership between the developed countries and the developing countries "to create an environment – at the national and global levels alike – which is conducive to development and the elimination of poverty".

Appendix B. Official List of CMDG

The Cambodian Millennium Development Goals (CMDGs) include 9 goals, 25 overall targets, and 106 specific targets.

CMDG 1: Eradicate extreme poverty and hunger

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

- Target 1.1: Decreasing the proportion of people whose income is less than the national poverty line from 39% in 1993 to 19.5% in 2015
- Target 1.2: Increasing the share of poorest quintile in national consumption from 7.4% in 1993 to 11% in 2015
- Target 1.3: Decreasing the proportion of working children aged between 5-17 years old from 16.5% in 1999 to 8% in 2015

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

- Target 1.4: Decreasing the prevalence of underweight (weight for age <2 SD) children under-five years of age from 45.2% in 2000 to 22% in 2015
- Target 1.5: Decreasing the proportion of population below the food poverty line from 20% in 1993 to 10% in 2015
- Target 1.6: Decreasing the prevalence of stunted (height for age <2 SD) children under five years of age from 44.6% in 2000 to 22% in 2015
- Target 1.7: Decreasing the prevalence of wasted (weight for height <2 SD) children under five years of age from 15% in 2000 to 9% in 2015
- Target 1.8: Increasing the proportion of households using iodised salt from 14% in 2000 to 90% in 2015

CMDG 2: 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

CMDG 3: Promote gender equality and women's empowerment

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

- Target 3.1: Improving the ratio of girls to boys in upper secondary education from 48% in 2001 to 100% in 2015
- Target 3.2: Improving the ratio of girls to boys in tertiary education from 38% in 2001 to 85% in 2015
- Target 3.3: Improving the ratio of literate females to males 15-24 years old from 87% in 1998 to 100% in 2010
- Target 3.4: Improving the ratio of literate females to males 25-44 years old from 78% in 1998 to 100% in 2010

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

- Target 3.5: Increasing the female share in wage employment in agriculture (primary sector) from 35% in 1998 to 50% in 2005
- Target 3.6: Increasing female share in wage employment in industry (secondary sector) from 44% in 1998 to 50% in 2005
- Target 3.7: Increasing the female share in wage employment in services (tertiary sector) from 21% in 1998 to 50% in 2015

Overall target 7: Eliminate gender disparities in public institutions

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

CMDG 4: 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 41.4% 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

CMDG 5: 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 30.5% 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

CMDG 6: 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

CMDG 7: 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

CMDG 8: Forge a global partnership for development

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 Assistance3

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).

Appendix C. Computation of Progress Scores for CMDG Indicators

CMDG Achievement Table 31 August 2009	Benchmarks		Target	Actual	Most Recent Available			Targets		DISTANCE TO TARGET				
	Value	Year	2005	2005	Value	Year	Source	2010	2015	TOTAL	CURRENT	% Progress	WEIGHT	SCORE
Cambodia MDG1: Eradicate extreme poverty and hunger													**100**	**45.00**
1.1 Proportion of people whose income is less than the national poverty line	47	1993	31	34.7	30.1	2007	WBPP07	25	19.5	27.5	16.9	61%	20	12.29
1.2 Share of poorest quintile in national consumption	8.5	1993	9	7	6.6	2007	WBPP07	10	11	2.5	-1.9	-76%	20	0
1.3 Proportion of working children aged between 5-17 years	16.5	1999	13	22.3	22.3	2004	CIPS04	10.6	8	8.5	-5.8	-68%	0	0
1.4 Prevalence of underweight (weight for age <2 SD) children < 5 yrs of age (2)	38.4	2000	30.6	28.2	28.8	2008	CAS08	24.6	19.2	19.2	9.6	50%	15	7.5
1.5 Proportion of people below the food poverty line	24	1993	16	19.7	18.0	2007	WBPP07	13	10	14	6	43%	20	8.57
1.6 Prevalence of stunted (height for age <2 SD) children under five years of age	49.7	2000	39	43.2	39.5	2008	CAS08	31.2	24.5	25.2	10.2	40%	13	5.06
1.7 Prevalence of wasted (weight for height <2 SD) children under five years of age	16.8	2000	14.6	8.4	8.9	2008	CAS08	11.2	10.1	6.7	7.9	118%	13	12.5
1.8 Proportion of households using iodized salt	14	2000	80	72.5	71.5	2008	CAS08	90	90	76	57.5	76%	0	0
Cambodia MDG2: Achieve universal nine-year basic education													**100**	**40.71**
2.1 Net primary admission rate	81	2001	95	82.6	91.9	2008	EMIS	100	100	19	10.9	57%	0	0
2.2 Net enrolment ratio in primary education	87	2001	95	91.3	94.4	2008	EMIS	100	100	13	7.4	57%	20	11.38
2.3 Net enrolment ratio in lower secondary education	19	2001	50	31.3	33.9	2008	EMIS	75	100	81	14.9	18%	20	3.68
2.4 Proportion of 6-14 year olds out of school	35	1999	22	18.7	19.81	2008	GPCC	11	0	35	15.19	43%	0	0
2.5 Survival rate from grade 1 to 5	58	2001	77	55.5	67.4	2008	EMIS	100	100	42	9.4	22%	0	0
2.6 Survival rate from grade 1 to 6 (last grade of primary cycle)	51	2001	73	48.2	59.3	2008	EMIS	100	100	49	8.3	17%	0	0
2.7 Survival rate from grade 1 to 9 (last grade of basic cycle)	33	2001	52	26.5	33.1	2008	EMIS	76	100	67	0.1	0%	0	0
2.8 Literacy rate of 15-24 years old	82	1999	90	83.4	87.47	2008	GPCC	95	100	18	5.47	30%	20	6.08
2.9 Ratio of girls to boys in primary education	87	2001	98	89.6	90.2	2008	EMIS	100	100	13	3.2	25%	20	4.92
2.10 Ratio of girls to boys in Lower Secondary education	63	2001	96	81.5	90.1	2008	EMIS	100	100	37	27.1	73%	20	14.65
Cambodia MDG3: Promote gender equality and empower women													**100**	**40.78**
3.1 Ratio of girls to boys in upper secondary education	48	2001	59	63.5	72.9	2008	EMIS	80	100	52	24.9	48%	5	2.39
3.2 Ratio of females to males in tertiary education	38	2001	50	45.6	57.5	2008	MoEYS	70	85	47	19.5	41%	5	2.07
3.3 Ratio of literate females to males 15-24 years old	87	1998	95	90	95.7	2008	GPCC	100	100	13	8.7	67%	5	3.35
3.4 Ratio of literate females to males 25-44 years old	78	1998	85	80	85.9	2008	GPCC	100	100	22	7.9	36%	5	1.8
3.5 Female share in wage employment in Agriculture (primary sector)	35	1998	50	52.5	50.2	2007	CSES	50	50	15	15.2	101%	5	5
3.6 Female share in wage employment in Industry (secondary sector)	44	1998	50	53.5	44.2	2007	CSES	50	50	6	0.2	3%	5	0.17
3.7 Female share in wage employment in Services (tertiary sector)	21	1998	30	27	35.6	2007	CSES	37	50	29	14.6	50%	5	2.52
3.8 Proportion of seats held by women in National Assembly	12	2003	17	17.1	22	2008	NEC	24	30	18	10	56%	5	2.78
3.9 Proportion of seats held by women in Senate	13	2003	17	14	14.8	2007	CGA	24	30	17	1.8	11%	5	0.53
3.10 Proportion of female Ministers	8	2003	9	7.1	7.7	2008	RD	12	15	7	-0.3	-4%	5	0
3.11 Proportion of female Secretaries of State	6	2003	8	7.1	8	2008	RD	15	18	12	2	17%	5	0.83
3.12 Proportion of female Under-Secretaries of State	5	2003	8	11.9	14.6	2008	RD	17	20	15	9.6	64%	5	3.2
3.13 Proportion of female Provincial Governors	0	2003	3	0	0	2008	SSCS	6	10	10	0	0%	5	0
3.14 Proportion of female Deputy Provincial Governors	1	2003	4	1.7	16.5	2009	MoI	8	15	14	15.5	111%	5	5
3.15 Proportion of seats held by women in Commune Councils	8	2003	8	8.7	14.6	2009	MoI	15	25	17	6.6	39%	5	1.94
3.16 Proportion of population aware that that violence against women is wrong and criminal	0	2003	25	30	30	2005	MoWA	50	100	100	30	30%	5	1.5
3.17 Proportion of domestic violence cases counselled by qualified personnel	0	2003	20	4	4	2005	MoWA	50	100	100	4	4%	5	0.2
3.18 Adoption and implementation of laws against violence against women and children (year)	0	2003	100	50	50	2009	MoWA	100	100	100	50	50%	5	2.5
3.19 Collection of annual statistics to monitor violence against women (year)	0	2003	100	0	50	2009	MoWA	100	100	100	50	50%	5	2.5
3.20 Adoption and implementation of a prevention plan (year)	0	2003	100	0	50	2009	MoWA	100	100	100	50	50%	5	2.5
Cambodia MDG4: Reduce child mortality													**100**	**83.31**
4.1 Under-five mortality rate (per 1,000 live births)	124	1998	105	83	83	2005	CDHS	75	65	59	41	69%	50	34.75
4.2 Infant mortality rate (per 1,000 live births)	95	1998	75	66	60	2008	GPCC	60	50	45	35	78%	0	0
4.3 Proportion of children under 1 year immunized against measles	41.4	2000	80	70.2	91	2008	HIS	85	90	48.6	49.6	102%	25	25
4.4 Proportion of children aged 6-59 months receiving Vitamin A capsules	28	2000	70	35.8	79	2008	HIS	85	90	62	51	82%	0	0
4.5 Proportion of children under 1 year immunized against DPT3	43	2000	80	75.5	92	2008	HIS	95	95	52	49	94%	25	23.56
4.6 Proportion of infants exclusively breastfed up to 6 months of age	11.4	2000	20	60	65.9	2008	CAS08	34	49	37.6	54.5	145%	0	0
4.7 Proportion of mothers who start breast-feeding newborn child within 1 hour of birth.	11	2000	28	35.1	35.1	2005	CDHS	45	62	51	24.1	47%	0	0

Cambodia MDG5: Improve maternal health													**100**	**36.63**
5.1 Maternal mortality ratio (per 100,000 live births)	437	1997	343	472	461	2008	GPCC	243	140	297	-24	-8%	20	0
5.2 Total fertility rate	4	1998	3.8	3.4	3.1	2008	GPCC	3.4	3	1	0.9	90%	20	18
5.3 Proportion of births attended by skilled health personnel	32	2000	60	44	58	2008	HIS	55	80	48	26	54%	0	0
5.4 Proportion of married women using modern birth spacing methods	18.5	2000	30	27.2	26	2008	HIS	44	60	41.5	7.5	18%	0	0
5.5 Proportion of pregnant women with 2 or more ANC with skilled health personnel	30.5	2000	60	60.2	81	2008	HIS	75	90	59.5	50.5	85%	0	0
5.6 Proportion of pregnant women with iron deficiency anaemia	66	2000	50	57	57	2005	CDHS	39	33	33	9	27%	20	5.45
5.7 Proportion of women 15-49 years with BMI<18.5 kg/sq. meter	21	2000	17	20.3	16.1	2008	CAS08	12	8	13	4.9	38%	20	7.54
5.8 Proportion of women 15-49 years with iron deficiency anaemia	58	2000	45	47	47	2005	CDHS	32	19	39	11	28%	20	5.64
5.9 Proportion of pregnant women delivered by Caesarean Section	0.8	2000	2	0.8	2	2008	MOH	2.5	4	3.2	1.2	38%	0	0
Cambodia MDG6: Combat HIV/AIDS, malaria and other diseases													**100**	**63.51**
6.1 HIV prevalence rate among adults aged 15-49	1.9	1997	2.3	1	0.7	2008	NCHADS	0.9	0.9	1	1.2	120%	12.5	12.5
6.2 HIV prevalence rate among pregnant women, 15-24 yrs visiting ANC clinic	1.9	1998	2.4	1.3	1.1	2006	NCHADS	0.9	0.9	1	0.8	80%	12.5	10
6.3 Condom use rate among commercial sex workers during last commercial sexual intercourse	91	2002	98	96.7	96.7	2003	BSS	98	98	7	5.7	81%	0	0
6.4 Proportion of Young people 15-24 yrs old reporting use of condom during sexual intercourse with a non-regular sexual partner	82	2002	85	84.4	84.4	2005	CDHS	90	95	13	2.4	18%	0	0
6.5 Proportion of condom use reported by married women who identified themselves at risk	1	2002	2	1	1			5	10	9	0	0%	0	0
6.6 Proportion of HIV infected pregnant women attending ANC receiving a complete course of antiretroviral prophylaxis to reduce risk of MTCT	2.7	2002	10	3.8	3.8	2004	NAA	35	50	47.3	1.1	2%	0	0
6.7 Proportion of people with advanced HIV infection receiving antiretroviral combination therapy	3	2002	25	45	94	2008	NCHADS	60	75	72	91	126%	0	0
6.8 Malaria case fatality rate reported by Public Health Sector (%)	0.4	2000	0.3	0.36	0.35	2008	WHO	0.2	0.1	0.3	0.05	17%	12.5	2.08
6.9 Proportion of population at high risk who slept under insecticide-treated bed nets during the previous night	24	1998	80	49	49	2004	MOH	95	98	74	25	34%	0	0
6.10 Number of malaria cases treated in public health sector per 1000 population	11.4	2000	9	7.3	4.4	2008	WHO	7	4	7.4	7	95%	12.5	11.82
6.11 Proportion of public health facilities able to confirm malaria diagnosis according to national guidelines with 95% accuracy	60	2002	70	60	60			80	95	35	0	0%	0	0
6.12 Number of dengue cases treated in the public health sector per 1000 population	1	2001	0.8	0.84	0.7	2008	WHO	0.6	0.4	0.6	0.3	50%	12.5	6.25
6.13 Dengue case fatality rate reported by Public Health Sector	1.5	2003	1	0.74	0.68	2008	WHO	0.5	0.3	1.2	0.82	68%	12.5	8.54
6.14 Prevalence of smear positive TB per 100,000 population	428	1997	321	428	215	2008	HIS	214	135	293	213	73%	12.5	9.09
6.15 TB death rate per 100,000 population	90	1997	68	90	75	2007	MOH	45	32	58	15	26%	12.5	3.23
6.16 Proportion of all estimated new smear-positive TB cases detected under DOTS	57	2002	70	61	69	2008	HIS	70	70	13	12	92%	0	0
6.17 Proportion of registered smear-positive TB cases successfully treated under DOTS	89	2002	85	89	90	2008	HIS	85	85	4	-1	100%	0	0
Cambodia MDG7: Ensure environmental sustainability													100	34.47
7.1 Forest Cover (% of total area)	60	2002	60	58	59.09	2006	FA	58	60	0	0.91	-2%	10	0
7.2 Surface of 23 protected areas (millions of hectares)	3.3	1993	3.3	3.3	3.2	2009	MOE	3.3	3.3	0	0.1	-3%	10	0
7.3 Surface of 6 new forest-protected areas (millions of hectares)	1.35	1996	1.35	1.35	1.44	2009	FA	1.35	1.35	0	0.09	107%	10	10
7.4 Number of rangers in protected areas	600	2001	772	600	910	2009	MOE	987	1200	600	310	52%	0	0
7.5 Number of rangers in forest protected areas	500	2001	500	500	363	2009	MOE	500	500	500	137	-73%	0	0
7.6 Proportion of fishing lots released to local communities	56	1998	58	56.46	56.46	2005	FiA	60	60	4	0.46	12%	0	0
7.7 Number of community based fisheries	264	2002	364	375	487	2009	FiA	464	589	325	223	69%	5	3.43
7.8 Surface of fish sanctuaries (thousand hectares)	264.5	2000	581	264.5	264.5			581	581	316.5	0	0%	5	0
7.9 Proportion of households dependent on fuel wood	92	1993	70	83.9	91.08	2008	GPCC	61	52	40	0.92	2%	10	0.23
7.10 Proportion of **rural** population with access to safe water source (Dry Season)	24	1998	30	53.7	53.7	2005	CDHS	45	50	26	29.7	114%	10	10
7.11 Proportion of **urban** population with access to safe water source (Dry Season)	60	1998	68	67.3	67.3	2005	CDHS	74	80	20	7.3	37%	10	3.65
7.12 Proportion of **rural** population with access to improved sanitation	8.6	1998	12	15.7	15.7	2005	CDHS	25	30	21.4	7.1	33%	10	3.32
7.13 Proportion of **urban** population with access to improved sanitation	49	1998	59	56.1	56.1	2005	CDHS	67	74	25	7.1	28%	10	2.84
7.14 Proportion of land parcels having titles in both rural and urban areas	15	2000	16	15	20	2008	NSDP MTR	32	65	50	5	10%	10	1
Cambodia MDG9: De-mining, UXO and Victim Assistance													100	65.61
9.1 Annual numbers of civilian casualties recorded	1691	1993	500	797	271	2008	CMVIS	200	0	1691	1420	84%	40	33.59
9.2 Percentage of severe/high/medium/low suspected contaminated areas cleared	10	1995	51	50.3	70.8	2008	CMAA	77	100	90	60.8	68%	40	27.02
9.3 Develop and implement a victim assistance framework (Year)	0	2003	50	0	50	2009	Estimate	100	100	100	50	50%	10	5
9.4 Number of landmine/UXO victims receiving assistance package and integrated into society	0	2003	50	0	0			75	100	100	0	0%	10	0

DATA SOURCES:

BSS	Behavioural Surveillance Surveys
CAS	Cambodia Anthropomorphic Survey
CDHS	Cambodia Demographic and Health Survey 2005
CGA	Cambodia Gender Assessment
CIPS	Cambodia Inter-Censal Population Survey 2004
CMAA	Cambodian Mine Action Authority
CMVIS	Cambodia Mine Victim Information System
CSES	Cambodia Socio-Economic Survey 2003-04
EMIS	Education Management Information System
FA	Forest Administration Database
FiA	Fishery Administration recording system
GPCC	General Population Census of Cambodia
HIS	Health Information System
MOE	GANCP recording system – Ministry of Environment
MoEYS	Ministry of Education, Youth and Sports
MOH	Ministry of Health
MoI	Ministry of Interior
MoWA	Ministry of Women's Affairs
NAA	National Aids Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and STDs
NEC	National Election Commission
NSDP	National Strategic Development Plan (used when the actual source of data is not known)
NSDP MTR	Mid-Term Review of the NSDP
RD	Royal Decree
SSCS	State Secretariat of Civil Service
WBPP	World Bank Poverty Profile , 2004 and 2007
WHO	WHO Country Health Information Profile 2008 Revision

Appendix D. NSDP Indicators and Targets

Table 3.2: NSDP's Macro-Goals and Critical Indicators (Targets)[1]

(*) - CMDG goals and targets

	Major Goals: Targets/Indicators	2005	2010	CMDG- 2015
	Eradicate - Poverty & Hunger (*)			
1*	Poverty levels % of population -- 2004	34.67	25	19.5
2*	Poverty levels % rural population -- 2004	39.2		
3*	People below food poverty line % -- 2004	19.7	13	10
	Enhance Agricultural Production and Productivity			
4	Paddy yield per hectare (tons)	2.48	2.80	
5	Irrigated area – including supplemental irrigation., (% of rice area)	63	87	
6	Land Reforms: Land Titles to farmers -- % of Total agri., land	15	24	
	Improvements in Health (*)			
7*	Infant Mortality Rate per 1,000 live births	66	60	50
8*	Under 5 Mortality Rate per 1,000 live births	82	75	65
9*	Maternal Mortality per 100,000 live births	472	243	140
10*	Births attended by skilled health personnel -- %	44	55	80
11*	HIV/AIDS prevalence, % of adults 15-49	0.9	<0.6	<0.6
12*	Malaria Cases – treated at public health facilities –per 1,000 population	7.3	3.5	
13*	TB smear positive cases, per 100,000	269	214	135
14*	Married women using modern birth spacing methods (%)	20.1	40	60
15	% of health facilities providing RH services	33	45	70
	Improvements in Education (*)			
16*	Net Enrolment at Primary Schools (%): Total	91.3	100	100
	Boys	93.0	100	100
	Girls	89.7	100	100
17*	Net Enrolment at Lower Sec. Schools (%): Total	31.3	50	100
	Boys	32.1	50	100
	Girls	30.4	38	100
18*	Survival rate % : 1-6:	49.3	100	100
19*	Survival rate % : 1-9:	26.3	50	100
20*	6-14 years out of school (%)	12.3	11	0
	Rural Development			
21	Rural Roads rehabilitated – Kms (out of total 28,000)	22,700	25,000	28,000
22*	Access to improved drinking water -- % rural population	41.6	45	50
23*	Sanitation access -- % rural population	16.4	25	30
	Environmental Sustainability (*)			
24*	Forest Cover -- % of total area	59	60	60
25*	Fuel Wood dependency: Households -- %	83.9	61	52
26*	Access to safe water source -- % of urban population	35	75	80
27*	Access to improved sanitation -- % or urban population	55	67	74
	Gender Equity (*)[2]			
28	Mainstream gender in all spheres			
a	Concerned ministries/institutions have formulated their Gender Mainstreaming Action Plan	2	27	
b	Concerned ministries/institutions have implemented their Gender Mainstreaming Action Plan	2	15	27
29*	Female share of wage employment (%): agriculture	52.5	50	50
	industry	53.5	50	50
	services	27.0	37	50
30*	Level of awareness that violence against women is wrongful behaviour and a crime (%)	4.5	50	100
a	Court and administrative orders issued	0	90	
b	Access to services	0	500	
	Reforms			
31	Accelerate Governance Reforms	To be developed		
	Sustain high Macro-Economic Growth (*)			
32	Annual GDP Growth at constant prices - %	13.3	7.0	
33	Per Capita GDP at constant prices (000 Riels)	1,862	3,505	
34	Rate of Inflation %	5.8	4.0	
	Improve Budget Performance			
35	Total Government budget revenues - % of GDP	10.60	13.1	
36	Total Government budget expenditure -- % of GDP	13.2	14.0	
	Accelerate Industrial Growth & Employment			
37	Annual Growth in manufacturing - constant prices (%)	9.7	7.8	
38*	Working children aged 5-17 years -- %	22.3	10.6	8
	Tourism			
39	Annual Tourist arrivals nos -- 000s	1,420	3,200	5,000

	Major Goals: Targets/Indicators	2005	2010	CMDG- 2015
	De-mining, Victim Assistance (*)			
40*	Casualties (deaths and injuries) nos.	875	205	0
41*	Area affected cleared of mines and ERW -- %	50.3	77	100
	Infrastructure			
42	Length of paved roads (primary & secondary) out of 11,494- kms	2,100	4,100	
	Energy			
43	Per capita use of electricity - Kwh/year	62	159	

[1] *See explanatory information at paragraph 3.13 of NSDP.*
[2] *Gender related targets have been shown separately under health and education.*

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