



**UNICEF IN CAMBODIA**





## CAMBODIA AT A GLANCE

Cambodia is a country of contrasts, with the nation's rise and fall signified by its twin tourist attractions: the centuries-old Angkor Wat temples and the Killing Fields, which have come to symbolize a period in which an estimated 1.7 million Cambodians died between 1975 and 1979. Since then, the country has taken significant steps in rebuilding, with a population now pushing past 13 million people, the majority of whom live in rural areas.

Pagodas that serve the nation's largely Buddhist population dot the landscape, which consists of mostly flat, arable land fringed by mountain ranges that separate Cambodia from its neighbours. The vast Tonle Sap Lake cuts through the centre of the country with an intricate system of tributaries that supply much-needed irrigation and nutrients to rice paddies and farm fields.

More than three decades after war devastated this small Southeast Asian nation, Cambodia is at a critical crossroads of change and opportunity. Progress is propelling the country toward a new era of unprecedented prosperity. Record economic growth and development in the past decade helped launch the country onto the international marketplace while raising the standard of living of many Cambodians. Poverty has declined from 47 per cent of the population in 2003 to 30 per cent in 2007. And political and social stability have secured a measure of calm since the nation's first democratic elections in 1993.

However, while new economic opportunities have improved the lives of many – urban Cambodians, in particular – it has also increased inequalities. An entire segment of society has been lost in the slipstream of success as overall national progress contrasts with basic needs: roughly one in every two Cambodians has access to safe drinking water while less than one in four has access to a toilet. Key data on women and children reveal alarming social disparities between children who live in rural and urban areas in terms of access to basic health services, education, clean water and sanitation, and protective services. Persistent poverty for rural residents remains a national dilemma, with the majority of the population living at the edge of the national poverty line. The financial crisis of 2008-2009 has only compounded the daily adversity many women and children face, undercutting overall gains for the nation.

Current challenges affecting women and children remain alleviating poverty, reducing maternal, infant and child deaths, achieving education for all and strengthening protection for children.

UNICEF works closely with the Royal Government of Cambodia to address these challenges and disparities with the goal of ensuring a just society for all children.







## OUR MISSION

UNICEF in Cambodia works as part of the United Nations system, with the government, civil society and other development partners to fulfil its mandate to promote and protect the rights of children and women. UNICEF's work is guided by the Universal Declaration of Human Rights and core human rights treaties, especially the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination against Women.

## UNICEF CAMBODIA: THE HISTORY

UNICEF first began working in Cambodia in 1952 and opened its first country office in 1973 at the height of the country's civil war. At the time, UNICEF's key mandate was providing humanitarian relief to children fleeing the conflict. The organization was one of many international agencies expelled from the country in 1975, when Cambodia came under the rule of the Khmer Rouge. During the period that followed, between 1975 and 1979, an estimated 1.7 million Cambodians died from torture, execution or starvation and untreated illness. UNICEF was among the first organizations to return to the country to provide emergency aid.

During the Khmer Rouge period, widespread famine left a majority of the population starved and extremist policies resulted in the complete destruction of schools and pagodas. Hospitals and health centres were damaged and left inoperable after years of neglect. UNICEF prioritized upgrading health facilities, providing access to clean water and immunization, and distributing school supplies so children could return to school.

In the mid-1980s, UNICEF cooperation shifted its focus from emergency to nation-building. The organization launched a rural water supply project and expanded its immunization programme, especially to remote areas.

As Cambodia transitioned out of conflict toward stability with the first democratic elections held in 1993, UNICEF continued to build on its strong cooperation with the Government to improve the lives of women and children.

Today, UNICEF's Cambodia country office and five zone offices support a range of programmes to improve the well-being of Cambodian children. UNICEF builds on its past successes and history of strong partnerships with expanded and enhanced initiatives to support women and children as part of the Country Programme for 2011-2015.



## CAMBODIA'S CHILDREN

Cambodia has one of the youngest populations in Southeast Asia, with 41 per cent aged 18 and under and more than a third between the ages of 10 and 24. The largest age group, 10 to 14-year olds, makes up 12.5 per cent of the population.

The country's commitment to children is embodied by the ratification of the Convention on the Rights of the Child in 1992 and its incorporation into the 1993 Constitution of the Kingdom of Cambodia.

**41 per cent of Cambodia's population is under the age of 18**

That commitment is a necessary foundation for creating better opportunities and safer, healthier living conditions for children. Cambodian children are confronted daily with a range of challenges, starting from birth to the time they reach their teens and beyond. They are among the most vulnerable to turbulent social, economic and political swings, relying on adults to make good decisions for them.

Despite ongoing and expanded advocacy and outreach on maternal care, Cambodia's maternal mortality ratio remains high, at 206 per 100,000 live births.

**Many of Cambodia's infants and young children still suffer from malnutrition**

Many infants and young children still suffer from malnutrition. And young people under the age of 24 are among the most at-risk for contracting HIV. Education reform

has dramatically improved overall enrolment of school children, however quality remains low and dropout rates remain high.

Ongoing disparities between urban and rural children with regard to access to basic education, health and protective services remain an underlying challenge to overall efforts in addressing children's needs.

UNICEF's country programme of cooperation with the Royal Government of Cambodia (2011-2015) seeks to ensure all children in Cambodia have a healthy, clean and protective environment in which to thrive and reach their full potential.

## KEY ACHIEVEMENTS FOR WOMEN AND CHILDREN

As a result of combined and intensive advocacy initiatives on maternal and newborn health, more babies than ever before are being safely delivered by trained midwives, from 44 per cent in 2005 to 71 per cent in 2010. Not only does this mean a safer start to life for babies, but it also promises to challenge Cambodia's stubbornly high maternal mortality rate.

More babies are growing up better nourished as promotion on breastfeeding resulted in Cambodia having an exclusive breastfeeding rate of 74 per cent and innovative partnerships translated into more than 70 per cent of households using iodized salt.

**More than 70 per cent of households are now using iodized salt**

Projects that address HIV and AIDS have effectively helped control the epidemic, limiting infection to high-risk groups while allowing those responding to the disease to concentrate their efforts on most at-risk populations, such as youth. Innovative outreach initiatives have also triggered a social and cultural shift away from stigma and fear to one of acceptance and compassion towards people living with HIV.

Improved access to clean water and better sanitation has translated into a marked decrease in the number of children suffering from diarrhoea – the leading cause of death among children under five.

The most vulnerable and marginalized children, including ethnic minority children and children with disabilities, are being reached through pilot programmes and new government policies aimed at securing the rights of all children to education. Meanwhile, a growing number of children across the country are accessing better education and early learning opportunities as a result of increased leadership by local government to prioritize education for all children.

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## THE COUNTRY PROGRAMME 2011-2015

UNICEF Cambodia's country programme has evolved from a service delivery approach to a rights and results-based approach that aims to achieve long-term systemic change by mainstreaming actions into national programmes and policies. Our aim is to enhance the capacity of the government to deliver basic services for children and women.

The current five-year country programme, 2011-2015, has been developed to advance the realization of children's rights in Cambodia by making equitable progress towards the country's achievement of the Millennium Development Goals. It has been set within the United Nations Development Assistance Framework and is fully aligned with the Royal Government of Cambodia's Rectangular Strategy Phase II and the revised National Strategic Development Plan to achieve measurable results for children and women in Cambodia. It is also aligned with many of Cambodia's principal development partners to ensure that we work in a coordinated way to maximise our efforts for children and women.

### CAMBODIA'S MILLENNIUM DEVELOPMENT GOALS FOR 2015

1. Eradicate extreme poverty and hunger
2. Achieve universal primary education
3. Promote gender equality and empower women
4. Reduce child mortality
5. Improve maternal health
6. Combat HIV and AIDS, malaria and other diseases
7. Ensure environmental stability
8. Forge a global partnership for development
9. Demining, UXO and victim assistance

A recent analysis of Cambodia's Millennium Development Goals highlights good progress towards Goals 4 and 6, while Goal 9 is moderately off-track, but has a framework in place to achieve its key targets. Goals 2 and 3 are lagging behind, but may yet be realised with additional effort. Goals 1, 5 and 7 were rated seriously off track and requiring robust intervention.

### Partners in support of national development

The Royal Government of Cambodia leads the cooperation and is UNICEF's principal partner. We collaborate with government counterparts from national level to the local level. Other key partners include local civil society and non-governmental organizations, community-based organizations, other United Nations agencies and international organizations operating in the country. UNICEF works as one partner (among many others) in contributing to national programmes in support of national objectives.

### Strengthening national systems and capacities for children

The country programme seeks to strengthen service delivery primarily through influencing policy and partnerships focused on the achievement of agreed results, demonstrating how systems work for children, facilitating participation and empowerment, and nurturing national ownership and mutual accountability.

Capacity development is central to our work and focuses on three levels: people's capacity to articulate and claim their

rights; national and sub-national government capacity to respect, protect and fulfil rights; and civil society's capacity to facilitate enhanced participation and accountability.

### Promoting equity

Inequities and disparities between rural and urban areas, across and within provinces as well as among people with different educational levels and socio-economic status are disturbingly high in Cambodia. Considerable financial barriers prevent the use of services, with out-of-pocket expenditures representing about 70 per cent of total per capita health spending. Access to a skilled birth attendant is singled out as an example of the greatest social inequity, with the wealthiest women being 10 times more likely to give birth in a health facility than the poorest (67.4 per cent, compared to a mere 6.5 per cent of the poorest). Similarly, only 10 per cent of women with low education levels or no schooling at all are likely to give birth in health facilities or benefit from antenatal care, compared to 90 per cent of women with a secondary or higher education.

This is why UNICEF Cambodia's country programme from 2011-2015 pays particular attention to equity issues, with the overall goal of contributing to the achievement of Cambodia's Millennium Development Goals with equity.

### Gender

Gender is a critical and structural determinant of inequity, leading to many poor health and social welfare indicators for Cambodian children. UNICEF is addressing the cross cutting nature of gender through all of our work. Most significantly we use programming, research, analysis and reporting to observe and learn about the different experiences that boys and girls have in order to understand the aspects of resilience and vulnerability that gender expectations can create and to weave this learning back into more gender-sensitive programmes and policy dialogue.

### Youth and adolescents

While youth and adolescents are predominately a healthy age group, they do have specific requirements that UNICEF is attempting to address across all our areas of work. Our work for and with this age group is varied and includes the promotion of juvenile justice and perceptions of young people in society, the mortality risks of girls and young women during pregnancy, life skills training, and inclusion and participation of young people in local decision-making at the commune council, at school forums and in the home.

### Where we work

Up until 2011, UNICEF Cambodia's interventions have supported national programmes, as well as local initiatives in six out of the country's 24 provinces. This focus has been successful in gathering field experience and conducting pilots that have positively impacted on national policy. In the country programme for 2011-2015, UNICEF Cambodia will focus on real geographic and other areas of disparity to reach vulnerable children and women wherever they are, leveraging productive partnerships to greater scale and effect.

### Funding our work

UNICEF is funded entirely by voluntary contributions. While the majority of our resources come from governments, we also receive substantial support from the private sector. We work with various donors, including National Committees for UNICEF in developed countries, international development organizations, the private sector and individuals to raise funds for our activities in Cambodia.



## KEY PRIORITIES FOR 2011-2015

The country programme of cooperation for 2011-2015 consists of six inter-related programmes: maternal, newborn and child health and nutrition; water, sanitation and hygiene; basic education; child protection; local governance for child rights; and policy, advocacy and communication. Gender, equity and adolescent issues will be fully reflected in all our work.

### Maternal, newborn and child health and nutrition

UNICEF works closely with the government to reduce maternal, infant and child mortality by accelerating improvements in delivery and demand for health services, including HIV/AIDS prevention and care, and improve child development by combating hunger and minimizing the negative consequences of malnutrition on children.

### Water, sanitation and hygiene

UNICEF's work on water, sanitation and hygiene supports the National Strategy for Rural Water Supply, Sanitation and Hygiene, with emphasis on reaching the unreached among rural communities. It operates within government schemes and seeks to leverage these and other resources to scale up water, sanitation and hygiene approaches at the community level.

### Basic education

UNICEF prioritizes education for all and helps children realize their right to quality basic education through expanding early learning initiatives, raising the quality of education, supporting sustainable education reform and strengthening capacities at the local level to deliver inclusive basic education.

### Child protection

UNICEF aims to build a protective environment for children by strengthening systems to safeguard them from violence, abuse, exploitation and neglect, including children with disabilities and those affected by HIV and AIDS, and addressing social norms to enhance the protective role of families and communities.

### Local governance for child rights

UNICEF is working with the government to ensure that major issues related to children and women are addressed and mainstreamed into political and administrative processes through local governance reform so that initiatives at the local level have a real impact on improving social service provision.

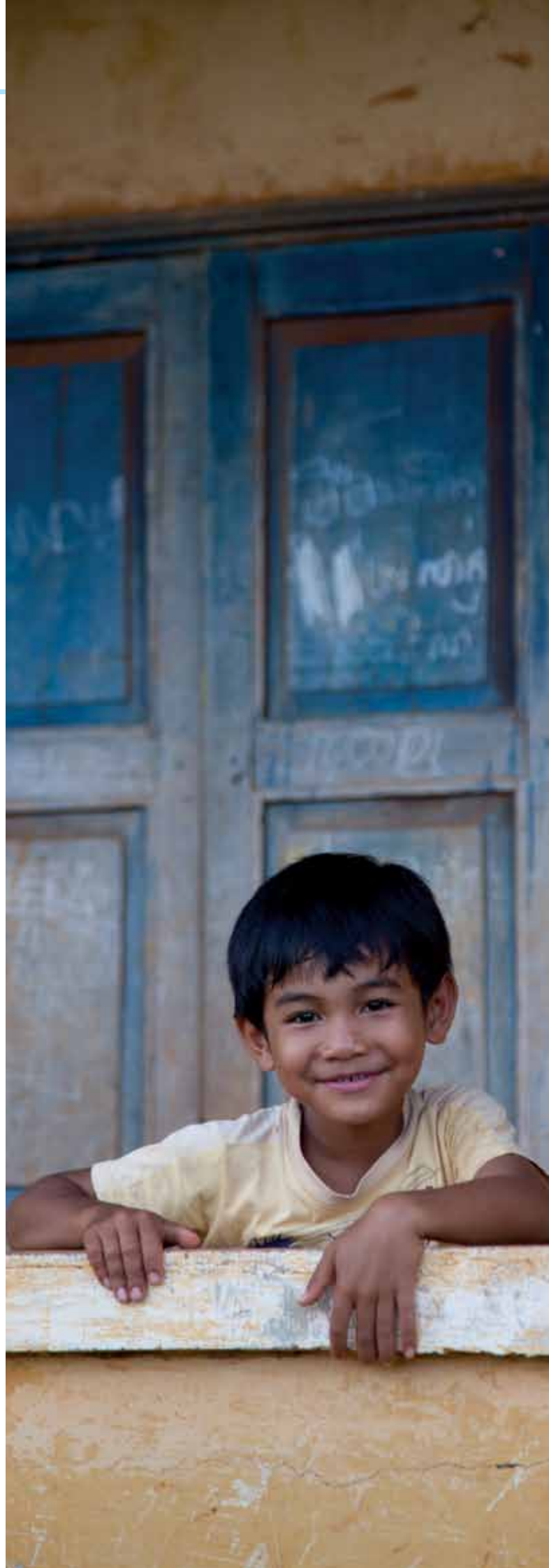
### Policy, advocacy and communication

Our policy, advocacy and communication work contributes to strengthening national systems of analysis and planning across sectors, helping to create a complete package of social protection measures for the poorest families and children. This is also the locus for attention to significant cross-cutting issues, such as gender, equity and adolescence.

## BASIC DATA ON CHILDREN AND WOMEN

Demography	Figure	Year
Population (millions)	14.5	2011
% population under 18	41	2008
% urbanized	19.5	2008
Crude birth rate	24.2	2010
Number of births ('000)	174	2008
Median age (years)	21	2008
<b>Socio-economic environment</b>		
Human development index	0.494	2010
% central govt expenditure in health/education/defence	6/5/8	2007
% population below poverty line	30.1	2007
% children (7-14 years) economic activity rate	6	2008
<b>UNICEF and World Fit for Children goals</b>		
Infant/under-5 mortality rate	45/54	2010
Maternal mortality rate	206	2010
People living with HIV/AIDS	56,200	2010
% adult HIV prevalence rate	0.7	2010
Immunization coverage		
% BCG	94.5	2010
% DPT-HepB3	91.8	2010
% OPV3	91.9	2010
% Measles	92.7	2010
% TT2+ (pregnant women)	57	2010
Neonatal tetanus cases	19	2010
Measles cases	451	2010
% receiving adequate Vitamin A	95/96	2010
% iodated salt consumption	83	2010
% low birth weight of infants	8.9	2008
% deliveries attended by skilled personnel	52	2008
% exclusively breastfed 0-6m	73.5	2010
% under-5 children underweight	28.3	2010
% 5 year-olds in early childhood educations	46.2	2010/11
% net enrolment primary school (boy/girl)	95.3/94.6	2010/11
% reaching grade 5 (boy/girl)	68.4/68.9	2009/10
% females (15+) literate	71	2008
% access to improved drinking water (urban/rural)	87/53	2010
% access to sanitation (urban/rural)	78/25	2010
% children 0-59 months registered at birth	66	2005
% orphan children	8.8	2005

**References:** Cambodia General Population Census 2008; Cambodia Demographic and Health Survey, 2005 and 2010; Education Management Information System, 2008/9 and 2009/10; WHO/UNICEF Joint Reporting Form on Immunization, 2009; National Center for HIV/AIDS, Dermatology and STD, 2007.





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