



USAID/Cambodia

**INTERIM STRATEGIC PLAN
2002-2005**



MAY 2002

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EXECUTIVE SUMMARY

The United States' main foreign policy objectives in Cambodia are promotion of democracy and good governance, and continued improvement of human rights. Addressing global problems of infectious diseases, especially HIV/AIDS and tuberculosis, and serious concerns related to maternal and child health are also high priorities. This USAID interim country strategic plan for Cambodia covers the period 2002 to 2005. Prevailing legislative restrictions and the country's limited progress in establishing democratic practices, good governance and the protection of human rights, preclude the development of a full sustainable development strategy at this time.

This interim strategy takes full advantage of opportunities for achieving strategic results within the three-year time frame of the strategy, and scaling up successful efforts in areas where there is clear political will on the part of the RGC to move forward. Although USAID's program in Cambodia will continue to focus on the promotion of democratic practices and human rights, prevention of HIV/AIDS, and addressing maternal and child health concerns, the nature of activities under this interim strategy will be significantly different in scope and scale from the current program. Under the new strategy, the Cambodia mission will consolidate and focus its efforts to achieve higher results within the changing development assistance environment, and strategically contribute to the achievement of U.S. foreign policy objectives in Cambodia.

A. Increased Focus in Priority Sectors

Strategic Objective for DG: "Increased Competition in Cambodian Political Life"

USAID's strategy for democracy and governance in Cambodia seeks to increase the power of those groups within Cambodian society who seek equitable treatment for Cambodian citizens to compete for their demands.

USAID will help political parties to develop more effective and internally democratic procedures and to improve their organizational capabilities, leadership development and message development, including party platforms. This new area of intervention is particularly relevant and important in the lead-up to the national elections scheduled for mid-2003.

As feasible within available resources and legislative restrictions, USAID will help to organize associations of elected officials within districts and provinces, as well as nationally, to represent issues of local governance at each level of government; and, support US-based participant training to provide exposure not only to excellence with regard to skills and knowledge in selected subject areas, but also to functioning democratic governance and international standards.

USAID will focus its efforts in the anti-corruption area on investigations and audits that are directed at important economic and political issues. This could include customs reform, trade and investment, intellectual property rights and assets disclosure. The objective is not simply to raise public awareness about corruption but to establish the basis for enforcement. To do so will require engagement with a limited number of local organizations that are prepared to conduct the research and provide the analysis that is necessary for engaging with government and other actors in a reasoned discussion.

USAID will also support the enforcement of human rights norms through monitoring and investigation. Preference will be given to organizations and programs that monitor and protect human rights over those that are focused primarily on general awareness-raising. In particular, support will be provided to NGOs who take on "cutting edge" cases that have high public visibility or the potential to influence government policy. These front-line grantees will be encouraged to form links with international human rights NGOs, both to give them a greater level of protection on controversial cases and to add a focus on international standards. This approach is a marked departure from current support in this area. Broad-based legal services, legal education and general civic education programs will no longer be priorities.

Strategic Objective for PHN: “Increased Use of High-impact HIV/AIDS and Family Health Services and Appropriate Health-seeking Behavior”

USAID will focus on a rapid scale-up and national level expansion of successful HIV-prevention interventions, combined with strengthening of health systems to meet reproductive, family health and infectious disease needs of Cambodia’s largely rural population. This combined approach will replace separate programs in HIV/AIDS and reproductive and child health.

USAID grantees will be assisted to develop and test community-based approaches for care and support of those infected by HIV/AIDS. Voluntary counseling and testing programs will be expanded. Continued support will be provided to Cambodia’s HIV/AIDS surveillance system to monitor the epidemiological and behavioral trends of the epidemic. These efforts are key to helping Cambodian NGOs and health authorities balance prevention and care efforts, and developing and targeting appropriate prevention messages. USAID will also fund technical assistance, social marketing, and public awareness campaigns at the national and provincial levels to help prevent HIV, address issues related to HIV-TB co-infection, and reduce the stigma associated with the disease.

USAID efforts in health system strengthening will focus on technical assistance, training and service provision. The focus will be on key provinces and operational districts where combining activities in HIV/AIDS, maternal and child health, reproductive health and infectious diseases will result in a strengthened health system and better services. Support will be provided for skills training for midwives and development of a referral system to provide emergency obstetric care. USAID activities will make voluntary contraceptive information and services routinely available at the community level; increase the availability and effectiveness of outreach antenatal-care services; provide tetanus toxoid and anemia prophylaxis; and, diagnose and treat sexually transmitted infections (STIs), TB, dengue fever and malaria. This program will also train health providers in standard clinical management practices for infectious diseases, and in the design of interventions aimed at public and private health providers, drug dispensers, and consumers in order to improve the quality of drugs and decrease the inappropriate use of drugs and other medications.

In addition, funding from the Bureau for Democracy, Conflict and Humanitarian Assistance for four child survival grants to NGOs complements bilateral family-health activities. These grants support innovative approaches to community-based health information and services, including an immunization tracking system called a “world’s best buy” in a 1998 evaluation.

B. Expanding Approaches in Other Critical Sectors

Strategic Objective for Basic Education: “Increased Relevance and Quality of Basic Education”

Basic education is another area in which there is a compelling need and clear political will for change within the RGC, similar to the health sector. High impact curriculum development and teacher training methods are two immediate areas where USAID could influence and support the development of the education system in Cambodia.

USAID will focus on the development and testing of a life-skills curriculum for grades 1 through 6, and training of teacher trainers and teachers in selected cluster schools in the use of this curriculum. The curriculum is intended to provide knowledge, skills and values necessary for effective participation in community life, maintenance of good health, and knowledge and practice of skills relevant to the agro-ecosystem as they apply to everyday life. The life-skills curriculum will also reinforce language, math, science and critical thinking skills covered in the core basic education curriculum as students apply these skills to addressing problems faced in everyday life at school, at home and in the community.

The curriculum will stress student-centered, activity-based learning. Critical values by subject and grade will be specified. As these are relatively unfamiliar approaches to education in Cambodia, the curriculum

development and teacher training process will also entail building an understanding and appreciation of these approaches at all levels of the education system. Emphasis will be placed on cultivating broad-based concurrence on the curriculum content and teaching methodologies, and ensuring support for smooth integration of the life-skills curriculum into the national school system once the curriculum has been developed.

Economic growth and agricultural development are also critically important in light of high levels of poverty and a rapidly expanding labor force. *Environmental and natural resource management issues* are also areas of on-going concern. Although efforts in these areas are constrained by available funding, underlying problems could be addressed through actions directed at increasing transparency and accountability on key economic and political issues under the democracy and governance SO.

C. Continuing Humanitarian Assistance

Pillar Bureau programs such as the Leahy War Victims Fund carry out additional activities complementary to USAID's strategic objectives in Cambodia. Activities will focus on provision of prosthetics and orthotics, vocational training and job placement for war and mine victims and the disabled. Building the capacity of Cambodian NGO service-providers through training and coordination within the sector will be emphasized.

USAID/CAMBODIA

INTERIM STRATEGIC PLAN 2002-2005

I. Background and Context

The United States was one of the principal architects of the 1991 Paris Peace Accords, which effectively ended decades of civil war in Cambodia. Our national interest lies in assuring that our investment in that process is not lost. The United States' main foreign policy objectives in Cambodia are promotion of democracy, good governance and continued improvement of human rights. Addressing global problems of infectious diseases, especially HIV/AIDS and TB, and serious concerns related to maternal and child health are also high priorities.

The USAID program in Cambodia traces its roots to humanitarian assistance in support of Cambodian non-communist resistance groups and displaced Cambodians along the northwestern border with Thailand beginning in 1986. With the signing of the Paris Peace Accords in 1991, U.S. assistance accelerated sharply. The Cambodia program evolved towards a more traditional USAID program with emphasis on meeting basic human needs throughout the country and, supporting the UN-lead initiative to establish a freely elected government. By the mid-1990s, the program emphasis had shifted toward building the foundations for democratic governance and sustainable economic growth through support for nation-building efforts, establishment of effective delivery systems for basic health and education services, and promotion of sound management of the environment and natural resources.

On March 30, 1997, unidentified assailants threw grenades into a rally led by Sam Rainsy, leader of Cambodia's only significant opposition party, killing a reported 17 individuals. (An American citizen was seriously injured in the attack.) In July 1997, then Second Prime Minister Hun Sen ousted his coalition partner, then First Prime Minister Ranariddh, in a violent military clash. The U.S. suspended two-thirds of its \$37 million program until the Cambodian government made measurable progress toward free and fair elections. Left in place were activities that were demonstrably humanitarian in nature and/or were promoting democratic processes without directly benefiting the RGC. A legislative restriction against direct assistance to the central government has been in place since 1997, and has only been recently lifted for basic education and anti-trafficking. Notwithstanding authority also allows assistance for HIV/AIDS, infectious diseases and anti-corruption measures, the latter subject to consultation with the U.S. Congress.

This interim country strategic plan covers the three-year period 2002 to 2005. Prevailing legislative restrictions and the country's limited progress in establishing democratic practices, good governance and

PERSISTENT AND PERVERSIVE POVERTY

Cambodia's struggle to rebuild comes after 30 years of civil strife and warfare, including the genocidal Khmer Rouge period. Despite progress over the past decade, Cambodia was ranked 121st out of 162 countries on the Human Development Index*. Cambodia lags behind nearly all of its neighbors in the region in bringing a higher quality of life to its citizens: Vietnam ranked 101st, Thailand 66th, Malaysia 56th. Within ASEAN, only Laos was lower at 131st.

Cambodia's annual per capita GDP is less than \$300; this figure is even lower for the 85% of the population that live in rural areas where life is harsh and access to basic services is difficult.

Life expectancy is only in the mid-50s. Infant and maternal mortality rates are among the highest in Asia. Rates of malnutrition in children and anemia in both children and women of reproductive age are alarmingly high.

Cambodia is facing the most serious documented HIV/AIDS epidemic in the region.

There is an alarming indication that literacy may actually be declining. In 1998 the adult literacy rate was 67.3%, including 79.5% for males and 57.0% for females, but the primary school completion rate was only 51.0% for males and 33.9% for females.

Cambodia's ravaged infrastructure and decimated human resource base from the many years of war and neglect remain a serious constraint to development.

*UNDP, Human Development Report 2001 (based on data for 1999)

the protection of human rights, preclude the development of a full sustainable development strategy at this time.

Within the time frame of this plan, Cambodia will hold its third national elections, currently scheduled for mid-2003. The process and the outcome of these elections may well shape the nature and scope of future USAID assistance. The elections themselves provide a window of opportunity for more focused support to the promotion of democratic practices.

The recent easing of legislative restrictions related to HIV/ AIDS, infectious diseases, anti-trafficking and basic education acknowledges the severity and urgency of these problems, as well as the RGC's commitment to reform in these areas.

Donors in Cambodia have shifted from relief and immediate needs to the development of broader strategies and plans, however, there is little sense of urgency for change in the political environment. Most Cambodians and donors accept the view that true change will only come about over the course of a generation. *Waiting for genuine political change, however, leaves Cambodia vulnerable to renewed conflict and a deterioration of the fragile progress that has been made in improving democratic practices.*

The Interim Country Strategy for 2002 to 2005 is the result of an extensive assessment process that greatly benefited from inputs from USAID/Washington, officials of the Royal Government of Cambodia, USAID's NGO partners and contractors, other donors, and representatives from a wide range of Cambodian and international NGOs. This strategy has been designed to respond to changes in the overall assistance environment, take advantage of the immediate opportunities available within this time frame, and strategically contribute to the achievement of U.S. foreign policy objectives in Cambodia.

A. Overall Assistance Environment

1. DEMOCRACY AND GOVERNANCE

Status of democracy in Cambodia

Among the five key elements of democracy identified by USAID's Center for Democracy and Governance¹, *consensus* and *inclusion* are the least problematic. There is widespread consensus on the legitimacy of Cambodia's statehood, borders and constitution. Many, perhaps most, Cambodians accept their form of government and their political leaders although consensus is eroding regarding the relationship between the state and individuals where civil society activists and political parties vie for

***Rule of law
severely lacking***



***Competition of
ideas controlled***



***Slow progress in
improving
governance***

greater voice in national life. While discrimination remains against Vietnamese and other minority groups, and genuine reconciliation of former Khmer Rouge has not occurred, these groups, by and large, are considered citizens and can vote. They and their fellow Cambodians exercise this right in large numbers.

There are, however, serious problems in all three of the remaining elements. *Rule of law* is severely lacking in most areas. Wealth and political power rather than justice serve as the basis on which disputes are resolved. Human rights abuses are common. Notorious offenses, including trafficking of women and children, undermine fundamental rights. There is a continuing need for a credible international trial for crimes against humanity and genocide during the Khmer Rouge period. The structural base for rule of law is incomplete and the

¹ See "Conducting a DG Assessment: A Framework for Strategy Development", Center for Democracy and Governance, USAID, 2000.

laws that exist are only rarely enforced.

Avenues for *competition* of ideas are narrowly controlled. While on paper FUNCINPEC, the royalist party, shares power in a coalition government, in reality it must bow to the directives of the Cambodian People's Party (CPP). The official opposition, the Sam Rainsy Party (SRP), holds only 15 of the 122 seats in the National Assembly and, although often quite vocal, does not have significant influence on government policy. The three political parties are distinguished more by personalities than by differing platforms however, the SRP is far more committed, publicly and privately, to market-oriented economics, rule of law, anti-corruption, and many other policies the USG favors. Members of the legislature are accountable to their parties, not their constituents, inhibiting meaningful discussion in the National Assembly. Intimidation and procedural problems in recent elections worked to the disadvantage of opposition parties. Election authorities blocked the airing of roundtable discussions and debates related to the commune elections, and effectively prevented equal access to the media for all political parties. Civil society organizations have proliferated and are growing more mature and more strategic, but even the most daring self-regulate their activities. While the written press is quite free, its reach is limited to the cities. Most Cambodians rely on the CPP-controlled broadcast media.

Cambodia also falls very short on the pillars of *good governance*: accountability, transparency, predictability, participation, responsiveness and protection of citizen rights and security. Neither the legislature nor judiciary is independent of the executive. The Royal Government of Cambodia (RGC) has embarked on an ambitious, ten-point Governance Action Plan (GAP), however, progress is slow and Cambodia's leaders seem more motivated by the need to appease donors than by a sincere desire to change.

Finally, progress on every front is hampered by the scarcity of trained, experienced people, and the low capacity of institutions to carry out the analysis needed to shape good policy and implement programs effectively.

Forces affecting democratic development

Perhaps the greatest single constraint to Cambodia's democratic progress is the lack of justice. Given the rent-seeking opportunities available in government positions, incumbents have strong financial and personal interests in maintaining power. Decision-making appears to be the result of negotiations between vested interests – and dramatic change toward the basic elements of democracy would likely have a negative impact on many of these interests.

Lack of urgency for change

Cambodians, as well as many donors, seem to accept the view that change must occur over the course of a generation. Few people think in terms of five or even ten years. After so many devastating years of war, Cambodians cherish peace over the conflict that could result from intense competition with power-holders. Reformers are justifiably concerned that pushing too hard will jeopardize their personal security. Yet the slow pace of reform may itself lead to the conflict Cambodians so wish to avoid. Many of the factors associated with destabilization in other countries already apply in Cambodia and thus, time is not on its side.

Two prominent conditions related to livelihood are fueling low-intensity conflicts: 1) increased competition over natural resources and, 2) growing landlessness. Forests, fisheries, public lands and other common public resources are under ever increasing pressure due to poor management and pervasive corruption. The increasing frequency of conflicts in the Tonle Sap region, Cambodia's most important eco-system, is particularly prominent.

Access to land is not keeping up with population growth. Land allocations that may have been adequate two decades ago can no longer meet the needs of growing families. Increasing landlessness is also closely linked to high household expenditures for health care, growing indebtedness and the absence of social safety nets.

Low agricultural productivity and extremely limited alternative employment opportunities in rural areas are accelerating migration from rural to urban areas – contributing further to increased vulnerability to conflict.

In the transition from a centrally controlled economy to a free market, state resources – including public lands, buildings, forests, fisheries and other natural resources – continue to be treated as the property of the individuals vested with responsibility for regulating the management and use of such resources.

Desire for international recognition and increased investment

Still, there are some bright spots. Now that the country is at peace, it has aggressively sought to improve its international standing and attract foreign investment. Cambodia has joined the Association of Southeast Asian Nations (ASEAN) and the ASEAN Free Trade Agreement (AFTA), and is negotiating to join the World Trade Organization (WTO). This will require Cambodia to take serious steps to improve governance, to control corruption, and to protect investors' and workers' rights. The donor community is pressing hard for reforms on all fronts.

Arenas conducive to democratic reform

Several areas hold strong potential for interventions to expand the ability of Cambodian citizens and institutions to increase their participation in political life and protect their rights.

Human Rights. Monitoring, investigation and defense of human rights violations play a crucial role in the promotion and protection of human rights in Cambodia. USAID has supported the development of a number of human rights groups since 1993 and they have now become more professional and courageous. The work of these groups is, however, far from complete. Though the human rights picture in Cambodia has improved markedly since the overthrow of the Khmer Rouge in 1979, violations still abound. The seriously flawed judicial system and a culture of impunity exacerbate the situation. Violence casts doubt over elections, makes citizens fearful and suspicious of authority, and feeds an environment in which trust among diverse groups is difficult to achieve. In the absence of the rule of law, vigilantism remains a serious, unchecked problem.

Cambodia's donors remain a very strong human rights pressure group. In recent years donor governments have urged the government to fully comply with international standards. In some cases international human rights organizations have called for bilateral and multilateral donors to condition any direct assistance to the Cambodian government on demonstrable progress in prosecuting human rights abuses, strengthening the rule of law, implementing judicial reforms, initiating anti-corruption measures, and bringing Khmer Rouge leaders to justice. This agenda remains unfulfilled.

CONTINUED VULNERABILITY TO CONFLICT

Cambodia possesses many of the characteristics associated with destabilization:

- It is a post-conflict country: full peace only established in 1999.
- It is an intermediate regime – neither completely authoritarian nor democratic.
- It has high levels of poverty and low economic growth.
- It has experienced severe environmental degradation and intense competition exists over natural resources.
- Land tenure and land titling are key issues.
- Job creation falls short of growth in the labor force.
- There is rapid rural to urban migration.
- Infant mortality is high.
- Secondary school enrollment rates are low.
- HIV/AIDS prevalence is the highest in East Asia.

➔ *The likelihood of large-scale violence or collapse of government control is relatively low, however the potential for civil unrest and communal conflict is high with a potential outcome being increased central government control with the high risk of stalling or reversing progress in democratization and strengthening democratic institutions.*

Cambodia Conflict Vulnerability Analysis, 2002

***Need for a more
focused approach***

Needed now is a more focused approach in which high profile cases with the ability to influence national policy will be pursued over the more mundane disputes that legal aid and human rights organizations often entertain.

Political Parties. Although the CPP dominates the political landscape, both FUNCINPEC and the SRP offer alternatives that could help develop a broader basis for competition on political issues. Some progress was made in the 2002 commune council elections in diversifying local governance. As the 2003 elections approach there is an important opportunity for furthering democratic development. If Cambodia is to deal with pressing economic issues in the next five years, the 2003 election will need to include debates over fundamental economic issues and articulate a choice on these issues for the voters so that the new government has a popular mandate for difficult changes. But, even more importantly, Cambodia's political parties need to be nurtured as institutions to help develop a forum for broader and more inclusive discussion and debate on critical political issues over time, and to develop party platforms.

Decentralization and Local Elected Government. That more than 11,000 freshly elected grass-roots politicians have appeared on the scene must be viewed as a potential opportunity for democratic development. Over 900 are women – a small number in absolute terms, but a strong beginning for inclusion of women in political participation. The SRP placed women higher on their party lists, thus ensuring a greater chance of victory. Some donors have already expressed interest in financing training for commune officials and resource transfers to commune governments for local infrastructure. With organization, either within individual parties or across party lines, these officials could have influence on central government policies and resource allocations to the local level.

***Six flaws marred both the 1998 and 2002
election campaigns:***

1. Violence and political killings
2. Interference with opposition party campaigning, including vote buying
3. Interference with media access by parties
4. CPP-controlled election authorities
5. Inconsistent, uninformed involvement by the international community

Democracy and Governance Assessment for Cambodia, 2002

Economic Governance. The RGC says it is determined to achieve economic development, increase foreign direct investment and enter into the WTO. This process will require the RGC to adopt laws and procedures to increase transparency, expand market access, protect the rights of workers, protect intellectual property rights, and reduce the costs of doing business. It will also nurture a new set of actors who interact with government for their own interests. Strengthening associations of indigenous businesses who would benefit from a more level playing field could help expedite change.

Further, to improve the environment for private investment, the government must take steps to reduce corruption. A two-track approach to the problem of corruption would include changing the environment in which the public sector and citizens interact and mobilizing public support for change. Programs designed to change the environment in which the public and citizens interact would have the twin goals of minimizing opportunities for corruption and changing the incentive structures that encourage corrupt behavior. Government reform and institution building in Cambodia are problematic, absent the will to embark on a path toward meaningful reforms.

Mobilizing public support for change, on the other hand, is a more promising arena. This involves working with targeted civil society organizations to better identify and expose corrupt practices, as well as promote active engagement by all sectors of the public to monitor government activities and advocate for changes in attitudes and practices.

***Mobilize
public support
for change***

2. POPULATION, HEALTH AND NUTRITION

Health sector in Cambodia

The health sector in Cambodia faces enormous and persistent challenges:

Enormous and persistent challenges

HIV/AIDS challenges: The HIV/AIDS prevalence rate in Cambodia remains the highest in Southeast Asia. Prevention is hampered by low use of condoms with intimate partners, a lack of counseling and testing services, and a paucity of information and services geared to the needs of especially vulnerable groups such as youth and internal migrant populations.

Safe motherhood challenges: Cambodia's maternal mortality rate is the highest in the region. This is directly related to low antenatal attendance at health centers; low level of deliveries assisted by trained health providers; and, harmful traditional practices during pregnancy, childbirth and postpartum. Most maternal deaths are due to complications related to unsafe induced abortion or direct obstetric causes.

Family planning/birth spacing challenges: Low contraceptive prevalence; large unmet needs and demands for family planning services; and, a high prevalence of unsafe abortions resulting from lack of access to voluntary contraceptive services.

Child health challenges: High infant, child and neonatal mortality rates; low use of oral rehydration salts; low EPI coverage; low rates of exclusive breastfeeding of infants below five months of age; and, indiscriminate use of antibiotics for childhood infections.

Infectious diseases challenges: Tuberculosis, malaria and dengue hemorrhagic fever continue to be leading causes of morbidity and mortality. HIV/AIDS-TB co-infection is increasing rapidly.

Service delivery challenges: The still nascent public health system is not yet playing a major role in responding to these public health challenges. The system's existing workforce, while perhaps excessive in number, is grossly inadequate in skills. Salaries are so low as to create little or no incentive to work. Supplies and equipment at health centers are not adequate or appropriate for many health care situations. The general population relies heavily on private service providers who most often have little or no medical knowledge.

Statistical Overview*

2002 Population **: 12.7 million

52% female

43% under the age of 15

Life expectancy at birth:

Females: 58.6 years

Males: 50.3 years

Annual population growth rate: 2.5%

Total fertility rate: 4.0

Contraceptive prevalence rate: 19%

Maternal mortality rate: 437/100,000
live births

Infant mortality rate: 95/1000 live births

Child mortality rate: 124/1000

HIV/AIDS adult prevalence rate ***: 2.8%

Persons affected by HIV/AIDS: 169,000

Children affected by loss
of one or both parents: 13,000

TB prevalence rate: 540/100,000 population

RGC health expenditures: \$2.10 per capita
(1% of GDP in 2000, up from 0.3% in 1998)

* Unless otherwise indicated, all data cited in this section are drawn from the 2000 CDHS.

** Based on General Population Census 1998, projected to 2002 at annual population growth rate.

*** UNAIDS/NCHADS, June 2000

Existing health services

The RGC launched its ongoing health sector reform program in 1995 with the presentation of the National Health Coverage Plan for 1996-2000. Key features of the plan included the creation of the Operational District (OD) – a population-based unit comprising anywhere from 100,000 to 300,000 people – as the functional focus of health reform efforts; designation of health centers (HC) as the first level of health care; and, a stated intention to provide a Minimum Package of Activities (MPA), and Complementary Package of Activities (CPA) at the health centers and referral hospitals respectively. The plan called for

***Limited capacity
to respond***

the establishment of 940 health centers. As of late 2001, approximately 700 health centers were in place (75% of the total) in 74 ODs around the country. Of the 67 referral hospitals called for in the plan, only 15 are currently in place. Only 55% of the population had geographic access to primary-level health facilities in 2000, defined as living within a 10 km radius or two-hour walk of a health center. Priority has been given to establishing the physical infrastructure and strengthening clinical services; outreach has not been a high priority. The range and quality of services offered at these facilities vary widely.

The bulk of Cambodia's public health system staff was recruited and trained quickly during the Vietnamese occupation of 1979-89. Many of the skills these new personnel learned are not adequate to respond to the country's burden of disease. Moreover, the planning, management and supervisory systems and skills needed to support the health care delivery system are similarly weak. Local and international NGOs are helping to fill this gap in many important ways but such heavy reliance on external assistance should not delay the strengthening of the public health system's own capacity to meet basic health care needs.

Most Cambodians look to non-government outlets (pharmacies, traditional healers, drug sellers) as their preferred sources of services for most health problems including delivery assistance, birth spacing methods, STD drugs and abortion. An uncontrolled drug industry and widespread self-treatment have serious implications for the quality and appropriateness of treatment. A number of studies have suggested that very few of the personnel at non-government outlets are familiar with common symptoms of reproductive health problems, correct drug dosage or potential side effects, or correct management procedures for many of the health problems they treat. In consequence, most Cambodians are receiving very poor quality of care, and little value for their money, at either public or private sources of health services. Nevertheless, high household expenditures for health care are an enormous financial burden for many families, particularly in rural areas.

Opportunities for high-impact interventions

HIV/AIDS. While awareness of HIV/AIDS is high and concern is increasing, the social environment is still highly permissive with a very active sex trade and many people engaged in high-risk behavior. Behavior change has occurred in some target groups, but in general, high-risk sexual behavior remains unacceptably high.

***High-risk sexual
behavior remains
unacceptably high***

The past three years' successes in reaching high-risk populations and changing behaviors demonstrate that Cambodians will act when provided adequate information and services. Most Cambodians, however, lack access to information, voluntary counseling and testing, condoms, and STI diagnosis and treatment – resulting in considerable unmet demand for these services, especially among high-risk and mobile populations.

***Scale up models
of successful
interventions***

Good models of successful interventions with high-risk populations have been developed, although these are mostly limited in scope and coverage. These models need to be scaled up significantly and rapidly to reach a broader segment of high-risk populations including police and military personnel, factory workers and commercial sex workers. Successful approaches need to be expanded to other high-risk populations such as indirect sex workers, and migrant workers, truck drivers and other mobile populations.

Major opportunities to improve the technical quality of services, take full advantage of all available channels for HIV/AIDS prevention, and improve cost-effectiveness have been missed by channeling

health services through various vertical structures. Service delivery needs to be integrated at the OD-level in order to ensure that links are made between HIV/AIDS and all other health interventions. This would entail defining and implementing the package of essential health services². HIV/AIDS-related services that need to be strengthened at the OD-level include voluntary counseling and testing, STD diagnosis and treatment, and dissemination of more general information about HIV/AIDS. Integrated programming should result in higher impact and would contribute to the identification of approaches that could be replicated in other geographic areas by the RGC and other donors.

Take full advantage of available service delivery channels through integration of services at the OD level

As the epidemic matures, issues related to pediatric AIDS, and care and support for those infected with and affected by HIV/AIDS have become more salient. OD-level interventions could contribute to the prevention of mother-to-child transmission of HIV through expansion of voluntary counseling and testing services. OD-level interventions would also foster synergies between HIV/AIDS and RH/FP/MCH and contribute to reducing overall maternal and child morbidity and mortality, consistent with USAID's global priorities and strategies in health.

Given the extremely limited capacity of the public health system, continued emphasis needs to be placed on developing and expanding effective community-based approaches to care and support of those infected and affected by HIV/AIDS.

Cambodia's HIV sentinel surveillance and behavioral surveillance systems, developed largely with USAID funding, have contributed significantly to effective program planning and creating a policy environment conducive to AIDS prevention. These systems need to be refined and expanded to include new high-risk target groups.

Maternal health. Cambodia's very high levels of maternal, infant and child mortality are clear indicators of the weaknesses in existing health service delivery systems. The vast majority of Cambodian women (89%) deliver at home assisted by untrained birth attendants (65%), receive no antenatal care prior to delivery (62%), and no tetanus toxoid immunization (55%). Most pregnant women are anemic (a range of 50 to 80% across provinces), and suffer from Vitamin A and iodine deficiencies in selected provinces. Access to emergency obstetric care is extremely limited. Postpartum services are virtually non-existent, despite the fact that postpartum hemorrhage is a common killer and breastfeeding practices are poor. Delivery practices of traditional birth attendants are known to include harmful practices.

High maternal, infant and child mortality are clear indicators of weaknesses in health services

Within the context of an integrated health service delivery strategy at the provincial and OD-levels, there is clear need and opportunity to continue to upgrade the skills of midwives and foster linkages between midwives and TBAs in order to ensure access to necessary and appropriate antenatal and postpartum services, and reduce harmful delivery practices. NGOs and the private sector will continue to have an important role to play in outreach activities.

Family planning/birth spacing. Despite a rapid increase in contraceptive knowledge and use over the last five years, the unmet need for family planning services is considerable – due mainly to the absence of extensive service delivery systems. Although the government policy environment toward birth spacing is favorable and permits distribution of a complete range of contraceptive methods, the only methods

² The MoH-sanctioned "Minimum Package of Activities-Plus" or MPA+, whereby the "plus" refers to HIV/AIDS and STD prevention activities.

currently available to any significant extent are pills, injectables and condoms – and even these are not always available in rural areas. Anecdotal evidence suggests that this limited availability of birth spacing services is at least partially responsible for Cambodia’s high incidence of unsafe abortions. Notably lacking is emergency contraception for which the need may be great given the reportedly high incidence of rape, which bears especially heavily on the adolescent population.

***Move beyond the
health center
medical model***



***Expand
information and
services through
community-based
approaches***

Contraceptive products need to be made routinely available at the community level by strengthening and expanding information and services through community-based approaches, thus moving beyond the current health center medical model. These approaches would extend and complement the outreach activities of the health center staff without undermining or competing with them. Increased availability could also be achieved through expanding partnerships with private providers of reproductive health services, expanding social marketing in rural areas, and improving the health system’s capacity to provide post-abortion care.

Expanded voluntary family planning services at the OD-level would address the needs of married couples not yet using a contraceptive method, and who have said they want to limit or prevent future pregnancies. IEC efforts are needed to promote the practice of three-year birth intervals. Expanded OD-level services would also respond to the needs of a large group of women who

resort to abortion as a means of achieving their fertility preferences and provide post-abortion care. Adolescents at risk of unwanted pregnancies, especially in the burgeoning garment industry and the growing urban middle class, need specially designed youth-friendly information and services, including emergency contraception.

Child health. The chief causes of infant and child mortality are neonatal tetanus, acute respiratory infection, diarrhea, meningitis, septicemia, typhoid, malaria, and dengue. Child health service coverage is extremely low: the majority of children are not fully immunized (60%), do not receive Vitamin A prophylaxis (51%), oral rehydration therapy (62%), or treatment for ARI by a trained provider (60%). Half the children are malnourished. While breastfeeding is universal, less than 6% of babies are breastfed exclusively for five months, and few are breastfed immediately after birth.

Child health interventions need to be strengthened within the context of the MPA+ package, with special emphasis on ARI, diarrhea and malnutrition (particularly optimal breastfeeding and infant feeding practices and use of micronutrients, especially Vitamin A). There are also opportunities to work with UNICEF and WHO to support the RGC’s pilot testing of Integrated Management of Childhood Illness (IMCI), and to scale up that activity in selected ODs.

Infectious diseases. Tuberculosis (TB), malaria and dengue hemorrhagic fever (DHF) continue to be leading causes of morbidity and mortality. The emergence of drug-resistant malaria strains has been confounded by extensive national and cross-border mobility. There have been increasingly large DHF epidemics every two to three years. In recent years, transmission has spread from the urban centers of Phnom Penh and Battambang to smaller towns and villages.

There is a clear need for continued surveillance and increased capacity to deliver effective and appropriate clinic services, health education and control activities in high risk areas. Related to malaria, there is a continuing need for monitoring of drug-resistant malaria, drug-use practices and drug quality, and the development and implementation of interventions to improve the rational use of anti-malarial drugs. Efforts to control and manage DHF should be focused on geographic areas of highest risk, including Phnom Penh and Battambang.

A strategy for addressing tuberculosis, particularly HIV/AIDS-TB co-infection, has been developed with the assistance of the Tuberculosis Coalition for Technical Assistance (TBCTA). This strategy calls for assistance with formulating a national HIV-TB strategy, plan and expenditure framework; regular technical assistance to the National Tuberculosis Program (NTP); strengthening of planning and management skills at the national and provincial levels in communicable disease control; operational research on diagnostic issues and alternative service delivery mechanisms; expansion of the directly observed treatment short-course (DOTS) to the health center level and into communities; and, continued support for IEC and advocacy on TB.

Demand for quality health care. Individuals, families and communities need to be empowered to demand high quality care, change their health seeking behavior, and actively participate in and influence the systems responsible for delivery of their health care services.

***Stimulate
demand for
quality care***

3. BASIC EDUCATION

Education sector in Cambodia

Half a million Cambodian children of primary school-going age are out of school, the majority of them poor and living in remote rural areas. Census data indicate that only 60% of nine-year olds attend school regularly. Dropout rates in 1997/98 ranged between 10% and 16% with significantly higher rates in remote rural areas. Grade repetition rates are also very high and it has been estimated that it takes 19 pupil-years to produce each primary school graduate. Secondary school enrollment rates declined from 32% to 24% between 1990 and 1997. Although primary school enrollment rates for boys and girls are nearly the same at just over 80%, grade repetition tends to be higher for boys than for girls; dropout rates tend to be higher for girls and in rural areas.

The *relevance of instruction to daily life is low*: low attendance and high dropout rates reflect dissatisfaction among parents and students about the value and relevance of primary education, especially for girls and children in rural areas. When the content of the school curriculum is seen as impractical by parents and students, the opportunity cost of sending children to school is viewed as too high.

The *lack of human and technical capacity* is evident throughout the educational system, in teachers, national, provincial and district officials, as well as the commune leaders and principals. The under-qualification of teachers and problems of motivation due to abysmally low salaries and poor working conditions contribute to the low quality of education. Teacher absence is high due to work outside the classroom in order to earn enough money to feed their families. Teaching salaries are low and often not paid on time; outside of Phnom Penh, teacher salaries are often more than eight months overdue. The official instructional hours for primary grades 1-6 are 635 hours, around 30% below international norms. A recent study suggested that the real teaching time could be as low as 350 hours per annum.

***The lack of human
and technical
capacity is evident
throughout the
educational system***

Basic school infrastructure is still deficient. In response to the physical lack of school buildings, 57% of Cambodian schools have two-shift schedules with three-shift schedules in some areas. Sixty-seven percent of schools are without water and 62% are without toilets.

Limited capacity for learning standards. Technical assistance is needed to improve the capacity of the MoEYS (Ministry of Education, Youth and Sports) to assess the quality and effectiveness of primary education.

The *projected need for primary school teachers* is an additional 11,500 over the next five years. This is an intake of over 2,000 trainees per year. These new teachers are needed to respond to a projected growth in the target population by 80,000; new policies to increase promotion rates through remedial classes; the addition of grade six for the 50% of primary schools that are incomplete; provision of 474 schools in villages where there are none; and, the elimination of triple shift-schools and schools with more than 60 students per class.

Education sector reform

Although the country is far from achieving its goal of universal basic education to grade 9, progress is being made. MoEYS has spearheaded an education reform process characterized by increased consultation with other government ministries, donors and NGOs in an effort to move to a sector-wide approach to education commonly expressed as a move from “donorship to partnership.” A key focus of the education reform program has been the preparation of a Strategic Analysis (February 2001); an Education Strategic Plan (ESP) 2001-2005 (May 2001); and, an Education Sector Support Program (ESSP) for 2001-2005 (June 2001).

Key ESSP priorities are aimed at addressing disparities in access, low quality and efficiency within the context of underdeveloped infrastructure, limited resources, and civil service and administrative reforms. Medium-to-long term ESSP priorities are to provide universal, inclusive, quality basic education to grade 9 for all children by 2010. The collaborative work-plan sets out a variety of priority capacity-building requirements to gradually enable adoption of a sector-wide approach (SWAP) modality. Main ESSP priorities include:

- an administrative reform program within MoEYS, including performance and efficiency-based incentives;
- a selected number of efficiency and quality improvement programs (e.g., teacher training and development, increased primary grade progression);
- increased access, especially through facilities development and targeted scholarships;
- systemic capacity building for central, provincial, district, cluster school and community levels with increased decentralization to the 24 provinces; and,
- capacity building to facilitate priority program management and implementation and improve education governance based on better legislation/regulation and public information and accountability systems.

... the education system needs to provide the kind of life skills that allow graduates to earn a living and participate actively in social, community and political life.

- H.E. Tol Lah, Minister of Education, Youth and Sports, Donor Consultative Meeting, September 2000

Curriculum development has been a key component of the policy reform process. A new curriculum has been developed over the past four years spanning grades 1-12 with emphasis on grades 1-6. This curriculum has been piloted over the past school year and, based on feedback from the pilot, the MoEYS is currently revising the curriculum. The main purposes of curriculum reform are: 1) to improve students’ achievement by increasing their knowledge of the surrounding environment; 2) to adapt the current education system so that it is relevant to the realities of a citizen’s life; and 3) to cut down on wastage within the education system, especially grade repetition and dropouts. The new curriculum, which is still in the process of being refined, includes a life-skills component incorporating civic education, health and nutrition messages, and agricultural techniques.

The RGC’s increased commitment to education is evidenced by the share of government funds allocated for education, which has increased from 9% in 1994 to 18.5% this year, and is anticipated to go to 20.5% in 2004. Five years ago, there was a 2-to-1 donor-to-government support ratio. Now there is a 3-

to-1 government-to-donor support ratio. The focal point of education expenditure is basic education³, which accounts for 70% of government expenditures in education. In 2002, the MoEYS has an allocation of approximately \$80 million.

Opportunities for high-impact interventions

USAID has authorization to fully engage with the government on basic education and the RGC has demonstrated a clear commitment to improving basic education. There is a clear need and opportunity to make high-impact contributions to education sector development efforts and achieve significant results within the timeframe of this interim strategy. The MoEYS plans to increase instructional hours in primary schools to meet international standards. In particular, well-targeted assistance for *curriculum development* and *teacher training* would greatly enhance the quality of basic education and complement the efforts of other major donors in this sector. This is an opportune time to provide technical assistance in the design of a life-skills curriculum, which comprises the knowledge and practical skills required to improve everyday life in the family and community.

As less than a quarter of children continue their education beyond primary school the integration of life-skills into the primary school curriculum is essential. Improving the quality and relevance of basic education is essential to not only the socio-economic future of the country but would also reduce the tremendous inefficiencies reflected in high dropout and grade repetition rates, and the related costs for families and government. Improving the capacity of teachers to teach more effectively could also contribute to keeping girls in school to higher grade levels if parents see that they are getting greater value for the money and time invested, or at least ensure that they are able to acquire a higher level of knowledge and skills in the few years they are allowed to attend school.

International donors and lending institutions believe that USAID has a widely acknowledged comparative advantage in teacher training and curriculum development with a strong emphasis on ensuring delivery of quality education at the community level. USAID assistance under the Cambodia Assistance to Primary Education (CAPE) project made significant contributions to reorienting primary education to a more community-based structure and establishing a model for teacher training in its little more than one year of implementation. Although regrettably this project was suspended in mid-1997 in response to a break in US-Cambodia relations, MoEYS, NGOs and other donors continued to build on the foundation established by the project. USAID has also contributed to curriculum development and teacher-training efforts focused on environmentally sound agricultural practices and human rights that have been well received by the government. USAID initiatives in basic education would build on the solid reputation that has already been established in this sector and the proven expertise of its partners.

4. ECONOMIC GROWTH

Status of the economy in Cambodia

At first glance, Cambodia's economy appears to be performing satisfactorily however there are underlying weaknesses. Economic growth for 2001 was approximately 5%, with low inflation and a stable exchange rate. Budgetary allocations for social sectors are slated to continue to increase as those for defense and security decrease. Cambodia is a member of ASEAN and is being fast-tracked to join the WTO. However, per capita income at less than \$300 is nearly the lowest in Southeast Asia. Nearly 80% of the labor force is dependent on agriculture as their primary source of livelihood however low productivity and poor market development is resulting in low levels of growth in this sector. Economic growth is concentrated in only two sectors: garments and tourism.

³ The Cambodian constitution defines basic education as schooling spanning Grades 1-9 (primary plus lower secondary).

The garment sector created an estimated 180,000 new jobs in recent years, greatly benefiting from the preferential access to US markets afforded by MFN status. These jobs are threatened by the global phase-out of all quotas and restrictions applying to the garment sector in 2005, and a weak competitive position vis-à-vis other countries in the region.

Tourism is starting from a low base and is not large enough to carry the economy. Poor transport infrastructure and high energy costs are physical constraints, while unofficial transaction costs at all levels are pervasive and a tangible disincentive for investment.

The baby boom of the early to mid-1980s is resulting in acceleration in the growth of the labor force. Cambodia had an average of 150,000 new jobs per year created in the labor market between 1994 and 1998. New entrants are likely to be 200,000 to 250,000 per year over the next five years.

Opportunities for high-impact interventions

Increasing opportunities for private sector development remain critical for continued economic growth in Cambodia. Consistent application of trade and investment law, reduced corruption, financial sector reform, and small and medium enterprise (SME) development are priorities.

The private sector is beginning to exert limited influence in lobbying the government for economic reform and a more favorable environment for investors. Technical assistance could further this process through drafting and supporting the implementation of regulatory measures aimed at ensuring a secure financial sector. Assistance for development of SME associations would help to bring the smaller, under-represented players to the table, and would further empower private sector advocacy with the government. Trade reforms required for WTO accession and reduction in domestic and external trade barriers have to be implemented for sustained economic growth. Quantitative analysis that measures the effects of economic policy changes is necessary to strengthen the hand of pro-WTO reformers in the government and private sector. To support this process, assistance could be provided for institutions to conduct ongoing analysis and studies on key private sector development issues.

B. Accomplishments/Contributions to Date

Democracy and human rights

In the past decade, the major strength of U.S. assistance has been its support to NGOs engaged in protecting human rights and strengthening civil society. From only one local NGO in 1992, there are now more than 400; over 25% of these have received support from USAID. USAID funding has allowed NGOs programs to reach Cambodians throughout the country and, in some cases have an impact on policy. A public defender's program now makes legal aid available in 95% of the country's courts. Human rights monitoring is ongoing in 23 of Cambodia's 24 provinces and municipalities. USAID-supported Cambodian NGOs are speaking out persuasively on government accountability and other public policy issues. While human rights violations are still either ignored or unreported, last year USAID's partners investigated over 600 alleged human rights cases. The Cambodian Human Rights Action Committee (CHRAC), an umbrella group of 16 human rights NGOs, launched a high-profile investigation into suspected extra-judicial killings, drawing important attention to this issue.

Several Cambodian NGO partners continue their advocacy for a Criminal Code and Code of Criminal Procedure that meets international standards. Three USAID-supported NGOs issued recommendations for revisions to drafts of the Land Law while another partner also contributed to the development of the Anti-Corruption Law. In all, eight civil society organizations and the CHRAC made over 30 contributions to draft legislation and government policies, including the Commune Administration Law, the Commune Council Election Law, the Law on Arms, Explosives and Ammunitions, and the Khmer Rouge Trial Law.

Population, health and nutrition

USAID's NGO partners have penetrated rural areas with high-impact child survival programs through village development committees, increased the proportion of women seeking antenatal care, and provided high quality care for obstetric complications in areas where none was available before. USAID implements family planning and reproductive health activities through local NGOs, with an emphasis on strengthening their capacity. National population policies in Cambodia affirm the right of women to have access to contraception and emphasize birth spacing and safe motherhood. Sale of contraceptive pills through social marketing initiatives increased 87% in one year. The Reproductive Health Association of Cambodia (RHAC) generated a 60% increase in outreach clients in one year.

The RGC's positive policy environment related to reproductive health, safe motherhood, HIV/AIDS and infectious diseases has enabled USAID to achieve significant progress in the health sector over the past four years. In reproductive and child health, USAID support has played a critical role in increasing contraceptive prevalence using modern methods from 6.9% in 1996 to 19.1% in the year 2000; reducing infant mortality from 115 per 1000 live births in 1996 to 95 per 1000 in 2000; decreasing child mortality from 181 per 1000 to 124.5 per 1000 over the same period; and, decreasing HIV/AIDS prevalence from 3.2% in 1997 to 2.3% in 2000 among pregnant women attending antenatal clinics.

USAID and its partners have developed programs that are characterized by flexibility, innovation, and the ability to effectively implement outreach at the grassroots level. USAID has made distinctive and important contributions through its assistance to human rights and democracy NGOs, social marketing initiatives, and partnering with the private sector. Well-targeted technical assistance such as the HIV sentinel surveillance and behavioral surveillance systems, and demographic and health surveys, have provided critically needed information for policy and program development.

C. External Assistance Environment

Cambodia continues to be heavily dependent on foreign assistance and thus, external assistance continues to play a vital role in national development. Although Cambodia's GDP grew at an average of four percent per year over the period 1996 to 2000, and progress is being made in mobilizing government revenue, external assistance was still equivalent to an average of 15 percent of GDP from 1998 to 2000, and 138 percent of the national budget. External assistance in the year 2000 was equivalent to approximately \$40 per capita. The overall deficit in this period was nearly completely financed from foreign sources (96 percent), and 73 percent of capital expenditures were foreign financed.

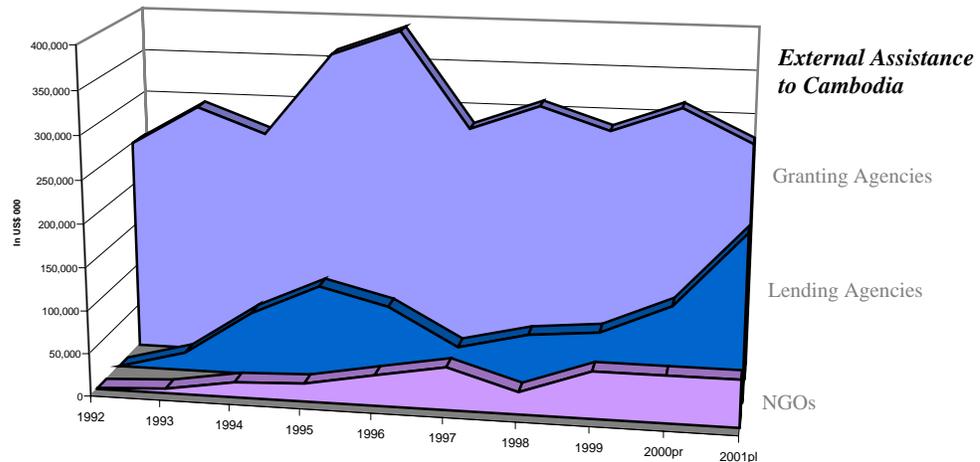
Although overall assistance levels remain high at approximately \$500 million per year, the nature of development assistance is changing in a number of ways:

- *Sectorally*, there has been a shift from a heavy emphasis on humanitarian assistance and relief to an increasing emphasis on social sectors. Assistance to the agriculture, forestry and fisheries sector has declined. Donor assistance for industry and trade development has been negligible. Economic management and development administration absorbed a very high proportion of external assistance in 1994-97, however this fell significantly in 1998-2000, with most of the decline in the economic management sector (i.e., balance of payments and budget support). The transport sector has absorbed a fairly consistently high proportion of total external assistance since 1992 at 10 to 13 percent.
- The *types and terms of assistance* are also changing. Free-standing technical cooperation grants continue to be the most important form of assistance – but this has been declining since 1998.

***The nature of
external assistance
is changing in
many ways***

Investment project loans have increased significantly in recent years and are expected to continue to increase into the future (e.g., World Bank, ADB). With the resumption of assistance from the IMF, loans for budgetary aid and balance of payments support are also expected to increase.

- The changing nature of the assistance environment can also be seen in the distribution of contributions from different *types of assistance agencies*. Assistance from donors that primarily provide grant assistance is leveling off or even declining. Although official development assistance is fairly stable globally, the overall state of the global economy and emerging new priorities in other parts of the world may make it difficult for Cambodia to continue to attract high levels of assistance. NGO support is also fairly level and is affected by similar global issues. The growth in overall external assistance levels in Cambodia is primarily coming from lending agencies.



Source: RGC, Development Cooperation Report 2000
 Note: 2000 amounts provisional, 2001 amounts planned

Japan is by far the largest bi-lateral donor, providing nearly \$90 million per year, however this is likely to decline in the near future. Although not reflected in official statistics, assistance from China is reported to be some \$30 million a year. China is also the source of substantial foreign direct investment. The U.S., Australia and France have each contributed around \$20 million per year over the past two years, with the U.S. the biggest donor in the health sector. Other important bi-lateral donors include Sweden, Germany, the UK and the Netherlands at \$8-16 million per year. Japan, Australia, France and Germany all implement projects directly with the government. Australia, Sweden, the UK and the Netherlands channel significant portions of their assistance through UN agencies. Nearly all major donors channel a portion of their assistance to donor-country NGOs and/or local NGOs.

II. Rationale for Choice of SOs

This interim strategy takes full advantage of opportunities for achieving strategic results within the three-year time frame of the strategy, and scaling up successful efforts in areas where there is clear political will on the part of the RGC to move forward. Although USAID's program in Cambodia will continue to focus on the promotion of democratic practices and human rights, prevention of HIV/AIDS, and addressing maternal and child health concerns, the nature of activities under this interim strategy will be significantly different in scope and scale from the current program. Under the new strategy, the Cambodia mission will consolidate and focus its efforts to achieve higher results within the changing development assistance environment.

The RGC has clearly demonstrated the political will to develop and implement an effective program in the response to HIV/AIDS. There are clear opportunities and a strong rationale for using this favorable assistance environment to rapidly scale up and expand effective HIV prevention, and care and support activities. Addressing the HIV/AIDS pandemic cannot be achieved independent from the public health services delivery system, or without attention to the health-seeking behavior of families. Thus, the strategic objective for health focuses on: *“Increased use of high impact HIV/AIDS and family health services and appropriate health-seeking behavior”*.

The slow pace of reform in democratic practice, governance and human rights, however, is an indication that the RGC places much lower priority on these reforms. It would be difficult to make much progress on much needed judicial reform or strengthening of rule of law until there is strong RGC political commitment to tackle these reforms. Ten years after the Peace Accords in 1991, there are, however, significant short-term opportunities for helping Cambodians achieve reform. The recent commune-level elections have given multiple political parties a role in local governance – replacing a structure put in place in the early 1980s controlled by the CPP. Strengthening of political parties in the lead up to the national elections scheduled for mid-2003 will provide opportunities for alternative voices to be heard. Creating opportunities for newly elected local officials to voice their ideas will provide another channel for diverse viewpoints. Increasing understanding of the nature, mechanisms and extent of corruption will provide a basis for mobilizing advocacy for specific changes in policies and procedures. Nurturing a new generation of leaders will increase the voices for reform. Therefore, the strategic objective for democracy and governance focuses on: *“Increased competition in Cambodian political life”*.

Education is another area where there is a compelling need and clear political will for change within the RGC, similar to the health sector. High impact curriculum development and teacher training methods are two immediate areas where USAID could influence and support education sector reform efforts with short-term, moderate levels of funding. Such inputs would also build on USAID's comparative advantages and complement the efforts of others. Thus, the strategic objective for education focuses on: *“Increased relevance and quality of basic education”*.

Economic growth and agricultural development are also critically important in light of high levels of poverty and a rapidly expanding labor force. *Environmental and natural resource management issues* are also areas of on-going concern. Although efforts in these areas are constrained by available funding, underlying problems could be addressed through actions directed at increasing transparency and accountability on key economic and political issues under the democracy and governance SO.

CRITICAL ASSUMPTIONS

- Continued national stability.
- National elections proceed on schedule in 2003.
- The RGC continues to make progress in respecting the independence and contributions of NGOs and other civil society organizations.
- The RGC continues to allocate an increasing share of its budget to social sectors.
- The donor community continues to press for fiscal and public administrative reforms.
- An adequate and appropriate mix of sectoral funding will be available to USAID/Cambodia in a timely manner.
- An easing of legislative restrictions will allow for engagement with the central government on health.
- Other donors and international foundations and private voluntary organizations will continue to provide essential complementary resources, particularly in health and education.

III. Strategic Objectives and Results Frameworks

A. Democracy and Governance

1. PROBLEM STATEMENT

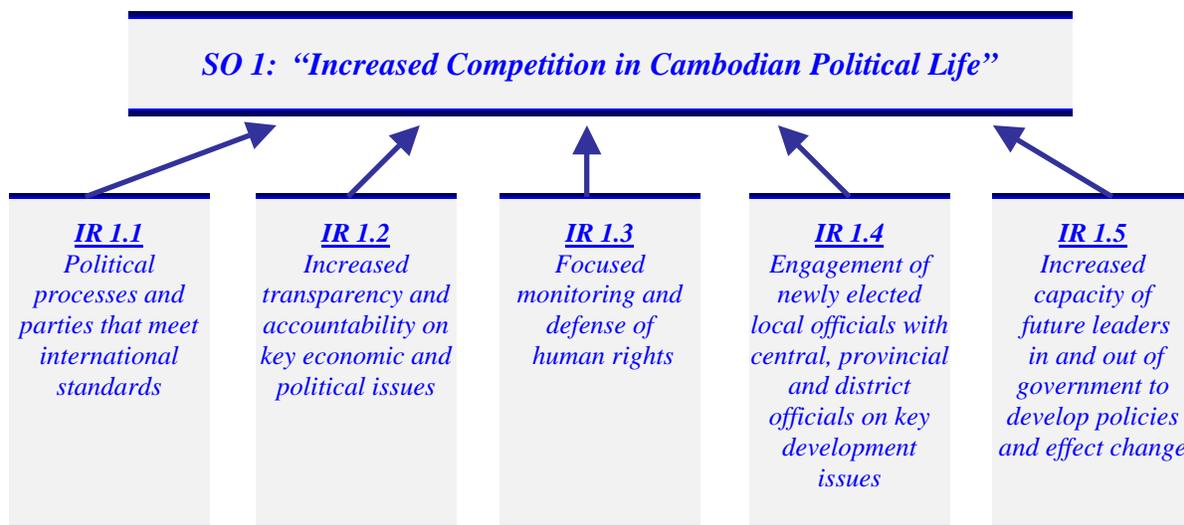
Although the most serious democratic problem in Cambodia today is lack of justice, a political decision still to be made in Cambodia is to substitute rule of law that benefits all Cambodians for a system which favors the rich and powerful. This precludes a strategic objective centered directly on judicial reform and assistance to government reform efforts.

USAID/Cambodia's strategy for democracy and governance seeks to increase the power of those groups within Cambodian society who seek equitable treatment for Cambodian citizens to compete for their demands.

Empower those who seek equitable treatment for Cambodian citizens to compete for their demands

2. STRATEGIC OBJECTIVE FOR DEMOCRACY AND GOVERNANCE

USAID Cambodia's strategic objective and intermediate results for democracy and governance for the three-year period 2002 to 2005 are:



The program will focus on the first three IRs with nation-wide activities. Implementation of IRs 1.4 and 1.5 is contingent on political developments and available resources, as discussed later in this section.

3. KEY INTERMEDIATE RESULTS

IR 1.1:
Political processes and parties that meet international standards

USAID will help political parties to develop effective and internally democratic procedures and to improve their organizational capabilities, leadership development and message development. Comparable US technical assistance would be offered to all significant political parties, including parties in government, as long as they forswear violence and accept competition in democratic elections.

Political party assistance will be inclusive for several reasons: because all parties – including the CPP – need to adapt to a genuinely democratic, multi-party political environment. It is entirely appropriate for the US government and the international community to insist that political processes in Cambodia are democratic, but it is Cambodians, not Americans, who should decide who is elected to public office in their country. While party assistance would be offered to all major parties, programs would not necessarily work with all parties simultaneously; rather US technical assistance could be offered separately and targeted to the individual needs of each party.

Illustrative activities:

- Encourage and aid the participation of women in political life. This might include working with women candidates for public office from all parties, in multiparty or separate single-party programs, or supporting the development of caucuses of elected women officials.
- Support efforts of Cambodian election monitoring organizations (EMO) to monitor national and local elections, including efforts to advocate for fairer election rules and institutions.
- Support to international election monitoring projects focused on the entire process, including the political environment, the legal framework, voter registration processes and vote tabulation, adjudication of complaints and formation of the government after elections.
- If a sufficient commitment to reform is demonstrated, US technical and material assistance could help constitute more legitimate electoral authorities and bring about a genuinely democratic electoral process, one that meets international norms. USAID will consider engaging directly in the organization and administration of national elections in 2003, but only if there is genuine reason to believe that the rules will meet democratic norms and authorities will be impartial.

Relation to other sectors:

Empowering political parties, particularly below the national level, can create new interest groups for reform in key areas of the economy. USAID's assistance can help stimulate debate within and between parties on how to address key development issues in economic growth, health, education and natural resource management.

Addressing gender concerns:

Targeted assistance to female party members can help to strengthen their participation in political life, and foster interest in issues of special importance to women.

Addressing the specific needs of youth:

Exposing Cambodia's small but growing group of better-educated youth to the principles and processes of good democratic practices could begin to breakdown widely accepted corruption and intimidation in electoral processes.

IR 1.2:
Increased transparency and accountability on key economic and political issues

USAID will focus its anti-corruption efforts on investigations and audits related to important economic and political issues. These may include customs reform, trade and investment, intellectual property rights and assets disclosure. The objective is not simply to raise public awareness about corruption but to establish the basis for enforcement. To do so will require engagement with a limited number of local organizations that are prepared to conduct the research and provide the analysis necessary for engaging with government and other actors in a reasoned discussion. Too often these sensitive issues are debated solely on an emotional level. USAID will no longer fund activities to educate the public on the evils of corruption. Surveys indicate that people already consider corruption a problem.

Several different entities have been created by the RGC to address corruption including a newly established Ministry of National Assembly, Senate Relations and Inspection, and an anti-corruption unit within the Council for Administrative Reform. The recently constituted National Audit Authority also has the mandate to audit government finances. Other anti-corruption measures are part of more general reform efforts including civil service reform, legal and judicial reform, and public finance reform. Anti-corruption legislation is being drafted in consultation with a task force that includes NGOs.

Although there is a clear need to strengthen the capacity of the RGC institutions responsible for ensuring transparency and accountability in government, none of the existing mechanisms are sufficiently independent from the government to provide effective oversight.

USAID might select one or two local grantees for direct assistance to analyze and foster public debate on key corruption issues, and push the process of adopting and enforcing measures to increase transparency and accountability in government.

Illustrative activities:

- Surveys and diagnostics on targeted areas of high corruption such as customs, public procurement and the judicial system to highlight their costs to society.
- Public opinion surveys focused on a specific area of public service delivery such as water or power, conducted on an annual or biannual basis. The result will be the issuance of “Service Delivery Report Cards” that can be shared with the responsible government departments and the public.
- Support to indigenous business associations or similar groups to advance the case for reforms that simplify business operations and reduce informal costs.

Relation to other sectors:

Corruption is a deterrent to investment and contributor to natural resource degradation. Corruption raises costs of almost all government services, including education and health care. Research and analysis related to corruption under this IR might include:

- Identifying the irregularities that raise the costs of doing business in Cambodia and analyzing the opportunity costs to the country.
- Identifying and publicizing the costs to the economy of government practices in land concessions and fishing concessions.
- Analyzing and publicizing the informal payments that raise the costs of health care. In 1999, household expenditures on health averaged \$29 per person – over 10% of per capita income. There are indications that sale of land to pay for medical expenses is an important cause of the rise in landlessness. Since the Ministry of Health appears serious about reducing the costs of health care, analysis of the informal costs could help bring about change.

This IR also addresses economic growth by helping business associations and think tanks to advocate for reforms that reduce corruption, increase transparency, lower the costs of doing business, protect intellectual property rights and pave the way for WTO accession.

Addressing gender concerns:

Given the generally lower social and political status of women, surveys should include an analysis of differences in the ways women and men are affected by corruption.

Addressing the specific needs of youth:

Including the views of young people in surveys on issues relevant to their lives and livelihood would provide a channel for them to voice their attitudes and concerns. Issues related to education and access to health services would be particularly relevant.

IR 1.3:
*Focused monitoring
and defense of
human rights*

USAID will support the enforcement of human rights norms through monitoring and investigation. As human rights NGOs evolve and become more effective they traditionally gain more important roles, adding to their initial work of fact-finding and standard setting to serving as ombudsmen intervening on behalf of the oppressed. Preference will be given to organizations and programs that monitor and protect human rights over those that are focused primarily on general awareness-raising. USAID will, in particular, support NGOs who take on “cutting edge” cases that have high public visibility or that have the potential to influence government policy. Front-line grantees will be encouraged to form links with international human rights NGOs, both to give them a greater level of protection on controversial cases and to add a focus on international standards.

The front-line human rights NGOs in Cambodia have reached a level of sophistication at which they no may longer need funds funneled to them through an intermediary US organization. In fact, direct grants to the front-line organizations, including core funding, would both empower these organizations and could provide greater protection for their staff who take on controversial cases. Assuming these NGOs are able to meet USAID financial standards for direct grants, these grants could be structured to enable them to contract or subgrant with other local or international NGOs (for example, for legal services to pursue certain cases, or for technical assistance on strategic planning).

The approach to this IR is a marked departure from current support in this area, as it focuses on national impact instead of broad-based legal services or legal education. Limited funding would be better applied to the front-line human rights groups which can, in turn, contract for the legal services they need to pursue important cases. General civic education programs would no longer be a priority.

Although simply establishing new media outlets would not contribute to the new SO, USAID will explore further the feasibility of establishing Community Access Points (CAPs) for Internet service to facilitate the gathering and dissemination of information throughout the country.

Illustrative activities:

- Assistance to the Ministry of Women’s and Veterans' Affairs focused on women’s rights and anti-trafficking. Women’s rights programming would focus on high-profile, high-impact cases of gender-based human rights violations including trafficking, domestic violence, rape.
- Support for the protection of the human rights of minority groups, including indigenous, ethnic, cultural and linguistic minorities. This would include activities that help members of disadvantaged groups obtain land title under the new land law.

Relation to other sectors and gender:

Among the important human rights issues addressed within IR 1.3 are women’s rights, labor rights, land use and land ownership.

A comprehensive approach to women’s rights addresses issues similar to those targeted in the health strategy. Women at risk of domestic violence and trafficking are also those most vulnerable to STDs, HIV and other reproductive health problems. The health strategy supports a multi-sectoral approach to address reproductive health issues. The D/G women’s rights activity should be coordinated closely with the organizations implementing health strategy to enhance the effectiveness of both.

Labor rights are important both for improving the environment for economic growth and for protecting rights of women. Cambodia’s biggest foreign exchange earner, the garment industry, has a labor force almost entirely of young women who have recently moved from the countryside to Phnom Penh. An economic downturn could easily send them into the commercial sex business. For that reason, the health strategy includes a focus on garment workers. USAID’s D/G and health interventions aimed at labor will work in tandem.

Land rights are a major human rights issue. Legal Aid of Cambodia advises that some 40 percent of the cases it defends are land rights issues. Decisions on land ownership and land and water use relate directly to the sustainability of natural resource management.

Addressing the specific needs of youth:

Young people are particularly vulnerable to human rights abuses related to human trafficking, as well as violation of rights in employment.

- Programs to protect the rights of workers to organize and obtain fair treatment. In addition to textile workers, this could include labor areas such as construction, hotel workers, teachers and others.
- Limited assistance to help Cambodians deal with past human rights violations such as those committed by the Khmer Rouge. Finding, recording and preserving history associated with the Khmer Rouge regime for cathartic and potential evidential purposes also promotes justice and accountability.

IR 1.4:
Engagement of newly elected local officials with central, provincial and district officials on key development issues

Significant donor attention is already being focused on the training of newly elected local commune officials with regard to helping these officials carry out their duties more efficiently and effectively. Given the intense attention of other donors as well as the unclear legal and policy environment in which these new officials will work, USAID attention building on the capacity of these local officials is probably not an area where returns on US investment are likely to be marginally significant beyond what will be accomplished by others.

But there is promise in working with newly elected local officials, particularly in creating new opportunities for discussion and debate beyond the existing, limited fora that exist. Evaluations of local government programming in other countries indicate that new political engagement on issues is important to both

the concept of decentralization and the needs of citizens at the local level. This could be achieved through associations of local officials, local community leaders and/or local governments that engage their central government counterparts on local issues. Limited donor investments have proven to have high returns in national level change, for example in terms of legislative action, policy change and resource flows.

USAID could focus on helping organize associations of elected officials within districts and provinces, as well as nationally, to represent issues of local governance at each level of government. Even across party lines similar issues will be common to local governments. These newly formed associations can be given a voice to lobby the central government and its subsidiaries for laws, policies and resources needed to successfully implement the national decentralization program.

Relation to other sectors:

Associations will enable local officials to have influence on resource allocations and policies affecting development sectors important to their constituencies. Health and education services are both being de-concentrated to the district level, at least in some parts of the country. Since decision-making for these services will be at a level close to the elected commune councils, associations can serve as both monitors, to ensure that resources are allocated effectively and efficiently, and as advocates for their communities on service delivery.

Addressing gender concerns:

Such associations would also provide a mechanism for the relatively small but growing group of female elected officials to develop their own networks and agendas for action.

Addressing the specific needs of youth:

Attention needs to be paid to ensuring that younger officials have the opportunity to engage in dialogues and mobilize support for addressing the particular needs and concerns of youth.

IR 1.5:
*Increased capacity
of future leaders in
and out of
government to
develop policies and
effect change*

The scarcity of trained, experienced people is a major constraint to development in almost every sector as well as in terms of general management, governance and policy analysis. Evaluation of development assistance has shown that development impact from long-term participant training has had a singularly important impact in overall development. US-based participant training would provide exposure not only to excellence with regard to skills and knowledge in selected subject areas, but also to functioning democratic governance and international standards.

To contribute to this IR, USAID could ‘buy-in’ to the existing Fulbright program administered by the US Embassy in Cambodia. This would be a cost-effective way to maximize the number of participants that could be supported.

Focus would be on selecting candidates who are not already well-connected and who belong to under-represented groups (women or people from outside Phnom Penh) and training them in policy analysis as well as in management of sectors of focus for the entire USAID program, including health and education.

4. PRIORITIES AND TRIGGERS

Within the context of upcoming national elections, highest immediate priority is given to IR 1.1 as there is a time-bound window of opportunity to contribute to enhancing democratic processes within political parties, and helping the parties move towards competing on the basis of policies, rather than personalities and vested interests, in the next election. Priority is also given to IRs 1.2 and 1.3 to provide well-focused support to local organizations directed at bringing about tangible action on key economic, political and human rights issues.

For the most part, legislative restrictions prevent USAID from providing assistance to the central government. Programs under IR 1.3 to combat human trafficking and promote women’s rights are expressly permitted in the 2002 legislation, although Congressional consultation would be required. Implementation of IR 1.4, and possibly IR 1.5, would require the lifting of restrictions unless anti-corruption notwithstanding provisions could apply. Even if legislative restrictions were lifted, significant additional funding would be needed to fully implement IR 1.5.

B. Population, Health and Nutrition⁴

1. PROBLEM STATEMENT

The need for reproductive and child health (RCH) and HIV/AIDS interventions is compelling: Cambodia's maternal, infant and child morbidity and mortality rates are among the highest in the world; and, HIV prevalence is alarmingly high and the epidemic has been one of the fastest growing in the world. The incidence of tuberculosis is also the highest in the world outside Sub-Saharan Africa. Malaria is a leading cause of morbidity and mortality. Dengue hemorrhagic fever is the leading cause of death among children aged 1-5 years. And, poor health conditions are more than just a health sector problem: household expenditures for health care are a leading cause of landlessness and indebtedness.

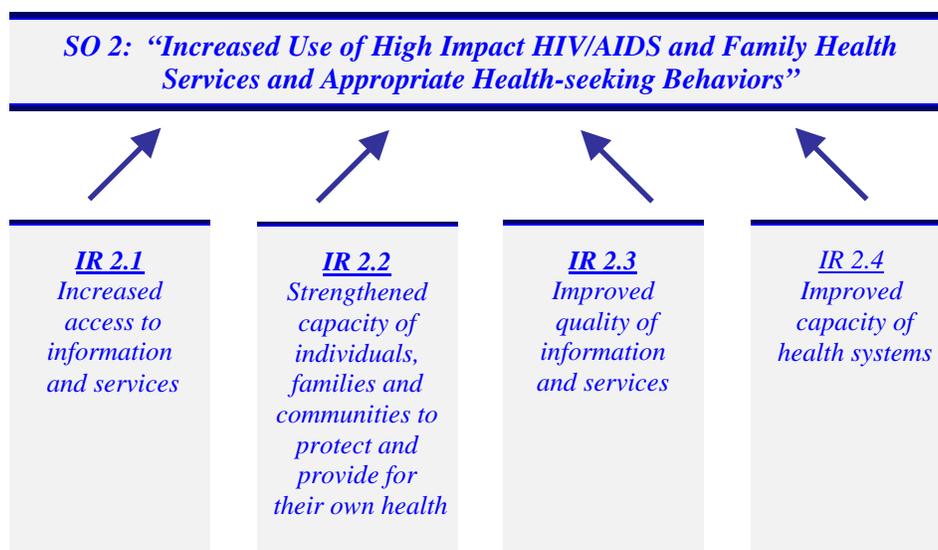
The problems are formidable. The capacity of the health system to address these problems is, however, extremely limited. The current public health system is only five years old and not yet fully established. Numerous NGOs and other donors have been contributing to the strengthening of the health system and delivery of health information and services. These efforts are often quite limited in scope and scale, however. Most Cambodians rely on private service providers who have little or no medical knowledge.

Although progress is being made by the Ministry of Health in implementing a national health coverage plan, it will take time to achieve the goal of accessible health services nation-wide. The need to deliver both RCH and HIV/AIDS interventions is urgent and cannot wait for the full development of the health care system. At the same time, interventions cannot be delivered without such a system and will always be constrained by the level and pace of system development.

USAID/Cambodia will therefore proceed on two tracks simultaneously: strengthening the nascent service delivery system, and promoting the delivery of specific, well-targeted, interventions addressing the formidable HIV/AIDS, maternal and child health, and infectious diseases situation in Cambodia.

2. STRATEGIC OBJECTIVE FOR POPULATION, HEALTH AND NUTRITION

USAID Cambodia's strategic objective and intermediate results for population, health and nutrition for the three-year period 2002 to 2005 are:



⁴ This section is based on the PHN strategy reviewed by USAID/Washington in October 2001 and approved on February 12, 2002 (State 027608)

***Holistic focus
on health services
at the provincial
and operational
district level***

USAID will address the critical family health problems noted above by strengthening the capacity of the Cambodian health system to provide a basic package of essential health services⁵ in predominately rural areas. In this context, “health system” is defined holistically to include the planning, management and oversight systems in selected provinces and operational districts (OD); OD-level service delivery facilities, plus the supervisory and referral systems to support them; cooperating international and local NGOs; commercial and other private sector health care providers; and – key to the success of the strategy – community-level organizations prepared to help educate, mobilize and serve the needs of health-seeking clients at the grassroots level.

A key consideration behind the adoption of an OD-based strategy is the continuing upward trend in the RGC budget for the health sector. RGC per capita outlays in the health sector have doubled over the past three years. If this trend continues, the RGC may eventually be in a position to assume a significant share of the investment required to implement the OD-based portion of the strategy. USAID and other donors in Cambodia are currently making per capita investments of such magnitude in localized areas, but largely through NGOs. The distinctive aspect of USAID’s onward strategy is that it would focus a significant portion of its future investment on measures to substantively improve the institutional, managerial and human capacity of the public health system – in cooperation with its non-governmental partners and communities – to provide health information and services. While this approach might produce less evident quantifiable achievements in the short-term versus for example, the “contracting out” arrangement adopted by some donors, it is likely to produce a more sustainable host country delivery capacity over the medium-to-long term. It should also be noted that the USAID strategy, unlike those of other donors, will not include any salary supplements or other inducements for public sector employees.

***Improving the
institutional,
managerial and
human capacity
of the public
health system***

***Stimulating a
demand for
quality care***

Individuals, families and communities will be empowered to demand high quality care, to change their health-seeking behavior, and to actively participate in and influence the systems responsible for delivery of their health care services. An increase in demand for services will increase utilization rates of public sector health care services.

USAID is confident that this strategy charts a course whereby we, with our Cambodian, NGO and other donor partners, can have a significant impact on HIV/AIDS transmission most importantly, but also on the delivery of other quality health services and the use of such services and information by informed, proactive citizens, particularly women.

Sectoral Strategies

Through a holistic approach centered on the provincial and OD-level, in addition to high-priority national-level initiatives, USAID will address critical concerns related to HIV/AIDS, RH/MCH and infectious diseases.

In designing its assistance program for the ***HIV/AIDS*** sector, USAID will follow the guidance of Cambodia’s National Strategic Plan for a Comprehensive and Multisectoral Response to HIV/AIDS

⁵ The MoH-sanctioned “Minimum Package of Activities-Plus” or MPA+, whereby the “plus” refers to HIV/AIDS and STD prevention activities.

(2001-2005). This Plan reflects an important paradigm shift from a vertical, exclusively health-centered and top-down approach to a more holistic development approach that is gender- and community-sensitive. In developing health sector-related interventions to address HIV/AIDS, USAID will ensure consistency with the policies and guidelines of the National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases (NCHADS) and the National AIDS Authority (NAA).

***Delivering an
integrated health
package***

Indeed, USAID will seek to broaden this paradigm shift across its entire PHN strategy. This strategy will take advantage of opportunities to improve the technical quality of services and cost-effectiveness through development and delivery of an *integrated* health package at the OD level, ensuring that appropriate links are made between HIV/AIDS and all other health interventions. These efforts would contribute to the identification of effective approaches to service delivery that could be replicated by the RGC and other donors.

USAID will employ a *three-pronged approach* in its response to HIV/AIDS:

- Activities at the *national* level, taking advantage of USAID's and cooperating agencies' (CA) comparative advantage and success in providing technical assistance, condom social marketing, and behavior change communication services targeted at commercial and indirect sex workers, high risk men (including the uniformed services), and other vulnerable groups such as garment workers and mobile populations. Much of this work will involve taking-to-national-level-scale activities that have demonstrated their effectiveness in reaching high-risk and vulnerable populations.
- Activities at the *provincial* level, and within the context of the holistic OD-based strategy discussed above including:
 - HIV/AIDS prevention activities at the OD level, ensuring that prevention messages and condom supplies are integrated with other reproductive, maternal and other health services.
 - Expansion of voluntary counseling and testing (VCT) and linkage with other testing and curative treatment at the OD level; particular attention will be paid to preventing mother-to-child transmission (MTCT) of HIV.
 - Assistance to eventually ensure comprehensive availability of the MPA+ and the hospital-based CPA.
 - Home-based care to offer simple treatment and palliative care for Persons Living with HIV/AIDS (PLWHA), plus social support services for children and families affected by AIDS.
- Continued strong support for *field-based research* on effective approaches to reach key populations with 1) prevention and care and 2) surveillance and monitoring of sero-prevalence and sexual behavior.

USAID has been an active and important partner in the battle against HIV/AIDS in Cambodia since 1993. USAID's support, together with that of other donors, for policy change, national information campaigns, targeted interventions with high-risk populations, and critical surveillance and behavioral studies have contributed to heightened HIV awareness, behavior change and reduced prevalence among key populations. Good models of successful interventions with high-risk populations which have been developed should now be scaled up.

Many of the current activities are focused on relatively small segments of the high-risk and at-risk populations such as police and military personnel, factory workers and commercial sex workers. These will be scaled up significantly and expanded to other high-risk populations such as indirect sex workers, migrant workers, truck drivers and other mobile populations.

***Scaling up
successful
interventions,
expanding outreach***

In addressing the critical *maternal health* situation, USAID will support efforts to gradually shift deliveries from traditional birth attendants to trained midwives in selected provinces and ODs. The main

focus of this effort will be on capacity building and support to midwives through training in Life Saving Skills (LSS); strengthening the referral system to provide emergency obstetric care; building the capacity of doctors who support and supervise the trained midwives; and, supporting partnerships between midwives and traditional birth attendants (TBA).

In **reproductive health**, USAID will focus on increasing availability of contraceptive products at the community level through community-based approaches – moving beyond the current health center medical model. Partnerships with private providers of reproductive health services will be further developed and social marketing of contraceptives will be expanded in rural areas. The expansion of voluntary family planning services will address the significant needs and unmet demand for contraceptive products by married couples. IEC efforts will promote the practice of three-year birth intervals⁶.

The reproductive health needs of adolescents will be addressed through support for the development and expansion of youth-friendly information and services, including emergency contraception. Particular attention will be paid to particularly vulnerable groups of young people, including the growing urban middle class, and garment sector workers. Emphasis will also be placed on improving the health system's capacity to provide post-abortion care and treatment for STDs in targeted provinces and ODs.

USAID will increase access to **child health** services by strengthening the capacity of selected ODs to deliver the necessary and appropriate services within the MPA+ package that are directed at addressing critical child health problems. Particular attention will be paid to ARI, diarrhea and malnutrition, including optimal breastfeeding and infant feeding practices and use of micronutrients, especially Vitamin A. USAID will also work with UNICEF and WHO to support the RGC's pilot testing of Integrated Management of Childhood Illness (IMCI), and scale up that activity in ODs selected for implementation of assistance under this strategy.

Related to **tuberculosis**, USAID will work in close collaboration with the National Tuberculosis Program (NTP) in developing a national HIV/AIDS-TB strategy and plan, and strengthening capacity at the national, provincial and district levels to provide more effective diagnosis and treatment services. Emphasis will also be placed on identifying and supporting community-based approaches to expanding information dissemination and service provision. These efforts will be carried out in close collaboration with NTP, WHO, Centers for Disease Control (CDC), the TBCTA, and selected local partners.

In addressing **malaria**, USAID will continue to support the RGC's national Roll Back Malaria plan in collaboration with WHO and selected local partners. Particular attention will be paid to addressing issues related to drug-resistant malaria and rational use of anti-malarial drugs.

USAID will also work in collaboration with WHO and local partners in addressing **dengue** and will continue to support the RGC's dengue hemorrhagic fever (DHF) program. Efforts will focus on

Relation to other sectors:

A number of key elements of the health strategy are closely linked to the democracy and governance strategy. IR 2.2 in particular contributes to protecting the human rights of people living with HIV/AIDS, protecting the rights and health of factory workers, and creating a demand for quality public health services.

Addressing gender concerns:

The gender-specific concerns of women are addressed throughout the health strategy. This strategy responds to the significant unmet need and demand for birth spacing, antenatal/postnatal care, and safe delivery information and services. It also clearly addresses the particular vulnerabilities of women to HIV/AIDS as sexual partners, mothers and care-givers.

Addressing the specific needs of youth:

Particular emphasis is placed on addressing the reproductive health needs of youth. Increasing availability of youth-friendly information and services is an integral part of the HIV/AIDS and RH strategies.

⁶ Estimates suggest that three-year birth intervals may contribute to reductions of 20-30 percent in neonatal, infant, child and under-five mortality. Rutstein, S., *The Effects of Birth Interval on Mortality and Health: Multivariate Cross-Country Analysis*, MACRO International, July 2000.

geographic areas of highest risk, including Phnom Penh and Battambang, and will expand and improve surveillance, clinical management, health education, and control activities in other high-risk areas of the country.

3. KEY INTERMEDIATE RESULTS⁷

IR 2.1: *Increased access to information and services*

HIV/AIDS: Documented successes in changing the behavior of high-risk populations demonstrate that Cambodians will act when provided adequate information and services. Most however, lack access to information, voluntary counseling and testing, condoms and STI diagnosis and treatment – resulting in considerable unmet needs, especially among high-risk and mobile populations. Advancing the availability of affordable, effective, high-quality health care and social services is also essential to mitigate the effects of the epidemic on the 72,000 adult women and 97,000 adult men in Cambodia who already are living with or affected by HIV/AIDS.

Reproductive Health/Maternal & Child Health: Inadequate and often inaccurate information, and low access to RH/MCH services underlie the high mortality and morbidity rates. There is a significant unmet need and demand for birth spacing, antenatal/postnatal care, safe delivery, and child health information and services. Access to these services is currently limited as a result of geographic, economic and social barriers.

Infectious Diseases: Increased access to diagnosis and treatment services is essential for controlling the rapid expansion of TB, particularly as linked to HIV/AIDS. Improper use of anti-malarial drugs and the emergence of drug-resistant strains of malaria are threatening efforts to reduce malaria deaths. The spread of DHF from urban centers to smaller towns and villages is creating new challenges in prevention and control.

Key approaches and illustrative activities

- ◆ Improve collaboration among the public, NGO and private sectors
 - *pilot test private sector provision of VCT for HIV/AIDS*
 - *conduct operational research on private sector provision of the directly observed treatment short-course (DOTS) for TB*
 - *develop a private provider network to expand access to contraceptives; train rural retailers to provide non-clinical contraceptives, including emergency contraception*
 - *scale up successful models of midwife-TBA partnership*
 - *strengthen the Cambodian Midwives Association as a vehicle for improving the quality of care, and for developing advocacy and leadership skills in the safe motherhood policy-making process*
 - *test the feasibility of contracting selected services to the NGO and private sector*
- ◆ Integrate information and services
 - *link VCT to care and support*
 - *link HIV/AIDS and TB diagnosis and treatment*
 - *improve access to information and services for prevention of MTCT*

⁷ The PHN strategy identified an extensive list of illustrative activities for each of the IRs under this SO. As this component of the strategy has already been approved, the activities are summarized here to indicate the range and nature of possible activities.

- ◆ Expand coverage by increasing the number of service delivery points and community outreach
 - *expand community-based distribution of contraceptives*
 - *expand social marketing of contraceptives in rural areas*
 - *test feasibility of expanding social marketing product line to include MCH and vector control products*
 - *train garment factory health services personnel to provide contraceptive products and referrals*
 - *test and replicate community-based approaches to HIV/AIDS care and support*
 - *expand availability of maternal and child health services through health center and NGO outreach workers*
 - *support pilot studies on the provision of DOTS through community-based groups*
- ◆ Broaden services offered by providing integrated MPA+ and selected components of the CPA
 - *increase access to VCT and, STD treatment and diagnosis*
 - *scale up Life Saving Skills (LSS) training to all midwives in selected ODs*
 - *strengthen logistics and information systems to ensure a reliable supply of contraceptives and other essential drugs*
 - *train referral hospital staff in voluntary surgical contraception and counseling*
 - *support efforts to pilot test and phase-in IMCI efforts to address diarrhea, ARI, measles, malaria, malnutrition and dengue in selected ODs*
 - *support DOTS expansion to health centers in selected ODs*
- ◆ Focus on selected target groups
 - *scale up HIV/AIDS targeted interventions to achieve national coverage, and expand coverage to other high-risk groups*

IR 2.2:
Strengthened capacity of individuals, families and communities to protect and provide for their own health

HIV/AIDS: Many Cambodians still lack critical information about what they can do to prevent infection for themselves and their loved ones, as well as the risks of relationships with sweethearts and infected partners. Few women are empowered to insist that their sexual partner wear a condom. Inaccurate knowledge about HIV/AIDS and its transmission contributes to the stigmatization of those infected and affected by HIV/AIDS. Many communities and families are reluctant to provide care for the children of those who have died of AIDS because of fear of infection.

Reproductive Health/Maternal & Child Health: Demand for MCH services from trained providers is low compared to the demand for services from the unregulated, unskilled private sector, and reliance on inappropriate, and often harmful, self-care practices. Whereas latent or unmet demand for contraceptive services is great, individuals' ability to use contraceptives is constrained by an environment that is largely unresponsive to their needs. Although knowledge about some form of contraception is nearly universal, individuals have not been systematically informed about their range of choices, including the pros and cons of different contraceptives, where to obtain services or their options when encountering side effects.

Infectious Diseases: Individuals need to be made aware of the signs and symptoms of TB and the availability of treatment. Communities need to be more actively engaged in efforts to protect themselves from malaria and dengue vectors. Incorrect behaviors and practices (e.g. in dispensing and using anti-malarial drugs) contribute to the spread of drug resistance.

Key approaches and illustrative activities

- ◆ Make health information more broadly available through mass and print media, community mobilization, and interpersonal communication and counseling.
 - *promote an integrated 'package' of messages that will educate individuals, families and communities about appropriate health-seeking behavior*
 - *scale up 'sweetheart' condom campaign*

- *promote dual use of condoms, three-year birth interval, use of skilled birth attendants, optimal breastfeeding, use of ORS, immunization, Vitamin A, improved maternal nutrition and TB awareness*
 - *conduct intensive health education to promote appropriate behavior among care-givers of children*
 - *develop IEC materials which address the needs of adolescents and young adults and make available where large numbers of young people are found*
 - *develop IEC messages on TB in collaboration with ODs and village feedback committees (FBC)*
- ◆ Increase partnerships with non-health organizations and programs
- *involve FBCs, village development committees (VDC) and other appropriate community structures/mechanisms in efforts to strengthen community-level tolerance and support for Persons Living with HIV/AIDS (PLWHA)*
 - *train VDCs, FBCs, shop owners and other influential figures such as monks and nuns in basic family planning, counseling and referral*
 - *link with non-health community groups such as VDCs, micro-credit groups, literacy groups, etc. as channels for health promotion*
 - *develop joint activities with education and rural development programs, and other partners for vector control*
- ◆ Raise level of demand for quality services
- *increase the involvement of PLWHA in the full range of program and policy activities*
 - *create a demand for tetanus toxoid immunization, iron tablets, postpartum Vitamin A*

IR 2.3:
Improved quality of information and services

HIV/AIDS: Many public providers lack the knowledge and training to provide clients with the information they need to protect themselves and their families from HIV/AIDS. Key services and commodities are often unavailable or available on an erratic basis. Public services and service providers are often unwelcoming to men, single women and youth. Private health care providers such as drug sellers supply expensive, ineffectual and sometimes dangerous remedies as well as misinformation. Increasing the quality of HIV/AIDS prevention and services is essential to ensure that persons in need actually avail themselves of these services and that these services are integrated, effective, culturally appropriate and relevant for Cambodia at this stage of the epidemic.

In the context of improving the quality of curative care at the OD level, USAID will seek opportunities to improve the diagnosis of both HIV and TB, and to treat TB and other opportunistic infections related to AIDS. Referral links will be fostered between health care services that diagnose AIDS via VCT, clinical case definition, or home-based care and social support services. Since care and support services are just beginning to be introduced in Cambodia, efforts will be undertaken to support them through appropriate non-governmental organizations (NGOs).

Reproductive Health/Maternal & Child Health: Except for a handful of health facilities that have received support from international donors and NGOs, the quality of services in both the public and private sectors is generally inadequate. Improving the quality of care in both public and private sectors will increase client satisfaction, expand utilization of services, and result in improved health outcomes.

Infectious Diseases: Proper diagnosis of TB and responses to the link between TB and HIV/AIDS need to be strengthened. Efforts should continue to focus on identifying factors contributing to the emergence and spread of drug-resistant malaria. Health providers need to be trained in correct drug identification and dispensing procedures.

Key approaches and illustrative activities

- ◆ Improve consistency and accuracy of health promotion messages
 - *monitor and refine health promotion messages at all levels*
- ◆ Health worker training
 - *maintain focus on capacity building of midwives and on selected doctors who work with these midwives*
 - *provide intensive training in interpersonal counseling to all health care providers*
 - *provide competency-based training in IMCI to outreach, health center and referral hospital staff*
- ◆ Promote quality standards of care in provision of health services
 - *integrate HIV/AIDS with TB services: develop national strategy and action plan to address HIV-TB issues; improve diagnosis of both HIV and TB; provide treatment for TB and other opportunistic infections related to AIDS*
 - *support operational research on laboratory diagnostic issues related to TB directed at improving the accuracy of diagnosis*
 - *support home-based care and social support services through ODs and appropriate NGOs*
 - *provide training to public and private sector health care providers in HIV universal precautions*
 - *create awareness among TBAs about safe delivery practices, recognition of danger signs and referral to health centers and midwives*
 - *institute continuous quality improvement in all health centers and referral hospitals to ensure compliance with standards for clinical management of obstetric, neonatal care and infectious diseases*
 - *train private health care providers in the correct use of antibiotics, contraceptive technology updates, appropriate use of anti-malarial medications, etc.; certify trained providers with a seal of high quality*

IR 2.4: Improved capacity of health systems

HIV/AIDS: Many of the approaches to HIV/AIDS prevention, care and mitigation are limited in scope and coverage. Better information is needed on effective public and private approaches and how to scale these up in a cost effective manner. Information is also lacking on the spread of the epidemic within the general population and the behavior of certain critical populations. Cambodia's HIV Sentinel Surveillance System (HSS) and Behavioral Surveillance Surveys (BSS), developed largely with USAID funding, are of high quality and have been credited with contributing significantly to effective program planning and a policy environment conducive to AIDS prevention in Cambodia. Assistance for these tools will be expanded by USAID during 2002-2005 to include new target groups, as relevant, and will provide an ongoing basis for HIV/AIDS program planning and priority-setting.

Reproductive Health/Maternal & Child Health: Current public health systems are only five years old. Service delivery is inadequate in many areas. Both public and private sector providers need better skills, higher motivation and greater knowledge. Planning, management and supervisory skills are lacking, resulting in inefficient use of scarce financial and human resources. Accurate data are not routinely collected, analyzed or used for management or oversight purposes.

Infectious Diseases: There is a continuing need to strengthen the capacity of the health systems to plan and manage TB control efforts, particularly as related to HIV-TB co-infection. Continuing surveillance is needed to identify geographic and population "hot spots" of malaria drug resistance, drug use, and drug quality. Surveillance capacity for dengue should continue to focus on geographic areas of highest risk, including Phnom Penh and Battambang, while also expanding and improving surveillance, clinical management, health education, and control activities in other high-risk areas of the country. This approach is consistent with the RGC's national dengue/DHF control plan.

Key approaches and illustrative activities

- ◆ Strengthen planning and management skills at all levels
 - *support the development, with the NAA, of HIV/AIDS policies and action plans of the 12 non-health ministries which comprise the NAA*
 - *strengthen the capacity for planning and management of TB control at the national, provincial and OD levels; develop operational work plan and expenditure framework for TB control*
 - *work with MoH technical working groups to improve the policy environment, particularly operational policies at the provincial, OD and health center levels (e.g., safe motherhood, midwifery training, IMCI, micronutrients, HIV/AIDS, HIV/AIDS-TB management, communicable disease control, etc.)*
 - *strengthen referral linkages between all levels of the health system for emergency obstetric care (EmOC) and other selected CPA interventions*
 - *support the implementation of the National Safe Motherhood Workplan which details first aid care in village and home, basic EmOC at health centers, and comprehensive EmOC at referral hospitals*
 - *strengthen the contraceptives logistics system through refresher courses, on-the-job training, and facilitative supervision at the field level*
- ◆ Improve use of data at operational and management levels
 - *develop a field-based research agenda on critical issues in HIV prevention, care and support*
 - *support the operation and further refinement of the HSS and BSS*
 - *support operations research to improve service delivery management*
 - *conduct baseline drug-resistance surveys to map focal points of malarial drug resistance*
 - *conduct behavioral surveillance to assess how dispensing and use of anti-malarial drugs contribute to the spread of drug resistance*
 - *strengthen DHF laboratory capacity and disease and vector surveillance*
- ◆ Transfer program skills and responsibility gradually to host country organizations
 - *strengthen the capacity of public and private sector organizations to deliver effective HIV/AIDS, RCH and infectious diseases services*
 - *strengthen the human and organizational capacity of health service providers*
 - *strengthen the skills of health providers in management, facilitative supervision and use of data*
 - *strengthen the capacity of Cambodian institutions to respond to DHF*
 - *train health providers in the development of hospitalization emergency plans*
 - *increase access to reference material and training on communicable disease control*

4. PRIORITIES AND TRIGGERS

USAID has authority to engage with the central government on HIV/AIDS and infectious diseases; legislative authority will be sought to engage more fully on maternal and child health. The strategy and funding parameters fully reflect Cambodia's status as a rapid scale-up country for HIV/AIDS, and priority for TB control.

Key provinces and ODs will be identified as part of the design phase of the strategy. The number and location of these ODs will be determined by 1) the amount of funds available for implementation of this portion of the strategy⁸; and, the application of selection criteria to be developed with the RGC. It is expected that these criteria will include, *inter alia*, population size, HIV prevalence (e.g., among sex workers and women attending ante-natal clinics), the existence of a functioning health services infrastructure, the presence of other international donors, and the effectiveness and readiness of provincial and OD-level leadership to work constructively with USAID and its partners. The effectiveness of implementation of health programs by provincial-level authorities might be further assessed by such proxy measures as the proportion of central funds passed downward to support health facilities, and/or the coverage of the provincial EPI programs.

⁸ WHO and NGO data indicate that a holistic approach to health service improvement at the OD level can be expected to cost \$700,000 - \$1,000,000 per OD per year.

C. Basic Education

1. PROBLEM STATEMENT

The destruction of social and human infrastructure during the Pol Pot era (1975-1979) and its negative effects on the Cambodian education system are well known. Substantial efforts were made to rebuild and expand the education system throughout the 80s and 90s. Notable progress has been made in recent years including substantial increases in primary school enrollment, construction and expansion of school facilities, development of a sector-wide strategy and support program, and increased allocations for education in the national budget.

The legacies of the past still pervade, however. There is a clear need to raise overall levels of education in Cambodia however the education and skills required to meet this need are extremely limited. Only 10% of the Cambodian labor force has more than a primary school education and the vast majority of primary school teachers never finished high school. Teaching, particularly in remote rural areas, is not an attractive employment alternative for those with higher levels of education. Teaching methodologies focus primarily on rote memorization and teachers have little personal experience with or capacity to facilitate creative learning processes or foster the development of critical thinking. Recent increases in teacher salaries may provide a stronger incentive for better-educated persons to become teachers; nevertheless, the low levels of education and training of existing teachers remain a serious constraint to the delivery of quality basic education.

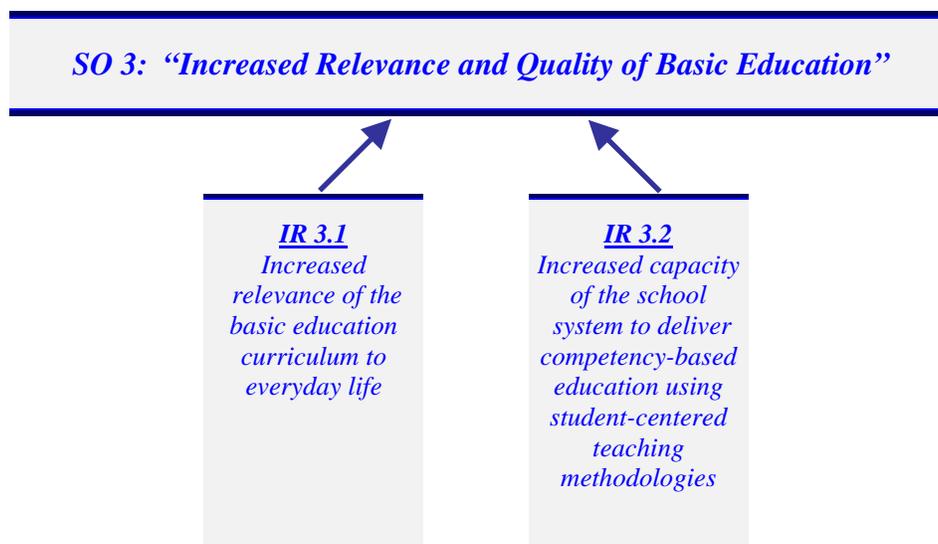
Proxy indicators of educational quality and effectiveness are far from encouraging: primary school retention rates remain low, with less than 50% of the age cohort reaching grade 5. In addition, grade repetition rates remain high, and a low percentage of children continue to higher grade levels. The limited capacity of teachers to provide quality education and the consequent dissatisfaction of parents and students with the value and relevance of basic education is certain to be contributing to this situation. The overall financing of the education system is heavily reliant on household contributions in the form of unofficial fees and, families also weigh the value of available educational services against competing demands for student time to contribute to family livelihood or, particularly for girls, attend to household chores. The majority of young people leave the education system with little knowledge and few skills thus perpetuating the cycle of poverty and leaving the country with a predominately unskilled labor force and a large proportion of the population vulnerable to being at best marginalized, if not actively exploited.

The existing quality of the basic education program provides a poor foundation for building the human resource base needed to support achievement of national economic growth objectives, respond to the changing demands of a growing market economy, or enable broad-based participation in social, community or political life.

USAID/Cambodia's strategy for basic education seeks to effect change through the development of a new life-skills curriculum that is relevant to everyday life and which uses student-centered teaching methods.

2. STRATEGIC OBJECTIVE FOR BASIC EDUCATION

USAID Cambodia's strategic objective and intermediate results for basic education for the three-year period 2002 to 2005 are:



Activities under this SO will focus on the development and testing of a life-skills curriculum for grades 1 through 6, and training of teacher trainers and teachers in selected cluster schools in the use of this curriculum. The curriculum is intended to provide knowledge, skills and values necessary for effective participation in community life, maintenance of good health, and knowledge and practice of skills relevant to the agro-ecosystem as they apply to everyday life. The life-skills curriculum will also reinforce language, math, science and critical thinking skills covered in the core basic education curriculum as students apply these skills to addressing problems faced in everyday life at school, at home and in the community.

The curriculum will stress student-centered, activity-based learning. Critical values by subject and grade will be specified. As these are relatively unfamiliar approaches to education in Cambodia, the curriculum development and teacher training process will also entail building an understanding and appreciation of these approaches at all levels of the education system.

USAID will work through MoEYS and in close consultation with other donors and stakeholders in the project development process to ensure complementarity of efforts and establish mechanisms for coordinating and managing activities under this SO. In particular, collaborative working relationships will be established with UNICEF, ADB, the World Bank, and other donors and NGOs involved in curriculum development and teacher training at the primary school level. USAID and its partners will also be actively involved in the donor sub-working group on education that has been established as part of the consultative group process. In the implementation phase, strong emphasis will be placed on cultivating broad-based concurrence on the curriculum content and teaching methodologies, and ensuring support for smooth integration of the life-skills curriculum into the national school system once the curriculum has been developed.

3. KEY INTERMEDIATE RESULTS

IR 3.1:
*Increased
relevance of the
basic education
curriculum to
everyday life*

The lack of relevance of the school curriculum to daily life plays a key role in high grade repetition and dropout rates, especially in rural areas. MoEYS is currently engaged in a curriculum reform effort which seeks to respond to the issue of relevance. A key element of the new curriculum is a life-skills component focused on civic education, health and nutrition, and practical knowledge about the agro-ecosystem.

The task of developing the life-skills curriculum has fallen on the Pedagogical Research Department (PRD) in MoEYS. This unit has low capacity and poorly or untrained staff who are unfamiliar with competency or skills-based education methodologies. USAID will provide technical assistance to the PRD in developing a life-skills curriculum and incorporating it into the school system.

USAID will assist MoEYS/PRD to consolidate, refine and build on materials that have already been developed in Cambodia into a cohesive curriculum and training package that can be used throughout the country. The curriculum development process will include identification of critical life situations by age, determining coping skills, and matching these with needed academic or process skills and underlying values. This will provide the basis for defining grade-specific competencies.

Elements of a life-skills curriculum and related teacher training materials have already been developed by various projects and organizations including:

- ♦ An Integrated Pest Management (IPM) in Schools program has been developed and tested over the past three years with USAID support. In addition to teaching environmentally sound crop production techniques, the program encourages team work and provides exposure to a variety of other skills that are academically rich and foster critical thinking and democratic processes. This program has already been identified by MoEYS as a core element of the agriculture component of the life-skills curriculum.
- ♦ An environmental education course has been prepared by the Environmental Technical Advisory Project under the guidance of an inter-ministerial committee.
- ♦ Health education materials have been developed by a number of organizations that could be adapted to the life-skills curriculum at the primary school level.
- ♦ Civic participation materials developed by civic organizations, universities, human rights organizations and other NGOs.

Relation to other sectors:

The civic education component of the life-skills curriculum would complement efforts under the democracy and governance SO by introducing democratic principles and process in the classroom thus preparing the next generation to participate actively in Cambodian political life.

There are also clear linkages between the health and nutrition component of the life-skills curriculum and the population, health and nutrition SO, particularly related to IR 2.2, strengthening capacity of individuals, families and communities to protect and provide for their own health. There may be opportunities to coordinate and collaborate on materials development efforts.

From a long-term perspective, this IR also contributes to agency economic growth objectives and promotes environmentally responsible behavior.

Existing materials will be reviewed, selected and adapted to best achieve the defined age-specific competencies. Additional material will be designed as necessary. Procedures for eliciting feedback from teachers and other key stakeholders, and pilot testing each element of the curriculum with students will be established and the curriculum revised and refined as needed. Pre-service and in-service teacher training programs and materials will be designed along with resource materials for teachers and competency assessment tools. The teacher training and resource materials will provide guidance on how to tailor the curriculum to local conditions.

Illustrative activities:

- Assistance to MoEYS/PRD with the development and testing of:
 - a student-centered, competency-based life-skills curriculum and syllabi for grades one through six for each of the three elements of the life-skills curriculum (civic participation, health and nutrition, agro-ecosystems);
 - an accompanying three-part, competency-based pre- and in-service teacher training curriculum and syllabi.; and
 - pre-service and in-service training materials, including draft activity guidelines that will assist teachers in compiling their own teaching guides for use in the classroom.
- On-the-job training for MoEYS/PRD staff in the design and testing of student-centered, competency-based curricula and learning materials.
- Strengthening of partnerships between MoEYS and non-education organizations and programs in the curriculum development and testing process.
- Continued involvement of the community in supporting the life-skills curriculum through the cluster school system.

Addressing gender concerns:

Gender disparities in enrollment, repetition and dropout rates are not significant enough to warrant an intervention that specifically targets either one of the sexes. However, the life skills curriculum should also promote mutual respect between girls and boys, and provide opportunities for both to engage in non-traditional roles in class activities.

Addressing the specific needs of youth:

Preparing young people to participate more actively and effectively in economic, social, community and political life is intrinsic to this SO.

IR 3.2:
Increased capacity of the school system to deliver competency-based education using student-centered teaching methodologies

USAID will support training of teachers in the life-skills curriculum. Training will be conducted at two levels: 1) in-service training in cluster schools as part of the MoEYS's in-service training program, and 2) pre-service training at the primary teacher training colleges (PTTCs) responsible for educating new primary school teachers. In-service training would respond to the urgent need to up-grade the skills of existing teachers, and begin to benefit students relatively quickly. The cluster school structure now covers about 95% of all primary schools⁹. Integration of the life-skills curriculum into the PTTCs takes advantage of the opportunity to help the next generation of teachers acquire skills in delivering student-centered, competency-based training before they begin their teaching career. There are 18 PTTCs located in 18 provinces. A large number of new teachers will be trained at these colleges over the next five years.

Although focused on the life-skills curriculum, the teacher training would also contribute to strengthening general skills in competency-based training and approaches to enhancing the learning environment including student-centered teaching methodologies, alternatives to rote learning, and techniques for fostering critical thinking skills.

As part of project design and implementation, emphasis will also be placed on ensuring that education sector officials, school administrators, parents and local government officials, including commune council members, understand and are supportive of the life-skills curriculum.

⁹ A cluster is one core school, generally the strongest academically or the largest, with 6-10 satellite schools, administratively grouped together within a 5-10 kilometer distance. In 2000/01 there were 729 cluster core schools. 270 of the 5,468 primary schools are not in clusters.

Illustrative activities:

- Incorporation of the life-skills curriculum and syllabi into the regular pre-and in-service training program in selected cluster schools.
- Incorporation of the life-skills curriculum and syllabi into the regular pre-service training program at selected PTTCs.
- Education of trainers at the cluster school level to provide training and support to other teachers in the cluster in the delivery of the life-skills curriculum.
- Education of trainers at the PTTCs to train new teachers in the life-skills curriculum.
- Meetings with parent groups integrated into the implementation process at the cluster school level to gain support for the life-skills curriculum, discuss ways in which parents can help their children attain competency, and to elicit feedback on the new curriculum.
- Publicize new curriculum to build demand and support.
- Workshops and seminars on life-skills education, and rationale and approaches to student-centered learning methodologies for school principals, education sector officials and other stakeholders at national, provincial and cluster school levels.

Relation to other sectors:

At a very basic level, this IR contributes to the promotion of basic democratic processes and values. This is clearly reflected in the civic education component of the life-skills curriculum but is also underlies the teaching methodologies directed at development of the independent learning and critical thinking processes that are essential for effective participation in democratic processes.

There may be opportunities to forge links between the OD-level initiatives of the PHN strategy and the work that will be done at the cluster school level under this IR. The cluster schools could provide an avenue for stimulating demand for quality health services, and the OD services a source of technical expertise on child health and nutrition which could complement the life-skills curriculum.

Addressing gender concerns:

Attention will be paid to ensuring there is an appropriate gender balance in the selection of teacher trainers and trainees, as well as in the team engaged to provide the training to teacher trainers. Particular emphasis will be placed on ensuring that female teachers are able to participate in the program.

The project and impact monitoring system will incorporate gender-disaggregated indicators to facilitate assessment of overall participation in the program as well as the impact of the program on girls and boys, to the extent feasible within the timeframe of this strategy.

4. PRIORITIES AND TRIGGERS

Within the context of this interim strategy, highest priority is given to IR 3.1. A one-time infusion of sufficient funding will allow for the development and testing of the life-skills curriculum and related materials for teacher training and support. These valuable resources would then be available to MoEYS for potential use in all pre-service and in-service training for teachers. Building the capacity of teacher trainers, teachers and other education sector officials to use these materials effectively is the focus of IR 3.2. Although at least some teacher training would be carried out under any funding scenario, the scale of implementation of this IR is contingent on the level of funding available for this SO. The number and location of primary teacher training colleges and cluster schools to be included will be determined in the design phase of the strategy in close consultation with MoEYS and other stakeholders once funding levels have been ascertained.

D. Cross-cutting themes

Gender

Although the Constitution of the Kingdom of Cambodia guarantees equal rights for women and men, and the existing legal framework supports this principle of equality, the ability of Cambodian women to claim these rights is seriously constrained by prevailing social attitudes about gender roles and gender relations. Gender inequities exist at many levels. 82% of employed women are illiterate or have less than a primary school level of education; although school enrollment rates in the lowest grades are fairly even, girls drop out of school at a much earlier age than boys, thus perpetuating the gender gap in education into the next generation. The female labor force participation rate in Cambodia is the highest in the region. Agriculture continues to be the primary source of employment for the vast majority of the population with women providing more than half the total labor force. Employment opportunities for women outside of agriculture are extremely limited with most engaged in sales and market work. The recent emergence of the garment industry has provided a new alternative for young women – but with related risks. The public sector is overwhelmingly a male domain: women comprise only 10% of legislators, senior officials and managers.

Young girls, particularly from poor rural families, are increasingly vulnerable to trafficking, domestic violence and rape. This same group is also particularly affected by the very poor state of the public health system related to their role as mothers and child bearers. The HIV/AIDS epidemic places additional burdens on women as sexual partners in a highly permissive sexual environment controlled by males. They also bear the primary burden of providing care and support for family members infected with HIV/AIDS.

Serious gender concerns relating to human rights, participation in political life, HIV/AIDS, reproductive health and basic education are incorporated into the SOs of this interim strategy.

Youth

A baby boom in the early to mid-1980s is now culminating in a large number of young people entering the labor force and engaging independently in the social and political life of the country. The improved internal security and shift to a market economy are shaping migration patterns, behaviors and values of young people. This presents both opportunities and challenges.

Status and authority in Cambodian society are very much related to age. Opportunities lie in engaging young people in the practice of democracy and good governance. There are also opportunities for countering the social attitudes governing gender relations that underlie the active sex trade that is placing many young people at risk of contracting HIV/AIDS, and undermine access to appropriate reproductive health services. Young people need access to youth-friendly information services that address their particular needs and vulnerabilities. The needs of young people exposed to new sources of vulnerability due to changes in the economic and social environment also need to be addressed. This would include increased internal migration of young people, increased trafficking of (mostly) young women and children, and risk of sexual violence and exploitation among young factory workers and freelance sex workers.

Youth is incorporated in the SOs of this strategy by taking advantage of opportunities to shape the attitudes and behavior of the next generation of leaders, and addressing the special needs of young people at risk of HIV/AIDS and trafficking.

Capacity Development

Capacity building is integrated throughout this strategy. The PHN strategy addresses the critical need for strengthening the capacity of organizations, systems and individuals to provide quality services at all levels of the health system. The DG strategy addresses the need to strengthen political parties, civil society organizations and future leaders as a means of strengthening democratic practices and protecting

human rights. The basic education strategy is centered on strengthening the capacity of the education system to provide quality, relevant basic education, and thus contribute to strengthening the human resource base of the nation.

E. Pillar Programs

Funding from the Bureau for Democracy, Conflict and Humanitarian Assistance for four child survival grants to NGOs complements bilateral family-health activities. These grants support innovative approaches to community-based health information and services, including an immunization tracking system called a “world’s best buy” in a 1998 evaluation.

Pillar Bureau programs such as the Leahy War Victims Fund carry out additional activities complementary to USAID’s strategic objectives in Cambodia. Activities will focus on provision of prosthetics and orthotics, vocational training and job placement for war and mine victims and the disabled. Building the capacity of Cambodian NGO service-providers through training and coordination within the sector will be emphasized.

IV. Performance Monitoring

A Performance Monitoring Plan (PMP) will be developed after approval of the interim strategy. Illustrative indicators have however been identified for each of the results frameworks. Key performance indicators would include:

Democracy and Governance

Possible impact measures for SO 1 will include a decline in reported abuses of human rights; improved efficiency and equity in use of government resources; more democratic structures and mechanisms in place within political parties and, citizens’ perceptions of changes in options for protecting their interests.

Population, Health and Nutrition

In the focus Operational Districts, key beneficiary-level impacts by the end of three years will include increases in the contraceptive prevalence rate; a decrease in high-risk sexual behavior; an increase in the percent of children under one year of age fully immunized; and, an increase in the percent of births assisted by a trained provider.

Within the special target population groups reached by expanded HIV/AIDS prevention activities, changes will include an increase in the percent of men using condoms with CSWs; and, an increase in the per cent of men using condoms with a “sweetheart”. These and related behavior changes among high-risk and vulnerable populations will contribute to a *decrease in the HIV prevalence rate* among those populations.

Basic Education

Improvements in the relevance and quality of basic education will be assessed based on feedback and actions of school officials, teacher trainers, teachers, students and families, as well as education sector specialists, in response to the new curriculum and teaching methodologies.

Further details on illustrative performance measures for democracy and governance are included in Annex D-1; and, for basic education in Annex D-3. Expected results and illustrative indicators for health are included in Annex D-2.

V. Management Plan

With the addition of program-funded US specialist positions to meet the technical and management responsibilities of the expanded program in HIV/AIDS and Family Health over the past several months, the Office of Public Health is better prepared to manage the integrated strategic objective, including the greatly expanded activities in HIV/AIDS. Additional program-funded Cambodian staff are being recruited as well and will complete the office's required staffing.

As soon as the strategy is approved and the level of resources decided for the interim strategic plan period, the Office of General Development will proceed with the hiring of additional program-funded US and Cambodian staff as required to manage and monitor its new program. With the exception of the Regional Legal Advisor who is based in Manila, all key management functions are provided in the Mission. Mission offices work closely with ANE/SPOTS and Pillar Bureaus in program planning, management, monitoring and reporting.

In order to strengthen efficiency and accountability, semi-annual program reviews will be instituted beginning in this fiscal year. Special emphasis will be placed on performance monitoring and reporting, with the Program Office playing the lead role in coordination of impact monitoring and information gathering, analysis and dissemination.

Starting from May 2000, the Mission has assumed increasing levels of responsibility for programs in surrounding countries in Southeast Asia – Thailand, Laos, Vietnam, the Burma border program, and proposed activities inside Burma. Since this strategy is for Cambodia alone, this management plan does not address the broader scope of responsibilities, although the operating budget proposed does include costs of operations in Hanoi and Bangkok. A management review is scheduled shortly to assess the adequacy of management systems, current staffing – both number and specialty – and resource levels to meet the Mission's new responsibilities.

ANNEXES

PARAMETERS CABLES

ANALYSES AND ASSESSMENTS
For the USAID/Cambodia Interim Strategic Plan 2002-2005

<p>Environmental Analysis <i>(Incl. Biodiversity and Tropical Forestry Assessments)</i> Jim Schweithelm, Team Leader, ARD, Inc. Pat Foster-Turley Andrew McNaughton Sri Sugiarti Srey Chanthy</p>	<p>August/September 2001</p>
<p>Population, Health and Nutrition Assessment Sheryl Keller, independent consultant (Synergy Group), Co-Team Leader Jay Parsons, independent consultant (Synergy Group), Co-Team Leader Monica Kerrigan, USAID/W Mary Ellen Stanton, USAID/W Elizabeth Preble, independent consultant (Synergy Group) Paurvi Bhatt, USAID/W Erika Barth, USAID/W Linda Sussman, USAID/W Monique Derfuss, USAID/W</p>	<p>February-April 2001</p>
<p>PHN Strategic Framework Team Jay Parsons, independent consultant (POPTECH), Team Leader Jerry Bowers, independent consultant (POPTECH) Elizabeth Preble, independent consultant (POPTECH) Harriet Destler, USAID/W Lily Kak, USAID/W</p>	<p>September 2001</p>
<p>TB Coalition for Technical Assistance (TBCTA) Review Dr. Maarten Bosman, KNCV, Team Leader Dr. Charles Wells, CDC/Atlanta Dr. Marcus Hodge, WHO/WPRO</p>	<p>January 2002</p>
<p>Conflict Vulnerability Analysis Leslie Johnston, PPC</p>	<p>January 2002</p>
<p>Democracy and Governance Assessment and Strategy Vivikka Mollrem, Team Leader James Vermillion, USAID/W, Center for Democracy and Governance Ed Anderson Eric Bjornlund Bradley Bessire, USAID/Cambodia Sok Narin, USAID/Cambodia</p>	<p>January-February 2002</p>
<p>Basic Education Assessment Vijitha Eyango, Team Leader, ANE Nicole Sayres, ANE Anne Dykstra, GWID</p>	<p>January-February 2002</p>

ICT Assessment Darrell E. Owen, SETA Corporation Jonathan R. Metzger, AED/Advisor to ANE Borany Penh, AED/CDIE Development Information Services Project Hong Sok, USAID/Cambodia	June 2001
Competitiveness Benchmarking J.E. Austin Associates, Inc.	September 2001
Economic Growth Assessment Naren Chanmugam, USAID/W	January 2002
Donor Coordination Assessment Cheryl Urashima, independent consultant	January-February 2002

ENVIRONMENTAL ANALYSIS
Including Bio-diversity and Tropical Forestry Assessments required under FAA 118 and 119

SUMMARY

Status Biodiversity and Tropical Forests¹

Cambodia is a country with diverse terrestrial, freshwater and marine habitats supporting a great variety of species, many of which are endangered and threatened regionally or globally. Remaining forest habitats, such as the dry dipterocarp forests in the north, are among the largest remaining expanses of this forest type left in the region and the wetlands within them provide habitat for a diversity of large water birds and mammals. Globally important species including tigers, clouded leopards, elephants, banteng (a type of wild cattle), sarus cranes, Siamese crocodiles and many more still inhabit the wilds of Cambodia. Likewise, the Mekong River and associated systems including the Tonle Sap (Great Lake) contain an abundance of fish and other aquatic species that provide an important food source for most Cambodians. Coastal systems of Cambodia are also diverse, including coral reefs, mangroves, seagrass beds and other biodiverse ecosystems.

Threats to the forests and biodiversity of Cambodia are many and varied, and synergistically impact upon one another. Habitat destruction is a major threat and is manifested in many ways including unsustainable logging, excessive conversion of land to agricultural uses, destructive fishing techniques such as dynamiting reefs, and various other factors. Various species with high economic value are also directly targeted, leading to the purported declines in populations of such globally significant species as tigers, primates, bears and crocodiles, and many others. Fish are a primary source of food for most Cambodians, but overfishing, the use of harmful fishing devices and habitat destruction of major spawning and feeding areas is reducing both catch sizes, and the size of individual fish and in some cases even leading to the disappearance of once common species. In Cambodia these threats are exacerbated by ineffective and often corrupt natural resources management (NRM) practices.

The policy and management frameworks for natural resources conservation efforts are sorely deficient, although a few relevant natural resources policies have been rewritten and are passing through the adoption process. The government, however, lacks the capacity and/or political will to enforce natural resources laws and regulations. Widespread corruption has led to the misuse of natural resources by large private sector entities that are often from other countries with no long-term commitment to the natural environment of Cambodia. Not only is biodiversity being lost in this way, but so is the quality of life of many poor Cambodians who rely on sustainable natural resources for their own continued survival.

Many donors, NGOs and concerned government officials are working together in Cambodia to correct some of these wrongs. Various approaches being used include developing management plans for protected areas, providing better capacity and tools for law enforcement efforts, the establishment of community-based conservation efforts in various areas, the development and dissemination of environmental education programs and materials, and other initiatives.

Recommended actions that would help to address the loss of forests and biodiversity in Cambodia, within the constraints of current congressional restrictions on direct engagement with the central government, include:

¹ Conducted by ARD, Inc. under the Biodiversity and Sustainable Forestry (BIOFOR) Indefinite Quantity Contract (Contract No. LAG-I-00-00-00013-00), October 2001.

- Local government agencies at the provincial level need to be strengthened in their efforts to understand and enforce existing natural resources laws and regulations.
- New policies and laws need to be developed that provide a better framework for conservation and sustainable use of forests and biodiversity.
- Communities need to be strengthened in their understanding and capacity to sustainably manage the natural resources within their domain.
- Appropriate management plans need to be developed and implemented for important protected areas and key resources.
- CITES efforts need to be strengthened and the trafficking of wildlife species needs to be curtailed.
- The management rights of private sector timber concessionaires and commercial fishing block holders must be appropriately defined and enforced to reduce conflicts with local communities and to avoid unsustainable extraction of Cambodia's natural resources.
- Capacity-building efforts are needed to strengthen the knowledge base of natural resources managers in government agencies and NGOs and to strengthen Cambodian institutes of higher education to produce graduates with such knowledge.
- More information, environmental education and awareness programs about forests and biodiversity are needed in Cambodia at all levels.
- A database of information on species and their occurrence in Cambodia needs to be established and the relevant data collected from the field to enable effective management of biodiversity resources.
- Geographical focus: Local and provincial level biodiversity and forest conservation activities are especially scarce but critically needed in the dry dipterocarp forests and associated wetlands and river stretches in the northern plains and adjacent highlands.

Relation to the Interim Strategic Plan

The Interim Strategic Plan does not explicitly address environment and natural resource management issues. Nevertheless, as corruption is a major factor in natural resource degradation, anti-corruption measures under IR 1.2 could be directed at building support for increased transparency and accountability in natural resource management. In addition, issues related to human rights, particularly minority and ethnic rights, are also very much affected by conflicts over natural resources and thus efforts to protect human rights under IR 1.3 could also contribute to strengthening natural resource management at the local level. The creation of new fora for discussion and debate of local governance issues under IR 1.4 would also provide a mechanism for raising the profile of threats to Cambodia's forests and biodiversity, particularly in those parts of the country where environmental degradation is becoming a serious threat to livelihoods. IR 1.5 could also include participation of key individuals engaged in environment and natural resource management issues in US-based participant training.

CAMBODIA CONFLICT VULNERABILITY ANALYSIS¹

SUMMARY

The USG has a long-term interest in pursuing economic and political stability in Southeast Asia. Part of this strategic engagement is to support democratization efforts in Cambodia. This is reflected in a principle and enduring US foreign policy objective to promote peace and stability throughout the world through democratic processes. There are a compelling set of country relationships and factors that could detract from or stall Cambodia's democratization process. Therefore, it is important for the USG to expand its development efforts in Cambodia.

It is widely acknowledged that violent conflict can adversely affect hard-won economic and social gains in developing countries, undercutting democratization and sustainable development goals. Therefore, the purpose of conducting the Conflict Vulnerability Analysis (CVA) was to assess the potential for future conflict in Cambodia and help identify areas of USAID programmatic engagement for conflict prevention. The CVA recognizes that not all conflict is bad. The very process of change and development often stimulates conflict in that it changes the balance between differing and sometimes opposing interests and perspectives. Conflict can lead to positive change that improves behavior, conditions or equity. However, violent conflict which results in substantial injury or loss of human life with the potential to destabilize the country and either slow or stop the process of democratization, is the target of the CVA and USAID's conflict prevention goals.

After decades of conflict, and almost a decade after the 1991 Paris Peace Agreements, Cambodia finally established peace after the national elections in 1998. However, continuing national stability and progress from a semi-autocracy to a democracy is still fraught with significant dangers and pitfalls. As one looks forward, it is important to keep in mind that Cambodia's history has been characterized in part as a chronic failure of contending groups of patrons and their clients to compromise, cooperate or share power. Even today, political parties are highly personalized and politics are played as a zero sum game. Parties seek power and leaders seek personal aggrandizement, with little fundamental regard for the needs of the people.

Comparing the social and economic conditions of rural Cambodians today and the period of the 1960s should give us pause since Cambodia still faces many unresolved problems of the past, in addition to new challenges. In fact, in many respects the conditions in Cambodia at the start of the 21st Century are worse than ever before. Today, the country has the highest infant mortality rate in Southeast Asia, illiteracy is higher now than in the 1960s, violent crimes – rare in the 1960s – are now frequent, HIV/AIDS prevalence is one of the highest in Southeast Asia, corruption is rampant, government/elite impunity is pervasive, extreme disparity of wealth, and grinding poverty – all factors which threatened livelihoods and consequently, democratic reform.

For an agrarian society, the availability of secure land tenure and viable ecosystems to support natural resource productivity are important key factors to human security. However, in Cambodia, land is becoming increasingly scarce for the rural poor. In fact, before the war, the average landholding was 2.2 hectares, now it is less than 1 hectare. Landlessness is an increasingly critical development and human rights issue in Cambodia. In 1984, landless families represented about 3% of total families (slightly lower than in 1969 – 4%). In 1999, this percentage increased to 12% (= 1.2 million people), while landlessness in female-headed households was 21%. Within fishing communities, landlessness can be as high as 24%. Researchers estimate that this trend in landlessness will worsen. The lack of governance

¹ Conducted by Leslie Johnston, USAID/PPC, January 2002.

and widespread corruption has resulted in high rates of deforestation, increasing desertification, decreasing fish catches, exacerbation of natural disasters – all of which undermine economic and social development.

Cambodia possesses many of the risk factors associated with violent conflict that have been identified by empirical research. Cambodia is a post-conflict, semi-autocratic country that is experiencing stagnant economic growth, grinding poverty, high rates of unemployment and infant mortality, low rates of education, increasing rural to urban migration, and an eroding natural resource base resulting in loss of ecosystem services and productivity.

These risk factors, in and of themselves, do not necessarily cause conflict. However, they are exacerbated by the existence of weak and corrupt state institutions and by manipulative political systems and parties that principally serve the purposes of the elite. Additionally, the capacity of groups to translate their grievances into collective action depends upon their ability to harness financial, human and other resources. The demographic shifts taking place in Cambodia, the wealth of natural resources and pervasiveness of illegal trafficking in a variety of areas, can provide opportunities for mobilization under effective leadership. Contributing to potential future instability are low-intensity conflicts that are not being adequately addressed by the state such as loss of livelihoods, that are translated into a growing number of fishery conflicts, land tenure conflicts and labor demonstrations that could, over time, generate civil unrest and/or communal conflict. Finally, there are discrete events that could serve as 'triggers' to the outbreak of conflict. These include the 2003 national elections, economic shocks and natural disasters.

Thus, the likelihood of large-scale violence or collapse of government control is relatively low. However, the potential for civil unrest and communal conflict is high with a likely outcome being increased central government control with the high risk of stalling or reversing progress in democratization and strengthening democratic institutions.

USAID's long-term investments in developing countries must be balanced to enable the processes for sustainable development to take place. The means to prevent widespread violent conflict lie in a country's ability to address current economic, environmental, social, cultural and political inequities or grievances internally while adequately dealing with international or cross border issues and conflicts. Thus, the conclusions derived from the CVA suggest that a democracy and governance approach alone is insufficient to mitigate the prospect of, and ameliorate the incidence of, violent conflict.

For example, continued work only with NGOs raises serious risks as expectations are increased without the ability of the government to meet these expectations. The positive democratic changes of the past several years have not necessarily made government institutions better able to provide basic public services or protect public goods. Justice and protection of individual rights, a sound business environment, adequate infrastructure, basic services conducive to sustainable economic and social opportunities for all citizens (such as education, public health, sanitation), protection of the environment and natural resources, and a social safety net for vulnerable populations or individuals are all lacking in Cambodia. Nor have changes meant that state institutions can adequately manage conflicts. Thus, the interaction of rising frustrations from unattended underlying grievances with incompetent and corrupt government institutions increases the risk of future conflict.

Recommendations:

- Corruption impacts the sustainable management of natural resources at the expense of local people. Therefore, use the notwithstanding language on corruption to develop a series of activities with the government and local NGOs to improve accountability and transparency, initially focusing on the governance of natural resources.

- Develop the capacity of the appropriate entities to ensure that commune councils' development activities are done in an environmentally sustainable manner. Environmental management issues transcend commune borders, therefore, there needs to be a built-in mechanism to ensure that activities are done in an environmentally sustainable manner and there are no negative impacts on communes which depend directly or indirectly on ecosystem services and products.
- Develop small-credit, insurance or grant programs for the vulnerable poor so that medical costs do not force them to sell their land.
- Explore the potential of developing programs to increase access to secondary school education.
- Explore the opportunities for developing micro-enterprises to generate employment in rural areas.

ILLUSTRATIVE PERFORMANCE MEASURES

DEMOCRACY AND GOVERNANCE

Strategic Objective: “Increased Competition in Cambodian Political Life”

Possible performance measures:

1. Reported abuses of human rights decline

If there is increased competition in political life, opportunities for powerful elites to abuse citizens’ rights will be reduced as other actors in society compete to protect these rights. Reported abuses can be measured by using the statistics gathered annually by the UNHCHR or other international and local human rights organizations.

2. Efficiency and equity in use of government resources improves

This would be a direct result of increased accountability and transparency in government operations and could be measured in a number of ways:

- ♦ USAID could rely on annual qualitative assessments done by the IBRD and ADB in the context of the Consultative Group meeting and the GAP. This would have the advantage of being easy to measure, but the disadvantage of being highly subjective, since many GAP indicators relate to passage of new legislation.
- ♦ USAID could study central resource allocations reaching local areas in a sample number of districts (including some with communes that elected FUNCINPEC or SRP commune chiefs). A baseline study of resources that actually reached the district for key services like health care, education, infrastructure and agricultural development would be compared with a similar study taken after two years. The study would assess whether transfers increased, reached the districts earlier in the fiscal year, and in amounts based on a legitimate formula (e.g. population, income levels).
- ♦ USAID could study changes in the informal (unofficial, under-the-table) costs of a few key services (like education, health care, or business licenses) over time, to see if they decrease. This could be done by a grantee under IR 1.2.

3. Citizens perceive they have more options for protecting their interests

If competition in political life increases, citizens should be able to identify more people and places they can go to for help in protecting their interests, and should be able to distinguish between the philosophies of the major political parties. USAID could commission a poll of citizens to determine where they go when they need help to resolve an issue; whether they know who their local representatives are; whether they consider them helpful in problem-solving; and whether they can distinguish policy differences between the three parties. This could be done in 2002 or 2003 to establish a baseline and again in 2005.

IR 1.1: Political Processes and Parties That Meet International Standards

There are separate measures for political party development and for electoral processes.

1. Political parties develop more democratic structure and mechanisms for member participation

USAID could develop an index, based on key characteristics of a democratic political organization. The index would assign values and weights to each of the characteristics suggested below (or others as determined by USAID). Each political party receiving USAID support would be graded each year according to the index. Parties showing progress in developing democratic structures would earn a higher ranking each year.

Characteristics:

- ♦ The party has a geographically-distributed base of support with low-level organization throughout the country.
- ♦ The party has an identifiable platform based on specific ideologies and/or policies.
- ♦ The party has internally democratic structures, including regular party meetings at all levels, and a caucus or other internal process to solicit views of members, to determine leadership, and to establish policies.
- ♦ There are significant numbers of women in leadership positions in the party, at all levels.
- ♦ The party runs candidates in most locations during elections.
- ♦ The party has good systems for internal communications.

Annual ranking of parties on this index could be done in a number of ways: by the grantee, by an independent expert on party development, or by a committee consisting of USAID D/G staff, the Embassy political officer, and other experts. However the ranking is done, it should involve inputs from party members themselves. One option is to ask party leadership to do their own ranking for comparison with that done by outside evaluators.

A simpler alternative to an “index” is a narrative analysis, prepared annually, that states whether progress has been made on each characteristic and supports each statement with specific examples.

2. The election process allows for fair and equal treatment of all parties

USAID will provide assistance for administration of the 2003 election only if there is a fair legal framework for elections and all major parties accept the legitimacy and impartiality of a newly constituted National Election Council. If USAID does support the election administration, the process should be evaluated on each of the following characteristics:

- ♦ Reasonable opportunities for all parties to compete; e.g. absence of obstacles to campaigning and equal access to media.
- ♦ Impartial election authorities.
- ♦ Absence of intimidation, serious investigation of excesses of previous elections and immediate, serious and fair investigation of any violence or intimidation that occurs in the run-up to the 2003 election.

USAID can carry out such an evaluation on its own, with assistance from Embassy political staff, or it may ask an impartial outside observer to do so.

3. Credible election monitoring and administration

If USAID determines it cannot support the election administration in 2003 and supports only election monitoring and voter education, it should evaluate whether (1) election monitors understood their roles

and carried out their responsibilities conscientiously, (2) voters were free to cast their ballots as they chose, and (3) ballot count was accurate.

USAID could carry out such an evaluation on its own or by hiring an outside observer. Evaluation information would include reports of the Embassy and USAID staff who observe the election, news reports, and reports of domestic and international election monitors.

IR 1.2: Increased Transparency and Accountability on Key Economic and Political Issues

Illustrative measures:

1. Government practices are influenced by analysis and discussion of key corruption issues

As with human rights, the grantee or grantees working on corruption should have a say in developing specific measures and targets, because they take risk in studying and publicizing corruption issues. The grantee would track changes in government practices that result from its studies. To achieve this end, grantees must engage with government on results of their analysis. The grantee could also take credit for donor use of grantee analysis to press government on corruption issues.

2. Public opinion surveys show improved satisfaction with service delivery

The public opinion surveys and resulting “Service Delivery Report Cards” described in the strategy narrative have the dual advantage of affecting service delivery and evaluating it over time.

3. Government practices are influenced by analysis and advocacy of business and professional associations.

USAID’s grantee should track any changes in government practices that result from specific advocacy programs carried out by USAID-supported associations. Rapid reconnaissance polling could also be used for specific businesses or professions to see if members perceive government practices as improving.

4. Impartial findings of audits and investigations of government bodies and projects are available to the public.

If USAID provides assistance to the National Audit Agency or other government inspections body, the grantee (e.g. USAID’s IG) should annually evaluate the impartiality of the audits/investigations undertaken and the extent to which these results were available to the public. To confirm grantee findings, USAID should track (perhaps through its grant to an anti-corruption NGO) the number of newspaper articles that appear revealing audit results critical of the government, and the ability of NGOs to obtain in a timely manner the full audit reports, particularly for audits with adverse findings.

IR 1.3: Focused Monitoring and Defense of Human Rights

This IR is intended to support those human rights activities that involve the most important abuses (usually related to impunity of government officials), are visible both in Cambodia and in the international human rights community, and/or have strong potential to bring about change in government practices.

The human rights organizations that implement USAID-funded activities are taking political risk. Their leaders should have a say in developing the performance measures, because they know best what cases they can safely take on and how much progress they can expect to make. That said, the following measures might be used:

1. Government practices are influenced by activities of human rights groups

Emphasis here is on government practices rather than government policy, because in absence of rule of law, policy alone has little value. To show results, grantees would have to engage with government to resolve issues. USAID would ask grantees to track and record cases they work on where their advocacy leads the government to decide differently than it otherwise would have. Though this would include cases that go to court, it would also include cases where the government reconsiders or revises its decision because of discussions with the NGO. It would also include cases where, thanks to NGO pressure, serious investigation is made of human rights abuses and corrective action is taken.

The types of actions that would qualify and quantitative targets should be determined through consultation between USAID and the core grantees. Grantees would report to USAID annually on these impacts, and USAID would do independent verification in year 2 or 3.

2. Adherence to basic workers' rights increases

Grantee/s would track obstacles by employers and/or government to basic worker rights including organization, speech, assembly, and reasonable working conditions. Initially, as more workers attempt to organize, USAID can expect an increase in the number of worker rights violations. Over time, however, the number of independent labor organizations should increase and the number of cases of labor rights abuses should decline.

USAID may also want to track growth in democratic organization of labor unions, to ensure that they truly represent the workers. This might be done through a review, by the grantee or by an independent organization, of the organizational structures and participatory mechanisms used by the labor groups receiving USAID funding.

3. Government policies and practices to improve protection of the rights of women adopted and implemented

Should USAID grant funds directly to the Ministry of Women's and Veterans' Affairs to protect women's rights, USAID and the grantee would track changes in government policies and practices in areas that the ministry and cooperating NGOs work on. USAID could also track changes in the number of trafficked women and children reported to human rights organizations and the government.

4. Media report key human rights cases regularly

Media coverage of human rights abuses is constrained, except for the Phnom Penh-based written press. Nonetheless, if the human rights agencies focus on important cases that have potential to affect government policies or practices, more cases should get news coverage. Grantees should seek to get news coverage when the government takes appropriate actions as well as when it takes inappropriate action. The grantees should keep press clippings and track radio and television coverage on cases they cover. If progress is being made on this IR, there should initially be an increased number of human rights cases that draw attention from the press, but as the government reacts to avoid criticism by curbing human rights violations, there should be fewer cases for the press to report in later years.

**POPULATION, HEALTH AND NUTRITION
RESULTS MATRIX AND ILLUSTRATIVE INDICATORS**

By the end of three years:

<p align="center"><u>IR 2.1</u> <i>Increased access to information and services</i></p>	<p align="center"><u>IR 2.2</u> <i>Strengthened capacity of individuals, families and communities to protect and provide for their own health</i></p>	<p align="center"><u>IR 2.3</u> <i>Improved quality of information and services</i></p>	<p align="center"><u>IR 2.4</u> <i>Improved capacity of health systems</i></p>
<p>HIV/AIDS</p>			
<ul style="list-style-type: none"> ● HIV/AIDS prevention information and services – including peer education and outreach services-will be more broadly available, especially for direct sex workers, indirect sex workers and the men most likely to use their services, and adolescent populations. ● The number of voluntary testing and counseling sites will be increased from the current seven to at least one in each targeted operational district. ● Successful approaches/models of community-based care for those infected and affected by HIV/AIDS as well as the prevention of mother to child transmission of HIV will have been developed, tested and, as appropriate, expanded in the targeted operational districts. ● HIV positive pregnant women in these districts will have counseling in how to prevent mother to child transmission of HIV/AIDS. Those with AIDS will receive care and support from community based organizations. ● Reproductive health information and services – including particularly, but not exclusively HIV/AIDS – will be available to major work-based populations such as garment factory workers and adolescent populations. 	<ul style="list-style-type: none"> ● Decline in high risk behaviors among key populations ● Choice of public or private services in target districts and provinces ● More effective use of personal resources for health care ● Greater community tolerance, involvement with and support for those infected or affected by HIV/AIDS 	<ul style="list-style-type: none"> ● Specialized services for target populations will be available nationwide ● HIV/AIDS related services will be integrated into ongoing health services in focus ODs - high quality voluntary testing and counseling services will be linked to care and treatment ● HIV/AIDS counseling skills of health providers will be improved at all levels of health care in focus ODs 	<ul style="list-style-type: none"> ● More effective service delivery through the public and private sector. ● Increased human and organizational capacity. ● Improved policies linked to operational guidelines and regulations. ● Better information for decision makers including lessons learned on what increased knowledge of what works especially in critical areas like HIV/AIDS care and support. ● Improved epidemiological, behavior and programmatic information and increased use of such data by decision makers at all levels.

<p align="center"><u>IR 2.1</u> <i>Increased access to information and services</i></p>	<p align="center"><u>IR 2.2</u> <i>Strengthened capacity of individuals, families and communities to protect and provide for their own health</i></p>	<p align="center"><u>IR 2.3</u> <i>Improved quality of information and services</i></p>	<p align="center"><u>IR 2.4</u> <i>Improved capacity of health systems</i></p>
RH/MCH			
<ul style="list-style-type: none"> ● Each health center in selected ODs will be staffed by trained midwives and health workers using the MPA+. ● Referral systems from the HC to the referral hospital will be strengthened and will include functioning emergency obstetric care (EmOC), where feasible. ● The outreach system in selected ODs will be functioning effectively with full participation from communities. ● The number of social marketing outlets will be expanded in rural areas. ● The number of service delivery outlets will be expanded in the NGO sector and new approaches of linking with the private sector, such as private provider networks, will be developed, tested and quickly scaled up. 	<ul style="list-style-type: none"> ● Knowledge and attitudes about key family health, birth spacing and HIV/AIDS services will be improved among adolescents, young adult men and women, married couples, care-takers of children, and high risk groups in selected ODs ● Individuals and families will understand their right to receive high quality services and will seek these services ● Communities will be mobilized to actively participate in protecting their health 	<ul style="list-style-type: none"> ● The quality of care will be improved in all health centers in focus ODs ● A model for improving the quality of RH/MCH services in the private sector will be tested and scaled up. ● A system of continuous quality improvement will be instituted in all HCs and referral hospitals in focus ODs. ● Health worker skills in appropriate case management of ARI and diarrheal diseases will be strengthened in all focus ODs; skills in IMCI will be improved in selected pilot and scale-up ODs. ● Midwifery and life saving skills of midwives will be improved in all HCs. ● Inter-personal counseling skills in RH/MCH will be improved among all HC health providers in focus ODs. 	<ul style="list-style-type: none"> ● Referral linkages between all levels of the health system for emergency obstetric care and other selected CPA interventions will be improved in focus ODs. ● Operational policies for the delivery of integrated RH/MCH services will be in place at the provincial, OD, and HC levels. ● Monitoring, supervision, and routine use of data for better management will be institutionalized in focus ODs.
INFECTIOUS DISEASES			
<ul style="list-style-type: none"> ● Access to vector control measures such as high quality anti-malarial drugs, water jar lids, etc., will be expanded in public and private sectors in areas at high risk for dengue and drug-resistant malaria. ● NTP will have developed a strategy for community-based DOTS and for private practitioners to implement DOTS. ● All HCs with MPA will provide DOTS. ● 60% of new cases will be detected in the early stage of the disease; 90% of detected cases will be cured. 	<ul style="list-style-type: none"> ● Communities will be mobilized to undertake vector (malaria and dengue fever) control measures ● Communities will understand the effect of using inappropriate anti-malarial drugs ● Improved public KAP regarding TB as demonstrated by early self-referral of possible TB patients manifesting chronic cough. ● Families will bring family members with chronic cough for examination. ● Community health workers and FBC members will identify potential TB patients and promote examination at the HC. ● Communities will support families with TB; stigma of TB reduced 	<ul style="list-style-type: none"> ● A joint NTP/NCHADS TB-HIV strategy and action plan will have been developed and established. ● The quality of the TB laboratory network will have improved as demonstrated by a false positive rate of less than 0.5%. ● Utilization of standard clinical management practices for treatment of infectious diseases will be increased among health providers in focus ODs. 	<ul style="list-style-type: none"> ● The capacity for planning and management of TB control at the national, provincial and OD level will have been improved. ● TB control planning will be coordinated at the MoH level and integrated with general health planning at the provincial and OD levels. ● A five-year expenditure framework for TB programming will have been developed and financial support will have been solicited. ● A planning and management course for infectious disease control will have been developed in collaboration with NIPH and NTP and general health staff will have been trained.

<p align="center"><u>IR 2.1</u> <i>Increased access to information and services</i></p>	<p align="center"><u>IR 2.2</u> <i>Strengthened capacity of individuals, families and communities to protect and provide for their own health</i></p>	<p align="center"><u>IR 2.3</u> <i>Improved quality of information and services</i></p>	<p align="center"><u>IR 2.4</u> <i>Improved capacity of health systems</i></p>
			<ul style="list-style-type: none"> ● Selected NTP staff will have received specialized health planning and management courses. ● An external Country Review Mission will have been held in 2003. ● Regular external assistance for monitoring and evaluation will have been secured. ● The capacity to monitor drug-resistant malaria and the factors contributing to its emergence and spread will be enhanced. ● The capacity to use surveillance data to change health policies (as needed) and design/implement effective control strategies for drug-resistant malaria will be enhanced.

Performance Data Table: Illustrative Indicators
2002-2005

Input baselines and targets for the life of the SO for each SO and IR indicator. Modify the table to include additional indicators and years as needed.

SO or IR	Results Statement	Indicator	Unit of Measure	Dis-aggregation	Baseline Year	Baseline Value	2003 Target	2003 Actual	2004 Target	2004 Actual	2005 Target	2005 Actual
SO	Increased use of high impact HIV/AIDS, family health services and appropriate behavior	Contraceptive Prevalence Rate	Percent	Currently married women	2000 CDHS	18.5% (Modern methods) CDHS						
		Couple Years of Protection	Couple years of protection		2000 Update for 2002	194,675 Update for 2002						
		Percent infants <6 months exclusively breastfed	Percent		2000 CDHS	5.4%						
		Percent of children <12 months fully immunized	Percent		2000	31%						
		Percent of births assisted by trained provider	Percent		2000 CDHS	31.8%						

SO or IR	Results Statement	Indicator	Unit of Measure	Dis-aggregation	Baseline Year	Baseline Value	2003 Target	2003 Actual	2004 Target	2004 Actual	2005 Target	2005 Actual
		Percent of women with live births received 2 doses of more of TT	Percent		2000 CDHS	30%						
		Percent of men 15-49 using condoms with CSW	Percent	Rural/Urban	BSS							
		Percent of men 15-49 using condoms with sweetheart	Percent	Rural/Urban	BSS							
IR 2.1	Increased access to information and services	Percent of health centers in target provinces/ODs with staff trained and equipped to deliver key elements (define elements) of the MPA+ package	Percent		2003 Annual facility study	TBD						
		Percent of entertainment places with condoms in stock	Percent		2002 (PSI?) TBD	TBD						
		Percent of new TB cases detected at the early stage of disease	Percent									
		Percent of detected TB cases cured	Percent									

SO or IR	Results Statement	Indicator	Unit of Measure	Dis-aggregation	Baseline Year	Baseline Value	2003 Target	2003 Actual	2004 Target	2004 Actual	2005 Target	2005 Actual
		Percent of reproductive health clinics providing HIV/AIDS related information and services, including referrals										
		Percent patients who present with STIs at health care facilities who are appropriately diagnosed and treated										
IR 2.2	Strengthened capacity of individuals, families and communities to protect and provide for their own health	Percent change in case-load in target operational districts	Percent		2003 Facility study	TBD						
		Percent of villages in targeted operational districts with feedback committees that have met in the past two months	Percent		2003 Facility study	TBD						
IR 2.3	Improved quality of information and services	Percent of health centers in targeted ODs implementing selected (TBD) service delivery protocols	Percent		2003 Facility study	TBD						

SO or IR	Results Statement	Indicator	Unit of Measure	Dis-aggregation	Baseline Year	Baseline Value	2003 Target	2003 Actual	2004 Target	2004 Actual	2005 Target	2005 Actual
		Percent of HIV/AIDS related interventions providing RH and TB related information and services, including referrals	Percent		2003 facility survey	TBD						
		Rate of false positive diagnosis for TB										
IR 2.4	Improved capacity of health systems	Percent of target ministries which have implemented HIV/AIDS strategies and plans	Percent		2003	TBD						
		Percent of health centers in target ODs using data for program management	Percent		2003	TBD						
		Percent of ODs with an annual plan	Percent		2003	TBD						

ILLUSTRATIVE PERFORMANCE MEASURES

BASIC EDUCATION

Strategic Objective: “Increased relevance and quality of basic education”

IR 3.1: Increased relevance of the basic education curriculum to everyday life.

Illustrative indicators:

1. Assessment of the quality and relevance of the life-skills curriculum.

External assessment of the quality and relevance of the life-skills curriculum with significant input from MoEYS as well as experts in primary school curriculum development methodologies. Criteria should be developed for assessing the quality and relevance of the curriculum which could include: contents and methods that are appropriately adapted to the Cambodian context; responsive to the basic knowledge and skills needed to effectively participate in the rapidly changing economic, social and political environment in Cambodia; technically sound in each of the content areas; age appropriate with practical expectations of competency; and, responsive to the specific needs and concerns of girl students. The assessment would also need to look at the relevance of the content in each component; the effectiveness of methodologies used to convey concepts; and the feasibility of introducing the curriculum and teaching methodologies on a large scale.

2. Life-skills curriculum adopted and integrated into MoEYS pre-service and in-service training programs.

Technical assistance will be provided to MoEYS to officially adopt and implement a new life-skills curriculum for pre-service and in-service training programs for grades 1 through 6. A strong collaborative relationship will be maintained with other key donors and organizations engaged in basic education development, particularly UNICEF, ADB, the World Bank and NGOs. A process for approval at strategic points during the curriculum development process will assure that problems are solved as they occur and final adoption of the new curriculum is smooth.

3. Improved perceptions of the quality of basic education by students and families.

Surveys (questionnaires, focus group discussions, etc.) conducted during the project design phase could be used to gather information on student and family expectations of basic education services, and an assessment of the extent to which these expectations are being met. This would provide not only a baseline for assessing program effectiveness but could also provide valuable input into the design of the life-skills curriculum. Similar surveys could be conducted during trial teaching of the new curriculum and after implementation by grade.

IR 3.2: Increased capacity of the school system to deliver competency-based education using student-centered teaching methodologies.

Illustrative indicators:

1. Increased capacity of MoEYS staff to design, test, evaluate and train teachers to use a competency-based, student-centered life-skills curriculum and support materials.

This could be measured by documenting the extent to which the techniques and skills acquired by MoEYS/PDR staff are institutionalized in clusters and cluster supervision during grade-by-grade national implementation.

2. *Increased number of teachers trained and able to deliver the life-skills curriculum in the classroom.*

The effectiveness of teacher trainers can be assessed at a very basic level through pre- and post-training assessments and student feedback. The extent to which adequate capacity has been acquired to apply what has been learned in the classroom can be assessed through periodic direct observation and/or feedback from students and parents. Longer-term, standardized methods might be developed for monitoring teacher performance.

3. *Increased number of administrators, local government officials and citizens supportive of the life-skills curriculum content and methodologies.*

This could be measured through documentation of actions taken by officials and communities to facilitate integration of the life-skills curriculum into the education system.

LIST OF ACRONYMS

ADB	Asian Development Bank
AFTA	ASEAN Free Trade Agreement
AIDS	Acquired Immune-Deficiency Syndrome
ANE	Asia Near East Bureau
ARI	Acute Respiratory Infection
ASEAN	Association of Southeast Asian Nations
AusAID	Australian Agency for International Development
BSS	(Sexual) Behavioral Sentinel Survey
CA	Cooperating Agency
CAP	Community Access Point
CBD	Community-based distribution
CDC	Centers for Disease Control (Atlanta)
CDC	Council for the Development of Cambodia
CDHS	Cambodia Demographic and Health Survey
CENAT	National Anti-TB Center
CHRAC	Cambodian Human Rights Action Committee
CMA	Cambodian Midwives Association
Co-Com	Coordinating Committee
CPA	Complimentary Package of Activities
CPP	Cambodian People's Party
DCR	Development Cooperation Report
DFID	Department for International Development (UK)
DG	Democracy and Governance
DHF	Dengue Hemorrhagic Fever
DHS	Demographic and Health Surveys
DOTS	Directly Observed Treatment Short-course
EC	European Community
EMO	Election Monitoring Organization
EmOC	Emergency Obstetric Care
EPI	Expanded Program of Immunization
ESP	Education Sector Strategy
ESSP	Education Sector Support Program
EU	European Union
FBC	Feedback Committee
FUNCINPEC	National United Front for a Neutral, Peaceful, Cooperative and Independent Cambodia
GAP	Governance Action Plan
GDP	Gross Domestic Product
GTZ	German Technical Cooperation
HACC	HIV/AIDS Coordinating Committee
HC	Health Center
HIV/AIDS	Human Immuno-deficiency Virus/Acquired Immuno-deficiency Syndrome
HSS	HIV/AIDS Sentinel Surveillance

ICT	Information and Communications Technology
IEC	Information, Education and Communication
IMCI	Integrated Management of Childhood Illnesses
IMR	Infant Mortality Rate
IR	Intermediate Result
IUD	Intrauterine Device
JICA	Japanese International Cooperation Agency
KAP	Knowledge, Attitude and Practice
KfW	Kreditanstalt für Wiederaufbau (German Bank for Reconstruction)
KHANA	Khmer HIV/AIDS National Alliance
KR	Khmer Rouge
LSS	Life-Saving Skills
MCH	Maternal and Child Health
MoEYS	Ministry of Education, Youth and Sport
MoH	Ministry of Health
MOI	Ministry of Interior
MoSALVY	Ministry of Social Affairs, Labor, Vocational Training and Youth Rehabilitation
MPA	Minimum Package of Activities
MRD	Ministry of Rural Development
MTCT	Mother-to-Child Transmission
MWVA	Ministry of Women's and Veterans' Affairs
NAA	National Aids Authority
NAA	National Audit Authority
NCHADS	National Centre for HIV/AIDS, Dermatology and Sexually Transmitted Diseases
NCHP	National Center for Health Promotion
NGO	Non-governmental Organization
NIPH	National Institute of Public Health
NMC	National Malaria Center
NMCHC	National Maternal and Child Health Center
NRM	Natural Resource Management
NTP	National Tuberculosis Plan
OD	Operational District
OPV	Oral Polio Vaccine
ORS	Oral Rehydration Salts
PAP	Priority Action Program
PHD	Provincial Health Department
PHN	Population, Health and Nutrition
PLWHA	Persons Living With HIV/AIDS
PMTCT	Prevention of Mother-to-Child Transmission
PRD	Pedagogical Research Department (MoEYS)
Pro-CoCom	Provincial Coordinating Committee
PSI	Population Services International
PTTC	Primary Teacher Training College
RH	Referral Hospital
RH	Reproductive Health

RCH	Reproductive and Child Health
RGC	Royal Government of Cambodia
RHAC	Reproductive Health Association of Cambodia
SO	Strategic Objective
SRP	Sam Rainsy Party
STD	Sexually Transmitted Disease
STI	Sexually Transmitted Infection
SWAP	Sector-wide Approach
TA	Technical Assistance
TB	Tuberculosis
TBA	Traditional Birth Attendant
TBCTA	Tuberculosis Coalition for Technical Assistance
TOT	Training of Trainers
UN	United Nations
UNAIDS	Joint United Nations Program on HIV/AIDS
UNICEF	United Nations Children's Fund
UNDP	United Nations Development Program
UNESCO	United Nations Education, Social and Cultural Organization
UNFPA	United Nations Population Fund
UNTAC	United Nations Transitional Authority for Cambodia
USAID	United States Agency for International Development
USG	US Government
VCT	Voluntary Counseling and Testing
VDC	Village Development Committee
WB	World Bank
WHO	World Health Organization
WTO	World Trade Organization

