



Kingdom of Cambodia
Nation Religion King

Achieving the Cambodia Millennium Development Goals

2005 update

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Foreword

This report provides an update of Cambodia's progress towards meeting the Cambodia Millennium Development Goals (CMDGs) and compares current achievements with targets for 2005 using indicators for which recent data is available.

The Royal Government's mission is to build a Cambodian society that is socially cohesive, educationally advanced, culturally vibrant and free from hunger, inequality, exclusion and vulnerability. For realizing its vision, the Royal Government is making all efforts to follow a path that leads to achievement of the CMDGs.

At present, the Royal Government is preparing the National Strategic Development Plan (NSDP) for 2006-2010 by combining the earlier Socio-Economic Development Plan (SEDP) and National Poverty Reduction Strategy (NPRS) processes. The NSDP will be integrated with the CMDGs and will be firmly rooted in the Rectangular Strategy for Growth, Employment, Equity and Efficiency which provides the political platform of the present Royal Government.

This report does not assess the current status of all CMDG indicators due to lack of some relevant data. However, it does provide useful information to support the NSDP preparation process and subsequent policy-making. A central message that comes out of the report is that, although Cambodia is on track to achieve several CMDGs, it is not on track in many critical areas of food security, poverty reduction and sustainable social and economic development. Cambodia can achieve all the CMDGs if bold initiatives are taken by the development partners and the global community to supplement its domestic efforts with additional resources and other support.

The Ministry of Planning gratefully acknowledges the technical, financial and other support provided by the United Nations Country Team and its CMDG Advisory Committee in bringing out this report and expresses its gratitude to the World Bank, and other development partners for their inputs in improving its content and exposition. Special thanks are due to H.E. Ou Orhat, Secretary of State, Ministry of Planning, Ms. Heang Siekly, Deputy Director General of the General Directorate of Planning, Dr. Mustafa K. Mujeri, Poverty Monitoring and Analysis Advisor, Ministry of Planning, Dr Sajjad Zohir, UNDP consultant and Mr. Hong Sokheang, UNDP Poverty Analyst for their efforts in bringing this report about.

I am confident, the report will be useful to all concerned who are interested in the development of Cambodia.



Chhay Than
Senior Minister/ Minister
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List of Acronyms

ANC	Ante Natal Care
CamInfo	Database on development indicators by National Institute of Statistics
CIPS	Cambodia Inter-Censual Population Survey
CDHS	Cambodia Demographic and Health Survey
CMMA	Cambodia Mine Action and Victim Assistance Authority
CMDGs	Cambodia Millennium Development Goals
CNIP	Cambodia Nutrition Investment Plan
CR	Cambodian Riel (CR4000=1US Dollar)
CSES	Cambodia Socio-Economic Survey
DOHE	Department of Higher Education, Ministry of Education, Youth and Sports
DOTS	Directly Observed Treatment Shortcourse
DPT	Diphtheria, Pertussis (whooping cough), Tetanus
EMIS	Education Monitoring and Information System
GDP	Gross Domestic Product
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune Deficiency Syndrome
MTCT	Mother to Child Transmission
MDGs	Millennium Development Goals
NAA	National Aids Authority
NCHADS	National Center for HIV-AIDS and Sexually Transmitted Disease
NMC	National Malaria Center
NPRS	National Poverty Reduction Strategy
NSDP	National Strategic Development Plan
NTP	National Tuberculosis Programme
ODA	Official Development Assistance
PI	Performance Index
RGC	Royal Government of Cambodia
SD	Standard Deviation
SEDP	Socio-Economic Development Plan
SESC	Socio-Economic Survey of Cambodia
UNDP	United Nations Development Programme
UXO	Unexploded Ordnance (bombs and artillery shells)
WTO	World Trade Organization



Executive Summary

The Cambodia Millennium Development Goals (CMDGs) are 9 goals, 25 overall targets, and 106 specific targets covering (i) extreme poverty and hunger; (ii) universal nine-year basic education; (iii) gender equality and women's empowerment; (iv) child mortality; (v) maternal health; (vi) HIV/AIDS, malaria and other diseases; (vii) environmental sustainability; (viii) global partnership for development; and (ix) de-mining, unexploded ordnance and victim assistance.

While there has been significant progress over the last decade in implementing pro-poor policies and reforms aimed at strengthening democracy, rule of law and good governance, the most formidable development challenge faced by the Royal Government of Cambodia (RGC) today is to meet the targets set under the CMDGs. This report reviews progress compared with targets for 2005, which are consistent with achieving the Goals in 2015.



Eradicate Extreme poverty and Hunger

Measuring progress against this goal is limited by the scope of baseline data in 1993/94. However, available estimates show that poverty rates have fallen significantly in the urban and more accessible rural areas of the country, but that poverty rates are now much higher in the remaining rural, less accessible areas.

According to estimates using recall data on consumption, the proportion of the total population below the national poverty line was 34.7% during 2004. There was no comparable estimate for the total population in 1993/94, so we cannot tell by how much poverty has changed for the entire country. We can, however, estimate the change in poverty rates for narrower geographically comparable samples. These results are based on

estimates for people living in the same geographical areas that were included in the 1993/94 Socio-Economic Survey of Cambodia. This covered only 56% of the country's geographical area and 65% of households, excluding many poor and inaccessible areas due to security problems at the time. These estimates show a strong decline in the poverty rate from 39% in 1993/94 to 28% in 2004.

Similarly the percentage of people living below the food poverty line for the entire country was 19.7% in 2004, but earlier country-wide figures are not available. However, using estimates from the same narrow geographically comparable samples, the proportion of people below the food poverty line also fell substantially from 20% in 1993/94 to 14.2% in 2004.

The incidence of poverty in the more rural areas excluded from the original 1993/94 survey was therefore 45.6% in 2004, much higher than the 28% rate in the included areas in 2004. Similarly, the food poverty index was 28.7% in the excluded areas, more than double the 14.2% for the included areas in 2004.

While the success in reducing poverty in urban and more accessible rural areas is commendable, the challenge over the next decade is to vastly reduce poverty in the remaining rural areas. Meeting the CMDG target of halving the poverty rates for the entire country from the available benchmarks of 1993/94 requires faster economic growth, specific targeting of rural poverty and much better pro-poor distribution over the next ten years.

While there is evidence of progress in reducing poverty, it seems to have been at the cost of increased hardship amongst segments of the population. As well as the rural issue, there are also issues of increasing inequality and its impact on children and women.



Achieve universal primary education

Cambodia has made progress in increasing access to basic education, but the country has a long way to go to reach the targets set under the CMDGs. One of the 10 estimates of performance shows that Cambodia is actually going backwards from where it was before, and another four show only minimal progress. Of the remaining 5 indicators, 4 do not show enough progress to reach the 2005 targets. One indicator – the proportion of 6-14 year olds out of school - shows improvement that exceeds the 2005 target.

The net admission rate, which compares actual to potential admissions to grade 1, has stayed the same at 81% for both 2001 and 2005, against a target of 95%. The survival rate (the proportion of students who stay in education) from grade 1 to grade 9 has actually fallen from 33% in 2001 to 29.3% in 2005 as against a target of 52%. Other survival rates – from grade 1 to grade 5 and to grade 6 - have shown only marginal improvement. These and other results leave a big gap to the targets set for realizing the goal of universal nine-year basic education. The estimates imply a persistent low level of efficiency in the education system in Cambodia.

In 2005, 18.7% of 6-14 year olds remained out of school, better than the 2005 target of 22%, and the 35% out of school in 1999. However, because of the contrast with the increase in the proportion of working children aged 5-17, this figure should be treated with caution. Reports indicate that there are many over-aged children stuck at the primary level, which creates disincentives for parents to send their children to school. Other disincentives might include poor quality education, lack of trained teachers and educational materials, as well as poverty itself. Measures such as paying teachers a living wage and possible redeployment of more qualified teachers to rural areas should be considered.

The literacy rate for 15-24 year olds has remained largely unchanged in recent years. In 2005, the rate was 83% compared with 82% in 1999. The target was to increase it to 90% in 2005. Another major concern is the issue of bridging the gender gap in basic education. Performance in 2005 shows large shortfalls, especially in lower secondary education.



Promote gender equality and empower women

Cambodia has made significant progress in promoting gender equality and most of the indicators are close to targets. However there are major problems, especially in the area of domestic violence where big challenges exist.

Over the years, gender disparity at upper secondary and tertiary education has been declining and in 2005, the ratios of females to males in both upper secondary and tertiary education are close to their targets.

The ratio of literacy rates for females to males in the age group 15-24 years is below its target for 2005. The estimate is 90% for 2005 while the target was 95% as against a benchmark of 87% in 1998. Similarly the ratio of literacy rates for women to men 25-44 years old has increased a little to 80% in 2005 compared with the target of 85% and a base figure of 78%. Better progress in this area is largely dependent on the education system.

The most noteworthy feature of women's empowerment is the increase in women's share of wage employment in all three broad sectors, with targets surpassed in both agriculture and industry. Only in the services sector has progress not met the target. Women's share of wage employment in services is estimated at 27% in 2005, compared with the target of 30%. However, it must be remembered that most women by far work in the informal sector including unpaid family labor.

Changes in the status of women in the political sphere have been slow. Women still have little representation in political, administrative and other areas. A notable exception is in some senior public service jobs such as under secretaries of state for which women's share has surpassed the 2005 target, albeit to less than 12%.

There is evidence of high levels of violence against women, and gender equality overall remains a major issue in Cambodia. The recent enactment of the new law on domestic violence is evidence of the Royal Government's commitment to improving the situation, but the challenges in this area are substantial.



Reduce child mortality

Estimates of child mortality indicate significant improvement in all available target areas. While these estimates should be treated with caution due to different survey methods and questions, the under-five mortality rate is estimated at 82 per 1,000 live births in 2005 compared with 124 in 1998. The target for 2005 was 105. Similarly, the infant mortality rate is estimated at 66 per 1,000 live births in 2005 compared with its target of 75 and a benchmark value of 95 in 1998. Such indicative trends are consistent with the rapid decline in total fertility rate (indicator 5.2 below) and the reported increase in immunization – both for DPT3 and for measles. For example, the proportion of children under one year immunized against DPT3 increased from 43% in 2000 to 83% in 2005, surpassing the target of 80%. The target for immunization against measles was also achieved in 2005. Whilst the major causes of child death in Cambodia remain acute respiratory infection and diarrhoea, these trends are encouraging.

The proportion of mothers who start breast-feeding their newborn child within one hour of birth increased to more than 29% in 2005, surpassing the target. This too would

have contributed to the result for child mortality, providing that exclusive breastfeeding for at least 6 months was sustained. If these estimates are validated, it shows that such a rapid fall in the number of young children dying can occur independently of better standards of living and better health care systems. The policy implications of this are clear: basic measures such as mass immunization and the encouragement of breastfeeding can help provide good results. However child mortality rates remain among the highest in the region. Further improvements are possible with better control of diarrhoeal diseases, more use of bed nets, increased use of vitamin A and safe delivery of babies.



Improve maternal Health

Recent information on the status of maternal health is scanty. Data is available on only four of the nine indicators. In particular, data is not available on the most important indicator, maternal mortality ratio. However, where information is available, the picture is mixed.

The total fertility rate has declined from 4.0 in 1998 to 3.3 in 2005 surpassing the target of 3.8. The proportion of married women using modern birth spacing methods has increased significantly. As of 2005, 20.1% of married women are accessing modern birth spacing methods via the public sector and considerably more through social marketing systems and the private sector. This is a significant increase from 2000 when 18.5% of women accessed contraception from all sources combined, and only 11.5% accessed from the public sector. The overall result is probably close to the 30% target. Similarly, the share of pregnant women attending two or more ante-natal care (ANC) consultations from skilled health personnel increased from 25.4% in the public sector to 47% in the public sector over the same period. Because the baseline figure for overall utilization of ante-natal care was 30.5% in 2000, the overall result for 2005 is likely to be below, but close to the target of

60 percent. Analysis of inter-censal population survey (CIPS) 2004 data suggests that more than one-fifth of the illness-related causes of death of women in 15-44 years age group are due to pregnancy-related complications including during deliveries. Such alarmingly high figures call for careful assessment of the situation, and review of interventions.



Combat HIV/AIDS, malaria and other diseases

Cambodia has made significant progress in meeting 2005 targets for achieving the CMDGs through effective measures to combat HIV/AIDS, the incidence of malaria, dengue and other major diseases such as tuberculosis. While data on only 11 of the 19 indicators under this goal is available for 2005, many of these achievements exceed targets.

For HIV/AIDS, the prevalence rate among adults aged 15-49 has sharply declined from 3.0% in 1997 to 1.9% in 2005, surpassing the target of 2.3% set for the year. The HIV prevalence rate among pregnant women aged 15-24 visiting ANC centers has also declined to 2.1% in 2005 from 2.5% in 1998, ahead of the 2005 target of 2.4%. Condom use by sex workers is very near the target of 98% and has improved from the 91% rate in 2002. The percentage of people receiving anti-retroviral combination therapy is well above target at 45%, up from only 3% in 2002. Over 9000 people were receiving this treatment as at the third quarter of 2005.

The malaria case fatality rate reported by public health sector declined from 0.4% in 2000 to 0.36% in 2005 although the target was to reduce it to 0.3%. In the case of dengue the fatality rate has significantly declined - from 1.5% in 2000 to 0.74% in 2005, better than the target of 1.0%.

While many of these results are encouraging, complacency cannot be entertained for such deadly diseases as HIV/AIDS and tuberculosis. These diseases are significant causes of deaths across all groups of popula-

tion. Moreover, new areas of concern need to be addressed for HIV/AIDS, such as increasing parent-to-child and husband-to-wife transmissions. The quiet spill over of HIV/AIDS into rural areas is a major concern. The conventional intervention strategy to combat the disease by focusing on urban and high-risk groups needs to be complemented by approaches that address vulnerability in a range of settings and populations.



Ensure environmental sustainability

While there are major gaps in the information available in this area, much of the data that can be analyzed is positive. Recent information on the key issue of environmental sustainability in Cambodia – the issue of forest coverage and management - is not available. However, it is commonly acknowledged that the pace of forest depletion has not been reduced as planned. The forest depletion process is partly reflected in the high incidence of fuel wood dependency. In 1993, 92% of households were dependent on fuel wood. This declined slightly to around 84% in 2005, while the target was 70%. These targets will remain elusive unless serious efforts are taken in both forestry and energy sectors.

Access to safe water sources amongst rural and urban populations has increased to around 42% and 76% respectively in 2005. Safe water access exceeds the respective targets of 30% and 68%. Similarly, access to improved sanitation amongst the rural population has increased to 16%, well ahead of the 2005 target of 12%. In the case of urban populations, access to improved sanitation is at 55%, close to but below the 2005 target of 59%. Compared with the other successes, this relatively poor performance in realizing the target is partly explained by the large influx of rural poor into urban areas. As such, future efforts will need to focus on improving agricultural productivity to reduce the pace of rural-urban migration, and to improve the living conditions of the urban poor.





De-mining, UXO and victim assistance

As one of the worst landmine and unexploded ordnance (UXO) affected countries in the world, Cambodia adopted the target of completing the de-mining of contaminated areas by 2012. Although significant progress has been made, this target is unlikely to be achieved. The Cambodian Mine Action and Victim Assistance Authority (CMAA) has re-set the completion year at 2015. The major gap, however, lies in reducing the number of civilian

casualties each year. The number of such deaths is nearly 800 for 2005, as opposed to the target of 500 per year in 2005 and 200 per year in 2010. This high death rate has occurred despite the clearing of more than 50 % of contaminated areas, as compared to only 10 % in 1995. Part of the reason for this is that as land is cleared, human habitat approaches the more densely contaminated areas, which keeps the death rate high. The other main reason is the dismantling of UXOs for scrap metal by scavengers. This latter issue also needs addressing.

Achieving the CMDGs: future challenges

Achievements	Shortfalls
<ul style="list-style-type: none"> ● Significant improvements in poverty rates in urban and more accessible rural areas ● Expansion of primary education to more children. ● Significant reduction in mortality rates for both infants and under-5 year olds. ● Improved immunization against major childhood diseases ● Improved breastfeeding rates ● Reduction of gender disparity in most areas especially in primary education, adult literacy, and wage employment in agriculture and industry. ● Noteworthy reduction of communicable diseases, especially HIV/AIDS. ● Improved urban access to safe water and rural access to improved sanitation. 	<ul style="list-style-type: none"> ● High rural poverty rates. ● Failure to increase net enrolments at higher levels and achieve high survival rates at all levels of education. ● Limited progress in achieving the goals of universal nine-year basic education particularly those beyond primary education. ● Gender disparity in secondary and tertiary education. ● Persistent high levels of domestic violence ● Access to quality health services especially in case of women and maternal health. ● Environmental degradation, especially forest depletion and water resources. ● Persistence of high civilian casualties from landmines and UXOs.

Although Cambodia is on track to achieve several CMDG targets, it is not on track in many critical areas related to food security, poverty reduction, education and sustainable social and economic development.

Cambodia's progress toward the CMDGs is constrained by a chronic shortage of investment and by poor access to international markets, especially in developed countries,

despite its entry into the WTO. Cambodia will not be able to achieve the CMDGs by 2015 unless its efforts are reinforced by global support. Without such support, Cambodia will fall further behind other developing countries in Asia-Pacific. However, Cambodia can achieve the CMDGs provided bold initiatives are taken by the development partners and the global community to complement its pro-CMDG national strategies.

I. Introduction

For Cambodia, the Millennium Development Goals (MDGs) are more than aspirations and shared global objectives. They are the pillars of national progress towards peace and prosperity for all Cambodians. Cambodia has expressed its full commitment to the MDGs and measures its performance against these goals.

For monitoring progress, Cambodia localized the global MDGs in 2003, and these are called Cambodia Millennium Development Goals (CMDGs)¹. The CMDGs reflect Cambodian realities based on national consensus.

Through a participatory process of consultation, specific indicators have been identified for each CMDG, including the base value as well as target values to be achieved in 2005, 2010 and 2015. In all, the CMDGs are 9 goals, 25 overall targets, and 106 specific targets, covering (i) extreme poverty and hunger; (ii) universal nine-year basic education; (iii) gender equality and women's empowerment; (iv) child mortality; (v) maternal health; (vi) HIV/AIDS, malaria and other diseases; (vii) environmental sustainability; (viii) global partnership for development; and (ix) de-mining, UXO and victim assistance.

The overriding aim of the Royal Government is to build a Cambodian society that is socially cohesive, educationally advanced, culturally vibrant and free from hunger, inequality, exclusion and vulnerability. Over the last decade, Cambodia has achieved peace, security, political stability and solid economic growth. It has maintained macroeconomic stability and made remarkable progress in both human and economic development.



1 Eradicate extreme poverty and hunger



2 Achieve universal primary education



3 Promote gender equality and empower women



4 Reduce child mortality



5 Improve maternal health



6 Combat HIV/AIDS, malarial and other diseases



7 Ensure environment sustainability



8 De-mining, UXO and assistance

In particular, the country's garment and tourism industries have rapidly expanded from a very low base, and physical infrastructure has been rehabilitated and developed. Cambodia has also made advances in social development. School enrolments have increased, the health system has been rebuilt, and the nation has become a model for successful HIV/AIDS prevention.

The Royal Government's mission is to further strengthen peace, stability and social order to realize its vision of a prosperous Cambodia, for which sustainable economic and human development and poverty reduction are essential. This means that Cambodia must follow a path that leads to achievement of the CMDGs.

¹See Cambodia Millennium Goals Report 2003, Ministry of Planning, Kingdom of Cambodia, November 2003.

II. Is Cambodia on track?

Since the late 1990s, Cambodia has made significant progress in many areas of human and social development. In some areas, however, progress has been mixed. In particular, progress has been uneven in reducing poverty, hunger and malnutrition; in improving the level and quality of education; in reducing inequality between women and men, and in the area of maternal health. There is still a lack of infrastructure, and there is unsustainable resource depletion and environmental degradation.

While there has been significant progress over the last decade in implementing pro-poor policies and wide-ranging reforms aimed at strengthening democracy, maintaining the rule of law and good governance, the most formidable development challenge faced by the Royal Government of Cambodia (RGC) today is to meet the CMDG targets.

This report reviews progress and the current status of the CMDG indicators compared with their targets for 2005, which are consistent with achieving the CMDGs in 2015.



Eradicate Extreme poverty and Hunger

Context

Cambodia is a poor country with a low per capita income, which has changed very little since the 1990s. At current prices, per capita GDP was estimated at only US\$324 in 2003, reflecting earlier slow economic growth in the face of relatively rapid population growth. However, economic growth averaged around 6% over the last decade and recent data shows a declining trend in the population growth rate from 2.49% in 1998 to 1.81% in 2004. However, Cambodia's geographic fundamentals are relatively favorable. It is not landlocked like Laos or Nepal or Malawi and it has a deepwater port; it is not excessively mountainous so most land can be cultivated

and infrastructure costs are low, and it has lowland borders with two fast-growing economies that will trade with and invest in Cambodia if the economic fundamentals are right. Cambodia also has a major tourism asset in Angkor. Rather, the main cause of poverty in Cambodia has been the social and political turmoil of the last part of the 20th Century.

Poverty line

The national poverty line varies according to the cost of items in different parts of the country. It is based on the cost of a food basket of 2100 calories per person per day, plus a small non-food allowance. In 2004 it was 2351 Riel, or about US\$0.59 in Phnom Penh, CR1952 in other urban areas and CR1753 in rural areas. The food poverty line is based on only the basket of food of 2100 calories per person per day. For Phnom Penh it was CR1782 (US\$0.45), other urban CR1568, and in rural areas CR1389 in 2004.

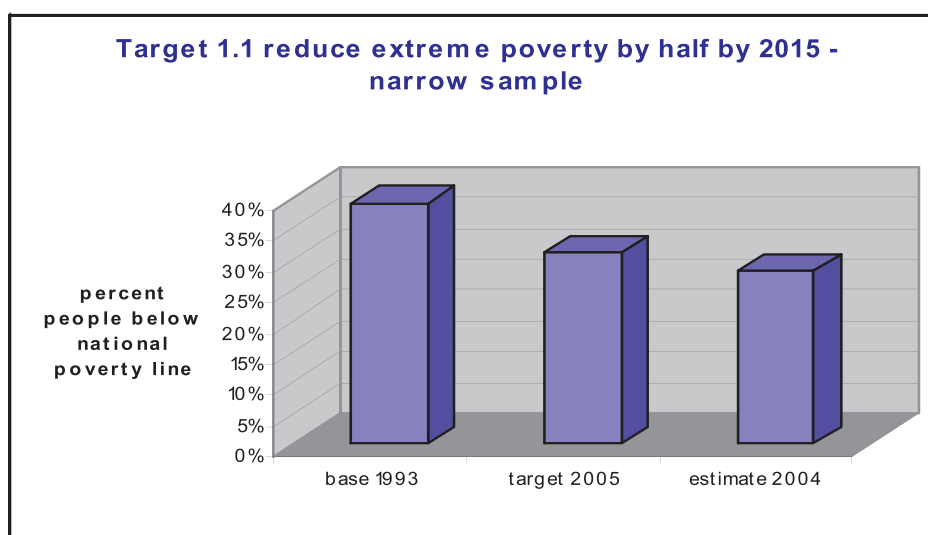
Poverty estimates

Poverty estimates in Cambodia are based on Cambodia Socio-Economic Surveys (CSES). The latest survey was conducted in 2003/04 which collected consumption data using both recall and diary methods. For the whole of Cambodia, estimates based on recall data² show that 34.7% of the population was below the national poverty line in 2004. This estimate, however, is not comparable with earlier results because the survey samples were different. Estimates for geographically narrow, but comparable samples, nevertheless indicate a strong decline in Cambodia's poverty rate: from 39% in 1993/94 to 28% in 2004, a fall of 11 percentage points³.

Similarly, the percentage of population living below the food poverty line for the entire country was 19.7% in 2004, whereas for the geographically narrow sample those below the food poverty line fell from 20% to 14.2% over the same period, 1993/94 to 2004.

²New benchmarks and poverty estimates for 2004 using diary data are not yet available.

³These results are based on estimates for the population residing in the same geographical areas that were included in the 1993/94 Socio-Economic Survey of Cambodia (SESC) which covered only 56% of the geographical area and 65% of households and excluded relatively poorer and inaccessible areas due to security problems during the period.



The poverty rate for the whole of Cambodia was 34.7% in 2004, compared with the 28% rate for the narrower geographic area. This implies that areas not covered by the 1993/94 Socio-Economic Survey of Cambodia (SESC) have a significantly higher incidence of poverty.

A simple calculation shows that the poverty in these excluded areas was 45.6% in 2004, compared with only 28% for the included areas. Similarly, the food poverty index was 28.7% in excluded areas compared with only 14.2% in the included areas in 2004⁴.

Proportion of people below poverty line		
Area	Estimate 1993/94	Estimate 2004
Total Cambodia	unknown	34.7%
Urban and accessible rural areas	39%	28.0%
Rural inaccessible areas	unknown	45.6%

While the success in reducing poverty in urban and more accessible rural areas is commendable given Cambodia's recent history, the challenge over the next decade is to vastly reduce poverty in the remaining more rural less accessible areas. Meeting the CMDG target of halving the poverty rates for the entire country from the available benchmarks of 1993/94 requires faster economic growth and much better pro-poor distribution in the next ten years.

Profile of the poor

The profile of the Cambodia's poor is not very different from that of the poor in other low income countries. Of the total number of the poor, more than 90% live in the rural areas⁵. This implies that Cambodia's poverty is rooted

in its large agricultural sector, which has low productivity and low growth, but provides livelihood to the vast majority of the country's population. As well as living in rural areas, the poor tend to have low levels of education, limited access to land and other productive assets, and are highly concentrated in low-paying, physically demanding and socially unattractive occupations. In both urban and rural areas, the poor have less access to modern amenities and services. They reside in houses of inferior quality with no or limited access to basic services. The poor are more likely to reside in households with larger membership sizes, have more children, and have a household head who is less educated. They also have much less access to public services.

⁴ With an estimated population share of around 38% in the excluded areas and, assuming x is the poverty index in the excluded areas in the 1993/94 SESC, for head-count index, $0.62 \cdot 27.97 + 0.38 \cdot x = 34.68$ gives $x = 45.63\%$. Similarly, for food poverty index, $0.62 \cdot 14.18 + 0.38 \cdot x = 19.68$ gives $x = 28.65\%$.

⁵ Source: CSES 2004

Contributory factors

The reality in Cambodia is that rural poverty probably has declined at a much slower rate than poverty in Phnom Penh or other urban areas. The significant fall in poverty in these areas has largely been due to strong urban bias in growth and concentration of public investment. Growth has been generally unbalanced, centered in urban areas, and is also narrowly based, driven by such activities as garment manufacturing, construction and tourism.

In contrast, growth of rural activities based primarily on agriculture, shows considerable variability and significantly lags behind the rest of the economy. Moreover, agricultural growth of the period was largely confined to rural areas with more favorable locations. The large differences in poverty levels between the included and the excluded areas in 1993/94 SESC are the result of these factors.

If growth continues to remain urban-focused, poverty reduction gains will be much less and rural poverty will remain high, especially since the depth of poverty is greater in rural areas. This will significantly undermine achieving the CMDGs in 2015. A major challenge for Cambodia is to adopt deliberate, focused and targeted strategies and actions to accelerate poverty reduction in the rural areas, especially in those poverty-stricken areas that were excluded from 1993/94 SESC.

Future measures

While other areas should continue to grow and poverty levels decline with general economic growth in the coming years, these excluded areas from the 1993/94 survey will require special attention and targeted inputs and investments to rapidly bring down poverty levels from their existing high levels.

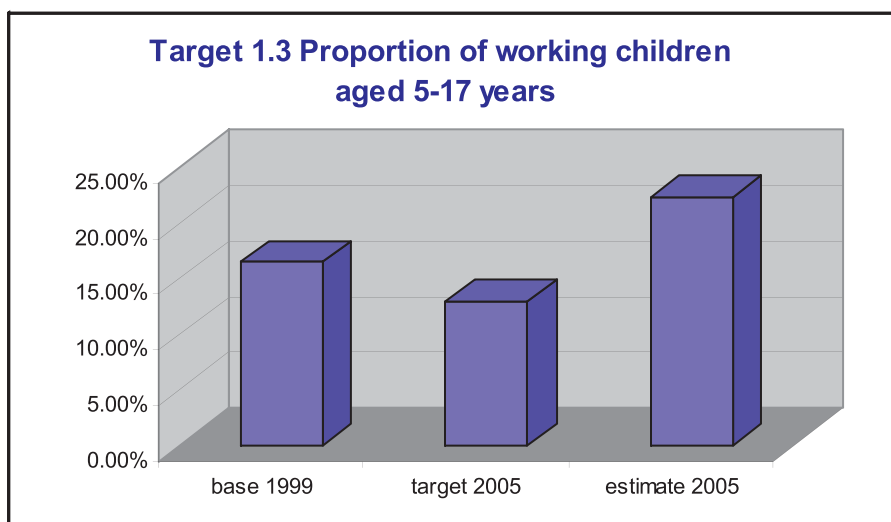
Such actions should include

more and better health care, expanded educational facilities, development of agriculture and rural non-farm activities, improved infrastructure and similar other measures. The fuel for rural economic growth has to come both from farm and non-farm activities, a mix that would be necessary to sustain poverty reduction, especially in those areas which are lagging behind at present. Cambodia needs to capitalize on much potential that exists in its farm and non-farm economy. The specific actions will have to be build on what has been achieved so far to benefit the rural poor and ensure a more rapid and sustained movement toward greater equality and justice.

For Cambodia, the critical element will be to ensure that, along with higher level of economic performance, growth reaches the poor and expands their opportunities. Policies will have to ensure that the poor have the assets - education, good health, access to inputs and markets, power, and participation in decision making - to capitalize on the expanding opportunities of growth. Translating growth into poverty reduction will require determination and imagination, not only from the RGC and other domestic stakeholders, but also from external development partners.

Other poverty indicators

While there is evidence of progress in reducing poverty, it seems to have been at the cost of increased hardship amongst segments of the population. As well as the rural issue, there are also issues of increasing inequality and its impact on children and women. Contrary to the



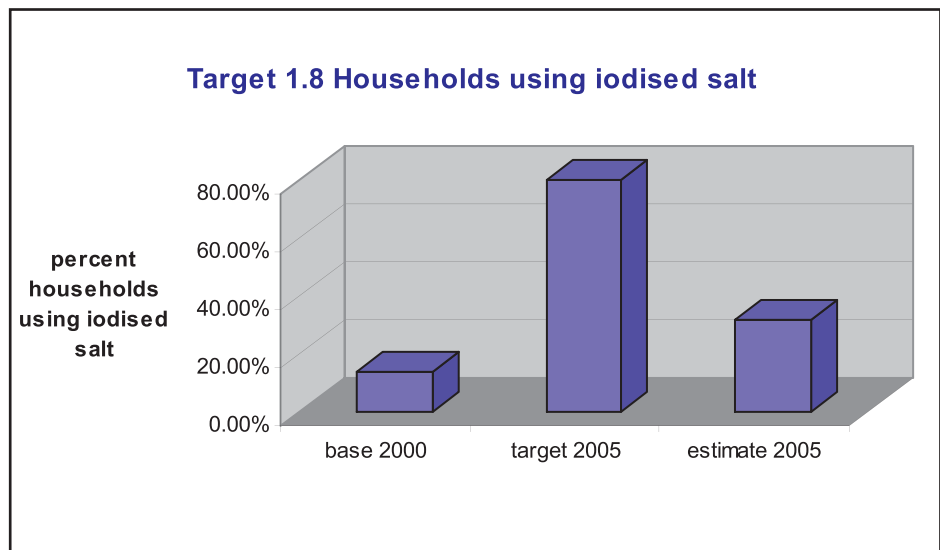
target of increasing the share of the poorest quintile in national consumption, inequality in the distribution of real per capita household consumption increased: the share of the poorest 20% fell from 8.5% in 1993/94 to 7% in 2004.

Nor did the reduction in poverty translate into fewer working children, and possibly has had a less positive impact on women. The proportion of

working children aged 5-17 years has actually risen from 16.5% in 1999 to 22.3% in 2005. Future efforts need to address causal factors to ensure the development of Cambodia's new generation of human resources.

Comparable data from recent years is not available to assess progress in reducing child malnutrition. However information from the 2004 CSES suggests that 56% of children under six are moderately stunted (low height for age) while 29% are severely stunted. Figures for low weight-for-age children show that 48% are moderately affected. For those with low weight-for-height, 12% are moderately wasted while 3% are severely wasted.

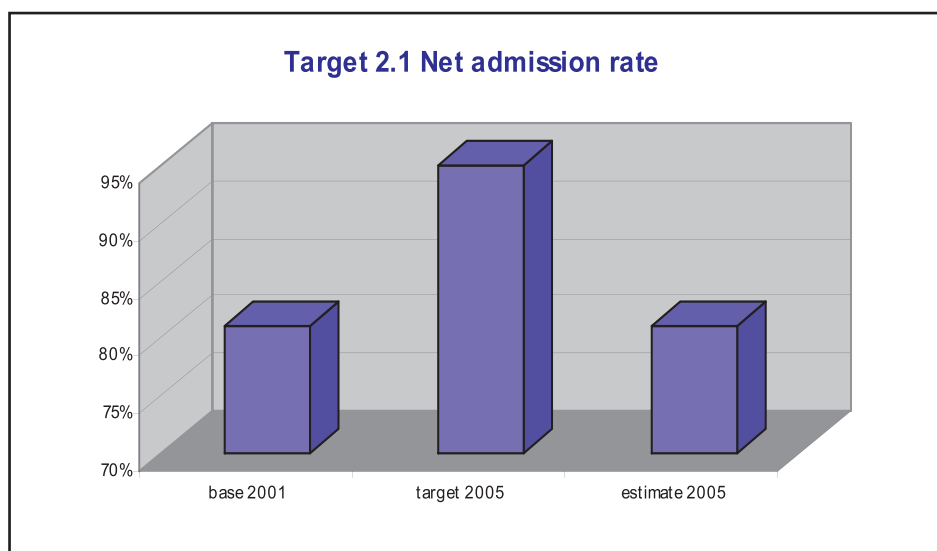
Despite slow improvement in the proportion of households using iodized salt (around 32% in 2005), significant progress has been made in moving towards the goal of universal salt iodization in Cambodia. A Sub-Decree, mandating that all salt produced, sold and distributed in Cambodia for human and animal consumption



must be iodized, became effective in October 2004. The total production of iodized salt in 2004 exceeded the country's annual requirement and the use of iodized salt is likely to increase rapidly with the government's effort to promote its use at the household level⁷.

2 Achieve universal primary education

Cambodia's goal is to achieve universal nine-year basic education by 2015. Although the country has made progress in increasing access to basic education in recent years, there is a long way to go to reach the targets set under the CMDGs.



⁷See, Cambodia Nutrition Investment Plan (CNIP), Second Annual Progress Report 2004, National Council of Nutrition, Inter-Ministerial Technical Committee, Ministry of Planning, June 2005.

One of the 10 estimates of performance show that Cambodia is actually going backwards from where it was before, and another four show only minimal progress. Of the remaining 5 indicators, 4 do not show enough progress to reach the 2005 targets. The result for the proportion of 6-14 year olds out of school, however, exceeds the 2005 target.

The net admission rate, which compares actual to potential admissions to grade 1, has stayed unchanged at 81% in both 2001 and 2005, against a target of 95%. The survival rate (the proportion of students who stay in education) from grade 1 to grade 9 has actually fallen from 33% in 2001 to 29.3% in 2005 as against a target of 52%. Other survival rates – from grade 1 to grade 5 and to grade 6 - have shown only marginal improvement. In 2005, the net enrolment ratio in primary education is estimated at 91.9% as against the target of 95 percent. It was 87% in 2001. A greater shortfall, however, is in the case of lower secondary education where the net enrolment ratio increased to only 26.1% from 19% in 2001. This compares with the target of 50% in 2005. This leaves a big gap to the targets set for realizing the goal of universal nine-year basic education. These estimates imply persistent low efficiency in the education system in Cambodia.

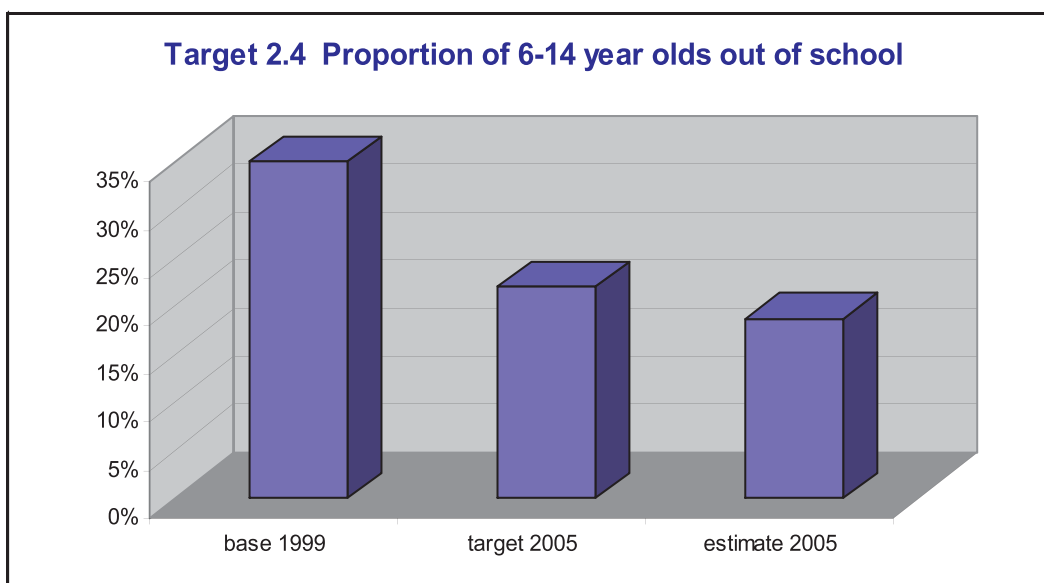
In 2005, 18.7% of 6-14 year olds remained out

of school, better than the target of 22%, and down from 35% in 1999. While this particular figure is encouraging, it tends to conflict with the estimated increase in working children aged 5-17 (target 1.3) reported above. It should therefore be treated with caution. Otherwise, reports indicate that there are many over-aged children stuck at the primary level, which creates disincentives for parents to send their children to school. Improving the quality of education with more trained teachers and better educational materials can help counter these disincentives. Measures such as paying teachers a living wage and possible redeployment of more qualified teachers to rural areas should be considered. Creating better employment opportunities for graduates from lower and higher secondary schools are also important factors that can enhance the demand for secondary education. Poverty itself is a disincentive as children are needed to work to ensure basic survival.

The literacy rate for 15-24 year olds has remained largely unchanged in recent years. In 2005 the rate was 83% compared with 82% in 1999, whereas the target was to increase it to 90% in 2005.

Another major concern is the issue of bridging the gender gap in basic education, as measured by the ratios of girls to boys in primary and lower secondary education. Although the

target is to achieve full gender equality at both levels by 2010, actual performance in 2005 shows large shortfalls, especially in lower secondary education. The ratio of girls to boys in primary education increased from 87% in 2001 to 89.5% in 2005.



In lower secondary education the ratio of girls to boys increased from 63% to 77% over the same period.

Promote gender equality and empower women

Cambodia has made significant progress in promoting gender equality and most of the indicators are close to targets. However there are major problems, especially in the area of domestic violence, which have only very recently begun to be addressed.

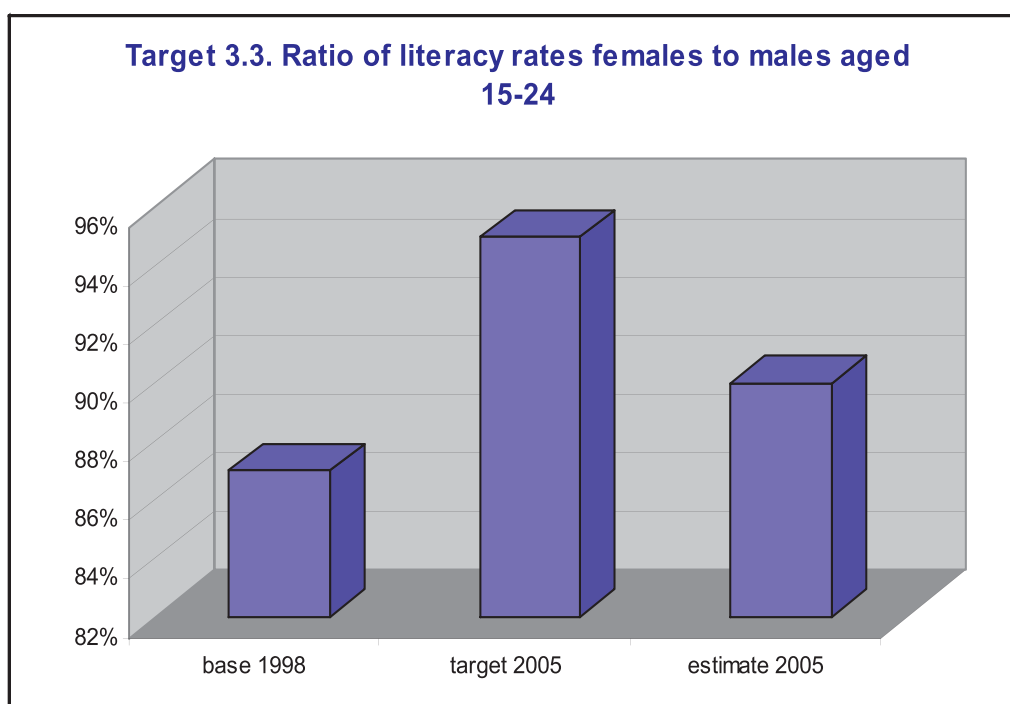
Education

Over the years, gender disparity at upper secondary and tertiary education has been declining. However in 2005, while the ratio of females to males in upper secondary is a little

better than target, the tertiary education ratio is below target. The gender ratio at the upper secondary level has increased from 48% in 2001 to 59.9% in 2005, while at the tertiary level it increased from 38% to 45.6% over the same period. The targets were 59% and 50% respectively.

Literacy

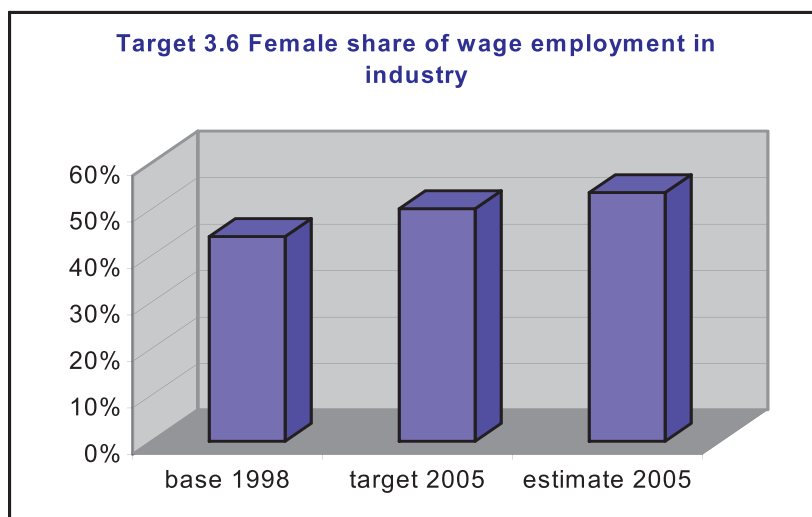
The ratio of literacy rates for females to males in the age group 15-24 years is below its target for 2005. The estimate is 90% for 2005 while the target was 95% as against a benchmark of 87% in 1998. Similarly the ratio of literacy rates for women to men 25-44 years old has increased a little to 80% in 2005 compared with the target of 85% and a base figure of 78%. Better progress in this area is largely dependent on the education system.



Wage employment

The most noteworthy feature of women's empowerment, however, is in the increase in women's shares of wage employment in all broad sectors, with targets exceeded in agriculture and industry. During 2005, women's shares of wage employment in agriculture and

industry are more than 52% and 53% respectively, compared with targets of 50% in both cases. Only in the services sector is women's share of wage employment below target. In services women's share of wage employment is 27% in 2005 compared with the target of 30%.



At the same time, better social and legal protection is needed to protect the rights of women in wage employment, women are concentrated in few waged areas such as the garment industry, and most women work in informal areas, including unpaid family labor.

Political areas

Changes in the relative status of women in the political sphere, however, have been slow. Despite improvements in most other areas where data is available, women still have little representation in political, administrative and related positions. One notable exception is in senior public service appointments of under-secretaries of state for which the female share has surpassed the (albeit modest) target for 2005. Another is in the proportion of seats held by women in the national assembly, where 17.1% of seats are now held by women compared with the target of 17%.

Domestic violence

Violence against women remains a major problem in Cambodia and is a manifestation of the low status of women in society. A recent

study⁸ on domestic violence shows that around 64% of respondents knew a husband who had been physically violent toward his wife, and 22.5% of women respondents had suffered violence from their husbands. It also found that the prevalence of domestic violence is unchanged since 1996 and 2000 surveys, and that there is a strong connection between such violence and alcohol use. Economically around one fifth of respondents who experienced violence said it caused them to miss work and often their children missed days at school.

Further, the study found significant acceptance of domestic violence. For example, just under a third of the sample think throwing acid, shooting or stabbing is sometimes acceptable when a man does it to his wife and of this sub-sample, 58% think these acts are justified when a wife argues with her husband.

Domestic violence needs to be viewed in the larger context of the Cambodian society where notions of power and status determine social relations and a culture of impunity prevails.

⁸See 2005 Violence against Women: A Baseline Survey, Ministry of Women's Affairs, Royal Government of Cambodia, September, 2005.

Violence against women has a poverty dimension as well: violence has a more profound impact on the poor, with regard to both their acceptance of violence and experience of violence.

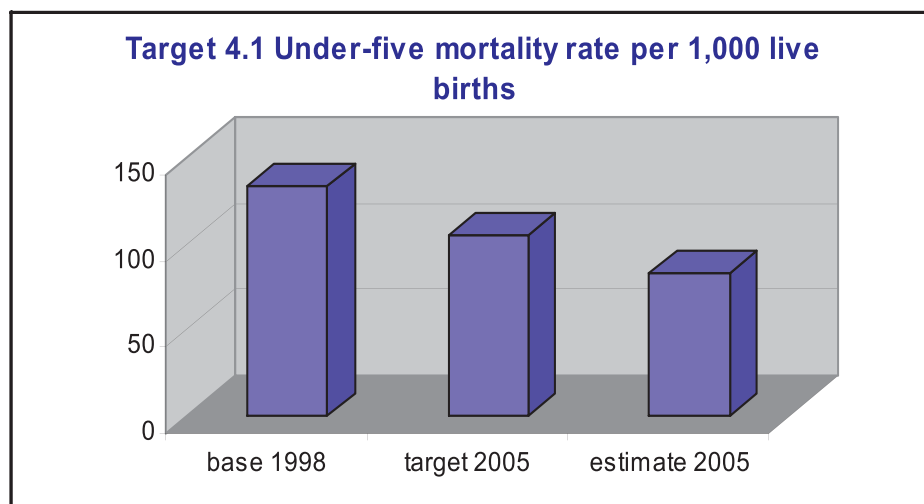
The Royal Government is committed to gender mainstreaming as outlined in its Rectangular Strategy and the vision stated in the policy documents *Neary Rattanak* (Women are Precious Gems). *Neary Rattanak II* recognizes the need for strengthening laws and their enforcement. One of its aims is to examine existing laws for gender bias or failure to address gender concerns. The Royal Government has already enacted a new law on domestic violence in September 2005. Low awareness on issues of human rights and gender equality also need to be addressed.

Gender equality remains a major issue in most areas of Cambodian life despite clear government commitment to women's empowerment. The challenges are significant in view of the relatively recent mainstreaming of gender issues in the policy process and the scale of attitudinal and behavioural changes that are required to reach the targets. In particular, equitable access to productive resources including land, credit, technology and markets is a critical development as well as a gender issue in Cambodia.



Reduce child mortality

Child mortality is an issue of great concern in Cambodia, especially in view of the high level

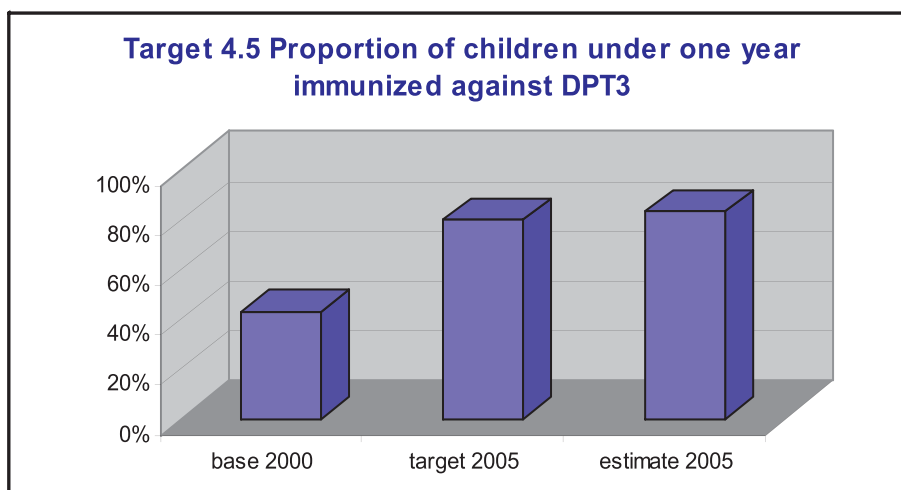


and increasing trend of under-five mortality rate in the 1990s. Many factors contribute to high child mortality. These factors include poverty, malnutrition among children and mothers, food insecurity, lack of access to safe water and improved sanitation, poor housing, low coverage of immunization programmes, limited access to preventive and curative healthcare services and lack of awareness of good childcare and hygiene practices at the family level.

Estimates indicate significant reductions in both under-five and infant mortality rates. The children under-five mortality rate is estimated at 82 per 1,000 live births in 2005, compared with 124 per 1,000 in 1998. The target for 2005 was 105. Similarly, the infant mortality rate is estimated at 66 per 1,000 live births in 2005, better than the target of 75 and the benchmark value of 95 in 1998. While these figures should be treated with caution due to different survey methods and questions used, they are indicative of considerable improvement.

Such a rapid decline in under-five and infant mortality, in the absence of considerable improvement in the living standards of the majority of the population, or in Cambodia's health care system, is intriguing. One possible explanation is the rapid fertility decline in recent years. Evidence from some countries with high child mortality and low socio-economic development shows similar rapid declines in child mortality with decline in fertility. However it is usually found that the initial positive impact of fertility decline is not enough to sustain continued improvement in child mortality due to the underlying causal factors that persist.

The rapid indicative decline pointed to in child mortality is, however, consistent with the increase in immunization coverage for both measles and DPT3. For example, the proportion of children



under one year old immunized against DPT3 rapidly increased from 43% in 2000 to 83% in 2005, surpassing its target of 80%. The target for immunization against measles was also achieved, increasing from 41% in 2000 to 80% in 2005, according to the estimates.

On the other hand, the major causes of deaths among Cambodian children are rather from acute respiratory infections and diarrhoea. The contribution of mass-immunization programs to fewer child deaths is limited.

The proportion of mothers who start breastfeeding newborn child within one hour of birth increased from 11% in 2000 to more than 29% in 2005 surpassing the target of 28%. Whilst again caution is advised in relation to this figure, the result is encouraging. Because mother's milk is the best way to protect babies from later infection by giving them solid immunity, infants are much more likely to remain in good health and mortality is reduced if exclusive breastfeeding is sustained. Such achievements, if validated, are likely to have significant positive implications for improving child health in future as well, reducing child mortality further and building a healthy new generation.

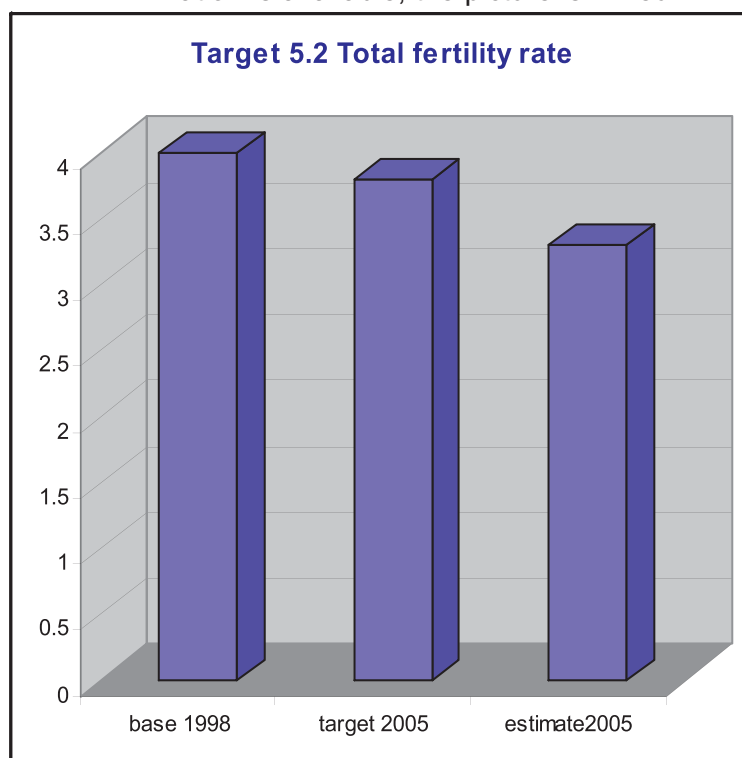
As suggested above, the indicative rapid fall in the number of young children dying can occur independently of better standards of living and better health care systems. The policy implications of this are clear: basic measures such as mass immunization and the

encouragement of breastfeeding can provide excellent results. However Cambodia's child mortality rates remain among the highest in the region. Further improvements are possible with better control of diarrhoeal diseases, more use of insecticide-impregnated bed nets, more use of vitamin A as a preventative, and safe and clean childbirth.



Improve maternal health

Recent information on the status of maternal health is scanty. Data for 2005 is available on only four of the nine indicators, and some of that data is incomplete. In particular, data is not available on the most important indicator, maternal mortality ratio. However, where information is available, the picture is mixed.



A significant achievement is the sharp reduction in the total fertility rate, which declined from 4.0 in 1998 to 3.3 in 2005 surpassing the target of 3.8. The proportion of married women using modern birth spacing methods has increased significantly. As of 2005, 20.1% of married women are accessing modern birth spacing methods via the public sector and considerably more through social marketing systems and the private sector. This is a big increase from 2000 when 18.5% of women accessed contraception from all sources combined, and only 11.5% accessed from the public sector. The overall result is probably below, but close to the 30% target. Similarly, the share of pregnant women attending two or more ante-natal care (ANC) consultations from skilled health personnel increased from 25.4% in the public sector to 47% in the public sector over the same period. Because the baseline figure for overall utilization of ante-natal care was 30.5% in 2000, the overall result for 2005 is likely to be below, but close to the target of 60 percent.

Probing into the Cambodia Inter-Censal Population Survey (CIPS) 2004 data, however, suggests that more than one-fifth of the illness-related causes of death of women in 15-44 years age group are due to pregnancy-related complications, including during deliveries.

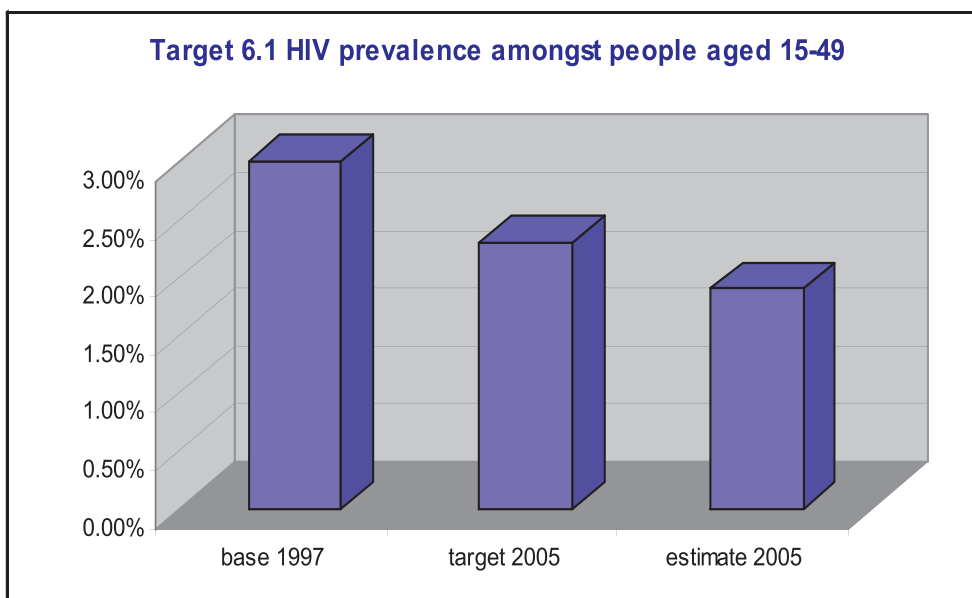
Such alarmingly high figures call for careful assessment of the situation, and possibly, review of interventions. The proportion of women who deliver by caesarean section has not apparently increased. The rate has stayed at 0.8% from the year 2000 to 2005, compared with the target of 2%. The rate is much higher in Phnom Penh than in other places. This result may be a factor in causes of death in pregnant women, but itself is also a result of several factors including attitudes, training, awareness, access to medical centers and the availability of skilled medical expertise.



Combat HIV/AIDS, malaria and other diseases

Cambodia has made significant progress in meeting 2005 targets for achieving the CMDGs through effective measures to combat HIV/AIDS, the incidence of malaria, dengue and other major diseases such as tuberculosis. While data on only 11 of the 19 indicators under this goal is available, many results exceed the targets.

For HIV/AIDS¹⁰, the prevalence rate among adults aged 15-49 has sharply declined from 3.0% in 1997 to 1.9% in 2005, surpassing the target of 2.3% set for the year. The HIV prevalence rate among pregnant women aged 15-24



¹⁰Some of the estimates for base years have been revised due to improved methodology.

visiting ANC centers has also declined to 2.1% in 2005 from 2.5% in 1998, ahead of the 2005 target of 2.4%. Condom use by sex workers is very near the target of 98% and has improved from the 91% rate in 2002. The percentage of people receiving anti-retroviral combination therapy is well above target at 45%, up from only 3% in 2002. Over 9000 people were receiving this treatment as at the third quarter of 2005.

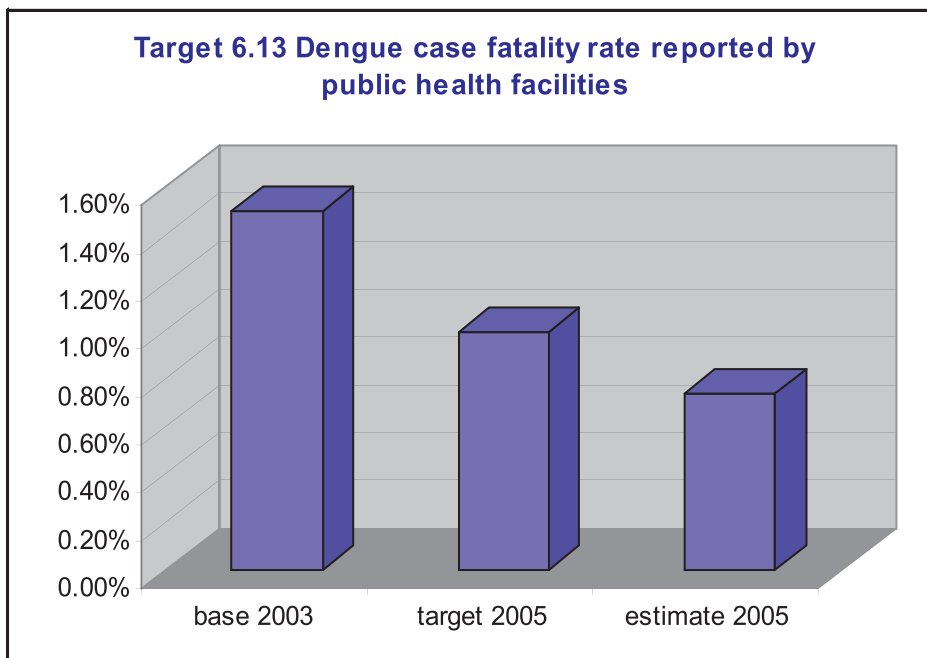
The malaria case fatality rate reported by public health sector declined from 0.4% in 2000 to 0.36% in 2005 although the target was to reduce it to 0.3%. The incidence, as reported by the number of malaria cases treated in the public health sector per 1,000 population, however, declined from 11.4% to 7.3% between 2000 and 2005, thus surpassing the target of 9% set for the year.

In the case of dengue also, the fatality rate has significantly declined - from 1.5% in 2000 to 0.74% in 2005 as against a target of 1%, although its incidence remains slightly higher

at 0.84 per 1,000 people in 2005 compared with the target of 0.8 per thousand.

For tuberculosis (TB), the proportion of registered smear-positive TB cases detected is up from 57% in 2002 to 61% in 2005, but short of the 70% target.

While many of these results are encouraging, complacency cannot be entertained for such deadly diseases as HIV/AIDS and tuberculosis. Data from household surveys indicate that these diseases are significant causes of deaths across all groups of population. Moreover, new areas of concern need to be addressed for HIV/AIDS, such as increasing parent-to-child and husband-to-wife transmissions. The quiet spill over of HIV/AIDS into rural areas is a major concern. The conventional intervention strategy to combat the disease by focusing on urban and high-risk groups needs to be complemented by approaches that address vulnerability in a range of settings and populations.





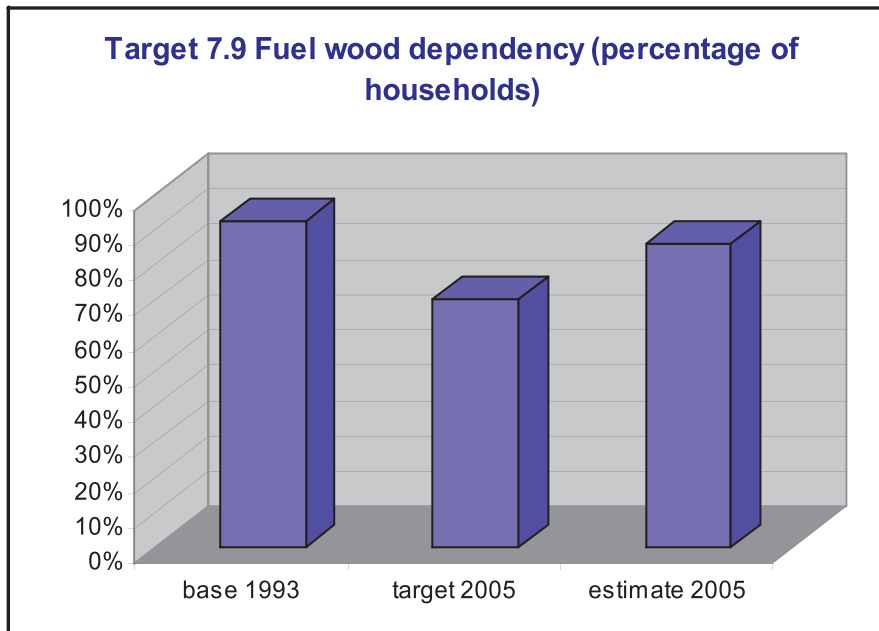
Ensure environmental sustainability

While there are major gaps in the information available for this goal, much of the data that can be analyzed is positive. Under this goal, the aim is to integrate the principles of sustainable development into national policies and programmes and reverse the loss of critical environmental resources, maintain forest coverage, improve access to safe drinking water and sanitation, and secure land tenure.

Recent information on the key issue of environmental sustainability - that is on forest coverage and management - is not available. However, some available studies suggest that

benchmark values for coverage under forests may not have been appropriate. Further, it is commonly acknowledged that the pace of forest depletion has not been reduced as planned. Reduced access to common property resources may well have adversely affected other efforts aimed at poverty reduction. If resource degradation in Cambodia can be halted, overall targets for poverty reduction will be achieved more easily.

The forest depletion process is partly reflected in the high incidence of fuel wood dependency. In 1993, 92% of households were dependent on fuel wood. This declined slightly to around 84% in 2005 while the target was 70%. These targets will remain elusive unless serious efforts



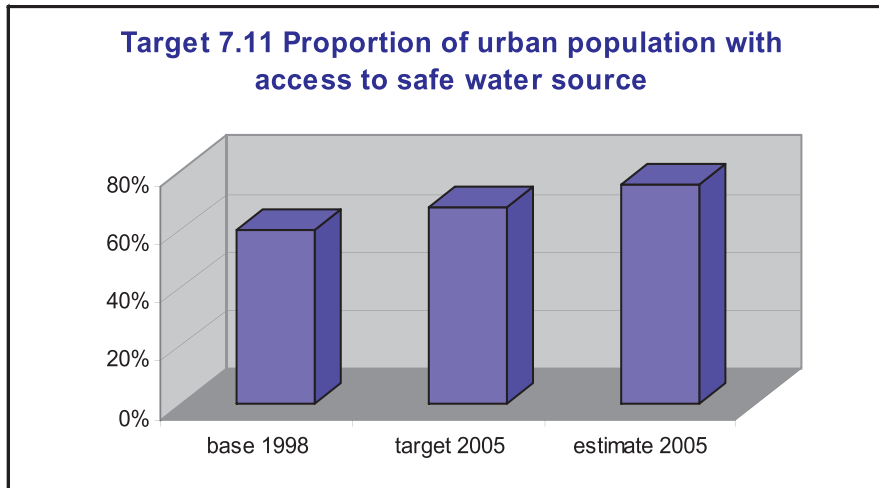
are taken in both forestry and energy sectors.

While there are gaps in halting resource degradation, the environment for human living conditions has shown significant improvement. Access to safe water for rural and urban populations has increased to around 42% and 76% in 2005, exceeding targets of 30% and 68% respectively.

Similarly, access to improved sanitation amongst the rural population has increased to 16% compared with a target of 12% in 2005. For urban populations, access to improved sanitation is 55%, close to but less than the

target of 59% for 2005. Cambodia's inability to reach or surpass this target for the urban population can be partly explained by the large influx of rural poor into the urban areas. As such, future efforts need to focus on improving agricultural productivity to reduce the pace of rural-urban migration, and to improve the living conditions of the urban poor.

Ensuring environmental sustainability and access to improved energy services is important to achieving all of the CMDGs. These measures need to be explicitly considered in national development strategies. Otherwise



poverty will be more entrenched, the delivery of social services constrained, opportunities for women limited and progress will be eroded.

Overall, efficient management of natural resources is the key to sustainable development in Cambodia. There has been unprecedented loss of forests in recent years and Cambodia needs to address a number of challenges over the next decade to ensure environmental sustainability. Strengthening community involvement in natural resource management, re-vitalizing state land management, increasing both public and private investment in water and sanitation and exploring alternative energy sources are some of the areas in which further emphasis is required to ensure that development is sustainable.



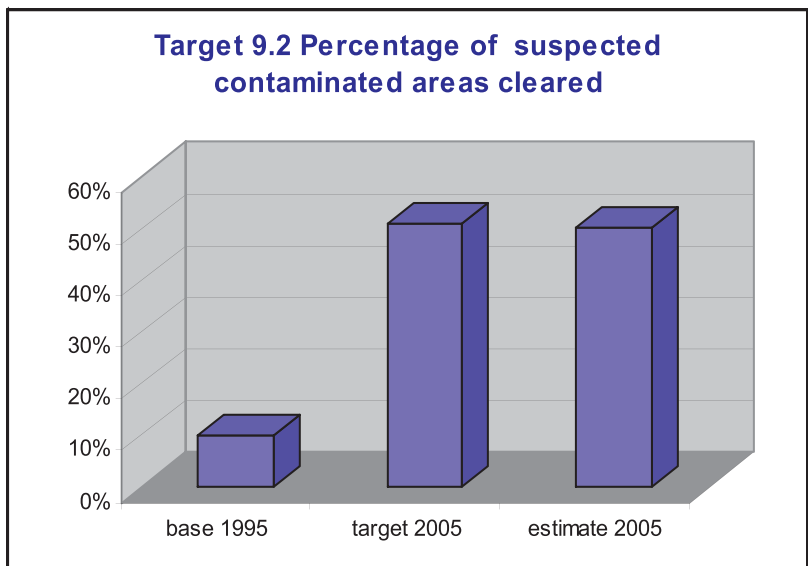
De-mining, UXO and assistance

As one of the worst landmine and unexploded ordnance (UXO) affected countries in the world, Cambodia adopted the target of completing the de-mining of contaminated areas by 2012. Although significant progress has been made, this target now seems to be unachievable and the Cambodian Mine Action and Victim Assistance Authority (CMAA) has reset the completion year in 2015.

The major gap, however, lies in reducing the number of civilian casualties per year. There is an estimated 797 civilian casualties in

2005, more than two people each day. This compares with the 2005 target of 500 and the 2010 target of 200. The casualty rate is however much better than the nearly 1,700 casualties in the base year of 1993.

Progress in clearing suspected contaminated areas of landmines and UXOs is very close to target. More than 50% of such areas have been cleared by 2005, compared with only 10% in 1995. Earlier it was expected that the casualty rate would fall faster than it has largely in response to decontamination efforts. However in retrospect, it is possible that the number of deaths will stay high as human habitat approaches the remaining more densely contaminated areas. The other main reason for the high casualty rate is the dismantling of UXOs for scrap metal by scavengers. This latter issue also needs addressing.



III. Challenges in achieving the CMDGs

Achievements and gaps in realizing important CMDG targets are summarized in Table 1. The picture is mixed, showing limited achievements and critical deficits in the case of many CMDGs. Although Cambodia is on track to achieve at least 23 of the 59 CMDG targets for which information is available, it is not on track in case of many critical areas relating to food security, poverty reduction, education and sustainable social and economic development.

Cambodia will not be able to achieve the CMDGs by 2015 unless its national efforts are strengthened and reinforced through global support. Worse, Cambodia would then fall further behind other developing countries in Asia and the Pacific, thereby widening social and economic disparities in the region.

Therefore it is important to work out customized support to address Cambodia's challenges, keeping in view its diverse needs. A needs assessment that costs the resources necessary to attain the CMDGs as against resources available (both internal and external) that can be mobilized would be most useful in this regard.

With the RGC's commitment to the principles of social justice, human welfare and empowerment, one of its important agendas has been to internalize the CMDGs within the government and broader civil society. Cambodia is striving to develop a broader constituency for the CMDGs seeking to realize the goals through knowledge-sharing, awareness-raising and information-based partnership building with all stakeholders.

Table 1: Summary of major achievements and critical shortfalls in CMDG targets

Achievements	Shortfalls
<ul style="list-style-type: none"> ● Significant improvements in poverty rates in urban and more accessible rural areas ● Expansion of primary education to more children. ● Significant reduction in mortality rates for both infants and under-5 year olds. ● Improved immunization against major childhood diseases ● Improved breastfeeding rates ● Reduction of gender disparity in most areas especially in primary education, adult literacy, and wage employment in agriculture and industry. ● Noteworthy reduction of communicable diseases, especially HIV/AIDS. ● Improved urban access to safe water and rural access to improved sanitation. 	<ul style="list-style-type: none"> ● High rural poverty rates. ● Failure to increase net enrolments at higher levels and achieve high survival rates at all levels of education. ● Limited progress in achieving the goals of universal nine-year basic education particularly those beyond primary education. ● Gender disparity in secondary and tertiary education. ● Persistent high levels of domestic violence ● Access to quality health services especially in case of women and maternal health. ● Environmental degradation, especially forest depletion and water resources. ● Persistence of high civilian casualties from landmines and UXOs.

At present, Cambodia is in the process of preparing the National Strategic Development Plan (NSDP) 2006-2010 by combining the earlier Socio-Economic Development Plan (SEDP) and National Poverty Reduction Strategy (NPRS) processes and integrating it with the CMDGs. The resulting CMDGs-based NSDP will be rooted in the 'Rectangular Strategy' for growth, employment, equity and efficiency, which provides the political platform of the Royal Government in the Third Legislature (2004-2008) of Cambodia's National Assembly.

The agenda of the Rectangular Strategy aims at improving public institutions, strengthening good governance and modernizing economic infrastructure. The objectives are to promote economic growth, generate employment, ensure social equity, enhance efficiency of the public sector and protect the nation's natural resources and cultural heritage. All these are crucial for achieving the CMDGs and promoting sustainable development.

Nevertheless, Cambodia's progress toward the CMDGs is constrained by a number of impediments. An important one is the chronic shortage of investment funds to meet its priority requirements. This resource gap needs to be resolved through increased flow of external finance. This is necessary since the current concessions given to Cambodia by the international community provide only limited benefit and need to be supplemented by increased inflows of development finance.

If Cambodia is to achieve the CMDGs, greater financial inflows through aid, reduced debt servicing and increased current account inflows, as outlined in MDG 8, are critical to bridge the resource gaps and foster the country's required growth. There also exist strong justifications for this, since the amount of official development assistance (ODA) to Cambodia is low compared to that received by many other least developed countries.

Further such assistance needs to ensure that donor support is aligned to Cambodian national priorities, that it is managed for results and that there is mutual accountability between the RGC and the development partners.

A second important concern for Cambodia is better access to international markets, especially in the developed countries. This includes enhanced market access for its overseas workers. The granting of quota-free and duty-free schemes for all dutiable products originating from Cambodia will contribute to higher export earnings and make trade work for development and the CMDGs.

In view of the emerging CMDG deficits, the urgent need of Cambodia is to secure adequate external assistance and targeted support in specific areas. These areas include agriculture and rural development, infrastructure and technology, health, education and capacity building in trade related areas. Massive investments in these areas are needed in order to be on track to meet the CMDGs.

Cambodia needs special assistance from the global community due to its inability to meet its basic needs from domestic resources, regardless of its own policies or quality of governance. This is mainly due to historical reasons. Such assistance is needed to help break the poverty cycle, including developing human resources, providing food security, removing supply-side constraints, managing forests and biodiversity, and protecting the environment.

Cambodia can achieve the CMDGs provided bold initiatives are taken by the development partners and the global community to complement its pro-CMDG national strategies with required financial, technical and other supports and by creating win-win partnerships. A collective effort is the key to achieving the CMDGs and ensuring sustained growth and stability in Cambodia.

The background of the page is a faded, light blue-tinted photograph of the Angkor Wat temple complex in Cambodia. The temple's iconic towers and intricate carvings are visible, reflected in a body of water in the foreground. The text is overlaid on this image in a bold, dark blue font.

Annex 1

Benchmarks and target values

for CMDG indicators



Eradicate extreme poverty and hunger

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



Achieve universal primary education

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2015
2.1 Net admission rate (%)	81	2001	95	100	100
2.2 Net enrolment ratio in primary education (%)	87	2001	95	100	100
Male	90	2001	96	100	100
Female	84	2001	94	100	100
2.3 Net enrolment ratio in lower secondary education (%)	19	2001	50	75	100
Male	21	2001	51	75	100
Female	16	2001	49	75	100
2.4 Proportion of 6-14 years old out of school (%)	35	1999	22	11	0
2.5 Survival rate from grade 1 to 5 (%)	58	2001	77	100	100
2.6 Survival rate from grade 1 to 6 (last grade of primary cycle) (%)	51	2001	73	100	100
2.7 Survival rate from grade 1 to 9 (last grade of basic cycle) (%)	33	2001	52	76	100
2.8 Literacy rate of 15-24 years old (%)	82	1999	90	95	100
2.9 Ratio of girls to boys in primary education (%)	87	2001	98	100	100
2.10 Ratio of girls to boys in lower secondary education (%)	63	2001	96	100	100



Promote gender equality and empower women

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



Reduce child mortality

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2015
4.1 Under-five mortality rate (per 1,000 live births)	124	1998	105	85	65
4.2 Infant mortality rate (per 1,000 live births)	95	1998	75	60	50
4.3 Proportion of children under 1 year immunized against measles (%)	41.4	2000	80	85	90
4.4 Proportion of children aged 6-59 months receiving Vitamin A capsules (%)	28	2000	70	80	90
4.5 Proportion of children under 1 year immunized against DPT3 (%)	43	2000	80	85	90
4.6 Proportion of infants exclusively breastfed up to 6 months of age (%)	11.4	2000	20	34	49
4.7 Proportion of mothers who start breast-feeding newborn child within 1 hour of birth (%)	11	2000	28	45	62



Improve maternal health

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2015
5.1 Maternal mortality ratio (per 100,000 live births)	437	1997	343	243	140
5.2 Total fertility rate	4	1998	3.8	3.4	3.0
5.3 Proportion of births attended by skilled health personnel (%)	32	2000	60	70	80
5.4 Proportion of married women using modern birth spacing methods (%)	18.5	2000	30	44	60
5.5 Percentage of pregnant women with 2 or more ANC consultations from skilled health personnel (%)	30.5	2000	60	75	90
5.6 Proportion of pregnant women with Iron Deficiency Anemia (%)	66	2000	50	39	33
5.7 Proportion of women aged 15-49 with BMI<18.5Kg/Sq. meter (%)	21	2000	17	12	8
5.8 Proportion of women aged 15-49 with Iron Deficiency Anaemia (%)	58	2000	45	32	19
5.9 Proportion of pregnant women who delivered by Caesarean Section (%)	0.8	2000	2	3	4



Combat HIV/AIDS, malarial and other diseases

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2015
6.1 HIV prevalence rate among adults aged 15-49 (%)	3.0	1997	2.3	2.0	1.8
6.2 HIV prevalence rate among pregnant women aged 15-24 visiting ANC (%)	2.5	1998	2.4	2.0	1.5
6.3 Condom use rate among commercial sex workers during last commercial sexual intercourse (%)	91	2002	98	98	98
6.4 Percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner (%)	82	2002	85	90	95
6.5 Proportion of condom use reported by married women who identified themselves at risk (%)	1	2000	2	5	10
6.6 Percentage of HIV infected pregnant women attending ANC receiving a complete course of antiretroviral prophylaxis to reduce the risk of MTCT (%)	2.7	2002	10	35	50
6.7 Percentage of people with advanced HIV infection receiving antiretroviral combination therapy (%)	3	2002	25	60	75
6.8 Malaria case fatality rate reported by public health sector (%)	0.4	2000	0.3	0.2	0.1
6.9 Proportion of population at high risk who slept under insecticide-treated bed nets during the previous night (%)	24	1998	80	95	98
6.10 Number of malaria cases treated in the public health sector per 1 000 population	11.4	2000	9	7	4
6.11 Proportion of public health facilities able to confirm malaria diagnosis according to national guidelines with 95% accuracy (%)	60	2002	70	80	95
6.12 Number of dengue cases treated in the public health sector per 1000 population	1	2001	0.8	0.6	0.4
6.13 Dengue case fatality rate reported by public health facilities (%)	1.5	2003	1	0.5	0.3
6.14 Prevalence of smear-positive TB per 100 000 population	428	1997	321	214	135
6.15 TB deaths rate per 100 000 population	90	1997	68	45	32
6.16 Proportion of all estimated new smear-positive TB cases detected under DOTS (%)	57	2002	70	>70	>70
6.17 Proportion of registered smear-positive TB cases successfully treated under DOTS (%)	89	2002	>85	>85	>85



Ensure environmental sustainability

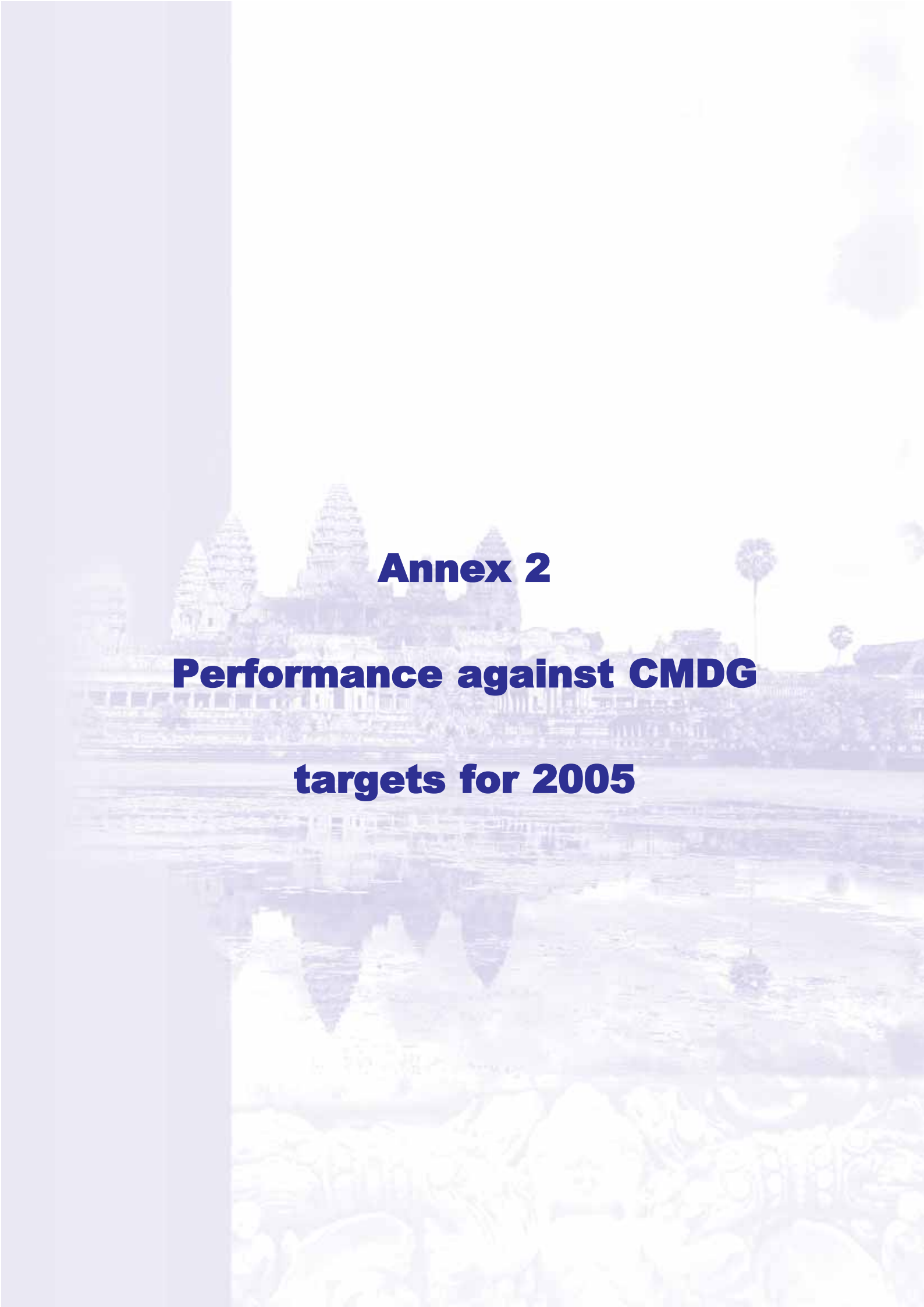
Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2015
7.1 Forest coverage as a percentage of total area (%)	60	(a)	60	60	60
7.2 Surface of 23 protected areas (million hectares)	3.3	1993	3.3	3.3	3.3
7.3 Surface of 6 new forest-protected areas (million hectares)	1.35	1996	1.35	1.35	1.35
7.4 Number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

(a) The benchmark is the average forest coverage in the last decade (1992-2002).



De-mining, UXO and assistance

Indicators	Benchmarks		Targets		
	Value	Year	2005	2010	2012
9.1 Annual numbers of civilian casualties recorded	1691	1993	500	200	0
9.2 Percentage of severe/high/medium/ low suspected contaminated areas cleared (%)	10	1995	51	77	100
9.3 A comprehensive victim assistance framework developed and implemented		To be developed and implemented			
9.4 Numbers of landmine/UXO victims receiving an assistance package and integrated into the society	n.a	To be set			



Annex 2

Performance against CMDG

targets for 2005

This annex presents the performance index of CMDG indicators for which 2005 data is available. The CMDGs consist of nine goals and 106 specific targets. However, if we exclude Goal 8 (Forge a Global Partnership for Development), then the remaining eight CMDGs have 89 specific targets. Estimates for 2005 are available for 59 of these targets.

Where appropriate, estimates for 2005 are based on analysis and extrapolation of 2004 survey figures. However, some especially critical data is estimated using 2004 figures, where change is difficult to predict – such as for the poverty rates. Other data such as education figures are current for 2005.

Some data from sources such as CamInfo may differ with these estimates. Most of these differences are due to different definitions of what is being measured, or to different surveys. Where significant, this is noted in the tables.

Performance Index (PI 2005)

The target values for 2005 in this study are consistent with the CMDG targets of 2015 that were set in 2003 by the RGC¹¹. For each indicator, the Performance Index (PI 2005) is measured by the ratio of the estimated value in 2005 to the target value in 2005 expressed as a percentage, where the aim is to increase the value of the indicator. Where the aim is to reduce the value of the indicator, the index is calculated in reverse.

A value of 100 of the PI 2005 indicates the exact achievement of the target value in 2005 while any value less than 100 implies under-achievement of the 2005 target. Conversely, a value of more than 100 indicates over-achievement of 2005 target.

Status summary

Based on the five possible outcomes, Cambodia's performance as at 2005 against each CMDG indicator is further summarized as either A, B, C, D or E as follows:

Status	Meaning
A	Improving and better than target Current performance is likely to more than achieve the 2015 target if the present trend can be maintained.
B	Improving and on target Current performance is likely to achieve the 2015 target if the present trend can be maintained.
C	Improving, but below target Current performance is unlikely to achieve the 2015 target, but the situation has improved compared with base year.
D	Static, little change Current performance is highly unlikely to achieve the 2015 target and the situation has changed little compared with base year.
E	Worsening Current performance is highly unlikely to achieve the 2015 target and the situation has worsened compared with the base year

¹¹ These values are provided in *Cambodia Millennium Development Goals Report 2003*, Ministry of Planning, Kingdom of Cambodia, November 2003.



Eradicate extreme poverty and hunger

Indicators	Benchmarks					
	Value	Year	Target 2005	Est. 2005 ¹²	PI 2005	Status
1.1 Proportion of people whose income is less than the national poverty line (%)	(39) ¹³	1993	31	34.7 ¹⁴ (28.0)	89	C
1.2 Share of poorest quintile in national consumption (%)	7.4 ¹⁵ (8.5) ₁₆	1993	9	(7.0)	78	E
1.3 Proportion of working children aged 5-17 years old (%)	16.5	1999	13	22.3	58	E
1.4 Prevalence of underweight (weight for age <2 SD) children under five years of age (%)	45.2	2000	36	...	...	...
1.5 Proportion of population below the food poverty line (%)	(20)	1993	16	19.7* (14.2)	81	C
1.6 Prevalence of stunted (height for age <2 SD) children under five years of age (%)	44.6	2000	35	...	...	...
1.7 Prevalence of wasted (weight for height <2 SD) children under five years of age (%)	15	2000	13	...	...	...
1.8 Proportion of households using iodized salt (%)	14	2000	80	31.5	39	C



Achieve universal primary education

Indicators	Benchmarks					
	Value	Year	Target 2005	Est. 2005 ¹⁷	PI 2005	Status
2.1 Net admission rate (%)	81	2001	95	81	85	D
2.2 Net enrolment ratio in primary education (%)	87	2001	95	91.9	97	C
Male	90	2001	96	93	97	C
Female	84	2001	94	90.7	96	C

¹² All estimates for this goal are based on CSES 2004 data, except 1.3 which is from CIPS 2004

¹³ For 1.1 and 1.5 the figures in brackets give the poverty rate for the population in the same geographical areas that were included in the base year (1993/94) Socio-Economic Survey of Cambodia which covered only 56% of the geographical area and 65% of households due to security problems during the period.

¹⁴ This is the estimated poverty rate for the **whole of Cambodia**, based on recall data from the Cambodia Socio-Economic Survey (CSES 04). For the performance index and status, we have compared this with the target derived from the benchmark to reflect the Royal Government's strong determination of reducing poverty. However, if the comparable value is used, this will show a performance index of 111 and 113 for 1.1 and 1.5 respectively and a status of 'A' for both.

¹⁵ For 1.2, this is the original benchmark for which no comparable data is available for 2005

¹⁶ For 1.2, this is an unofficial benchmark that is comparable with the 2005 estimate

¹⁷ All estimates for this goal are Education Ministry figures (EMIS 2004-2005), except 2.4 and 2.8 (CIPS 2004)

2.3 Net enrolment ratio in lower secondary education (%)	19	2001	50	26.1	52	C
Male	21	2001	51	27.1	53	...
Female	16	2001	49	24.8	51	...
2.4 Proportion of 6-14 years old out of school (%)	35	1999	22	18.7	118	A
2.5 Survival rate from grade 1 to 5 (%)	58	2001	77	59.2	77	D
2.6 Survival rate from grade 1 to 6 (last grade of primary cycle) (%)	51	2001	73	53.1	73	D
2.7 Survival rate from grade 1 to 9 (last grade of basic cycle) (%)	33	2001	52	29.3	56	E
2.8 Literacy rate of 15-24 years old (%)	82	1999	90	83.4	93	D
2.9 Ratio of girls to boys in primary education (%)	87	2001	98	89.5	91	C
2.10 Ratio of girls to boys in lower secondary education (%)	63	2001	96	77.0	80	C



Promote gender equality and empower women

Indicators	Benchmarks					
	Value	Year	Target 2005	Est. 2005 ¹⁸	PI 2005	Status
3.1 Ratio of girls to boys in upper secondary education (%)	48	2001	59	59.9	101	B
3.2 Ratio of females to males in tertiary education (%)	38	2001	50	45.6	91	C
3.3 Ratio of literacy rates females to males 15-24 years old (%) (literacy gender parity)	87	1998	95	90	95	C
3.4 Ratio of literacy rates females to males 25-44 years old (%) (literacy gender parity)	78	1998	85	80	94	C
3.5 Female share in wage employment in agriculture (%)	35	1998	50	52.5	105	A
3.6 Female share in wage employment in industry (%)	44	1998	50	53.5	107	A
3.7 Female share in wage employment in services (%)	21	1998	30	27.0	90	C
3.8 Proportion of seats held by women in national assembly (%)	12	2003	17	17.1	105	B

¹⁸ All estimates for this goal based on Ministry of Women's Affairs figures, except 3.1 (EMIS), 3.2 (DoHE), 3.3-3.7 (CIPS 2004)

3.9 Proportion of seats held by women in senate (%)	13	2003	17	14.0	82	C
3.10 Proportion of female ministers (%)	8	2003	9	7.1	79	E
3.11 Proportion of female secretaries of state (%)	6	2003	8	7.1	89	C
3.12 Proportion of female under secretaries of state (%)	5	2003	8	11.9	149	A
3.13 Proportion of female provincial governors (%)	0	2003	3	0	0	E
3.14 Proportion of female deputy provincial governors (%)	1	2003	4	1.7	43	D
3.15 Proportion of seats held by women in commune councils (%)	8	2003	8	8.7	109	A
3.16 Population percentage aware that violence against women is wrongful behavior and a criminal act (%)	n.a.		25	4.5	18	E
3.17 Proportion of cases of domestic violence counseled by qualified personnel (%)	n.a.		20	...	...	...
3.18 Laws against all forms of violence against women and children are developed and implemented according to international standards.			√	...	...	...
3.19 Statistics to monitor violence against women collected annually			√	...	...	...
3.20 A prevention plan developed and implemented			√	...	...	...



Reduce child mortality

Indicators	Benchmarks					
	Value	Year	Target 2005	Est. 2005 ¹⁹	PI 2005	Status
4.1 Under-five mortality rate (per 1,000 live births)	124	1998	105	82	128	A
4.2 Infant mortality rate (per 1,000 live births)	95	1998	75	66	114	A
4.3 Proportion of children under 1 year immunized against measles (%)	41.4	2000	80	80	100	B
4.4 Proportion of children aged 6-59 months receiving Vitamin A capsules (%)	28	2000	70	...	...	...
4.5 Proportion of children under 1 year immunized against DPT3 (%)	43	2000	80	83	104	A
4.6 Proportion of infants exclusively breastfed up to 6 months of age (%)	11.4	2000	20	...	...	...
4.7 Proportion of mothers who start breast-feeding newborn child within 1 hour of birth (%)	11	2000	28	29.3	105	A

¹⁹ Estimates for this goal are based as follows: 4.1: CIPS 2002; 4.2: CIPS 2004; 4.3, 4.5 and 4.7: CSES 2003/2004



Improve maternal health

Indicators	Benchmarks					
	Value	Year	Target 2005	Est. 2005 ²⁰	PI 2005	Status
5.1 Maternal mortality ratio (per 100,000 live births)	437	1997	343	...	...	...
5.2 Total fertility rate	4.0	1998	3.8	3.3	115	A
5.3 Proportion of births attended by skilled health personnel (%)	32	2000	60	...	...	...
5.4 Proportion of married women using modern birth spacing methods (%)	18.5 (11.5)	2000	30	(20.1) ²¹	67	(C)
5.5 Percentage of pregnant women with 2 or more ANC consultations from skilled health personnel (%)	30.5 (25.4)	2000	60	(47) ²²	78	(C)
5.6 Proportion of pregnant women with Iron Deficiency Anemia (%)	66	2000	50	...	...	...
5.7 Proportion of women aged 15-49 with BMI<18.5Kg/Sq. meter (%)	21	2000	17	...	...	...
5.8 Proportion of women aged 15-49 with Iron Deficiency Anemia (%)	58	2000	45	...	...	...
5.9 Proportion of pregnant women who delivered by Caesarean Section (%)	0.8	2000	2	0.8	40	D



Combat HIV/AIDS, malaria and other diseases

Indicators	Benchmarks					
	Value	Year	Target 2005	Est. ²³ 2005	PI 2005	Status
6.1 HIV prevalence rate among adults aged 15-49 (%)	3.3	1997	2.3	1.9	121	A
6.2 HIV prevalence rate among pregnant women aged 15-24 visiting ANC (%)	2.8	1998	2.4	2.1	114	A
6.3 Condom use rate among commercial sex workers during last commercial sexual intercourse (%)	91	2002	98	96.7	99	C
6.4 Percentage of young people aged 15-24 reporting the use of a condom during sexual intercourse with a non-regular sexual partner(%)	82	2002	85	...	...	...
6.5 Proportion of condom use reported by married women who identified themselves at risk (%)	1	2000	2	...	...	...

²⁰ Estimates for this goal are based as follows: 5.2: CIPS; 5.4, 5.5 and 5.9: Ministry of Health 2004

²¹ For 5.4 and 5.5 figures in brackets are public sector figures only. The base figures and targets also include private sector provision.

²² Ditto as above

²³ Estimates for this goal are based as follows: 6.1, 6.2: (NCHADS 2003); 6.3: (BSS 2003), 6.6 (NAA 2004) and 6.7 (NAA 2005); 6.8:NMC; 6.9: Ministry of Health 2004; 6.10 NMC; 6.12 and 6.13 Ministry of Health 2004; 6.16: (NTP 2004)

6.6 Percentage of HIV infected pregnant women attending ANC receiving complete course of anti retroviral prophylaxis to reduce risk of MTCT (%)	2.7	2002	10	3.8	38	C
6.7 Percentage of people with advanced HIV infection receiving antiretroviral combination therapy (%)	3	2002	25	45	180	A
6.8 Malaria case fatality rate reported by public health sector (%)	0.4	2000	0.3	0.36	83	C
6.9 Proportion of population at high risk who slept under insecticide-treated bed nets during the previous night (%)	24	1998	80	49	61	C
6.10 Number of malaria cases treated in the public health sector per 1 000 population	11.4	2000	9	7.3	123	A
6.11 Proportion of public health facilities able to confirm malaria diagnosis according to national guidelines with 95% accuracy (%)	60	2002	70	...	...	...
6.12 Number of dengue cases treated in the public health sector per 1000 population	1	2001	0.8	0.84	95	C
6.13 Dengue case fatality rate reported by public health facilities (%)	1.5	2003	1	0.74	143	A
6.14 Prevalence of smear-positive TB per 100 000 population	428	1997	321	...	...	...
6.15 TB deaths rate per 100 000 population	90	1997	68	...	...	...
6.16 Proportion of all estimated new smear-positive TB cases detected under DOTS (%)	57	2002	70	61	87	C
6.17 Proportion of registered smear-positive TB cases successfully treated under DOTS (%)	89	2002	>85	...	...	...



Ensure environmental sustainability

Indicators	Benchmarks					
	Value	Year	Target 2005	Est. ²⁴ 2005	PI 2005	Status
7.1 Forest coverage as a percentage of total area (%)	60	Average value	60	...	...	...
7.2 Surface of 23 protected areas (million hectares)	3.3	1993	3.3	...	...	...
7.3 Surface of 6 new forest-protected areas (million hectares)	1.35	1996	1.35	...	...	...
7.4 Number of rangers in protected areas	600	2001	772	...	...	...

²⁴ 7.7: Department of Fisheries; and 7.9-7.13: (CIPS 2004)

7.5 Number of rangers in forest protected areas	500	2001	500	...	...	...
7.6 Proportion of fishing lots allocated to local communities (%)	56	1998	58	...	...	...
7.7 Number of community-based fisheries	264	2002 ²⁵	364	375	103	A
7.8 Surface of fish sanctuary (thousand ha)	264	2000	581	...	...	...
7.9 Fuel wood dependency % households	92	1993	70	83.9	83	C
7.10 Proportion of rural population with access to safe water source (%)	24	1998	30	41.6	139	A
7.11 Proportion of urban population with access to safe water source (%)	60	1998	68	75.8	112	A
7.12 Proportion of rural population with access to improved sanitation (%)	8.6	1998	12	16.4	137	A
7.13 Proportion of urban population with access to improved sanitation (%)	49	1998	59	55	93	C
7.14 Percentage of land parcels having titles in both urban and rural areas (%)	15	2000	16	...	...	...



De-mining, UXO and victim assistance

Indicators	Benchmarks					
	Value	Year	Target 2005	Est. ²⁶ 2005	PI 2005	Status
9.1 Annual number of civilian casualties recorded	1691	1993	500	797	63	C
9.2 Percentage of suspected contaminated areas cleared (%)	10	1995	51	50.3	99	B
9.3 A comprehensive victim assistance framework developed and implemented			Not available	...	...	...
9.4 Number of landmine/UXO victims receiving an assistance package and integrated into the society	n.a.	n.a.	To be set	...	...	...

²⁵ In 2000 there were no community-based fisheries, therefore the base figure is for 2002

²⁶ both estimates are based on CMAA data



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