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FOR ACTION

COUNTRY PROGRAMME RECOMMENDATION\*\*

Cambodia

SUMMARY

The Executive Director recommends that the Executive Board approve the country programme of Cambodia for the period 1996 to 2000 in the amount of \$11,550,000 from general resources, subject to the availability of funds, and \$53,211,000 in supplementary funds, subject to the availability of specific-purpose contributions.

CONTENTS

	<u>Page</u>
THE SITUATION OF CHILDREN AND WOMEN .....	2
PROGRAMME COOPERATION, 1992-1995 .....	2
RECOMMENDED PROGRAMME COOPERATION, 1996-2000 .....	5

List of tables

1. Basic statistics on children and women .....	10
2. Expenditure under previous cooperation period, 1992-1995 .....	12
3. Planned expenditure, 1996-2000 .....	13
4. Linkage of programme budget and staffing/staff costs .....	14

\* E/ICEF/1996/9.

\*\* In order to meet documentation deadlines, the present document was prepared before aggregate financial data were finalized. Final adjustments, taking into account unspent balances of programme cooperation at the end of 1995, will be contained in the "Summary of 1996 recommendations for general resources and supplementary funding programmes" (E/ICEF/1996/P/L.43 and Add.1).

## THE SITUATION OF CHILDREN AND WOMEN

1. The situation in Cambodia is exceptional by any comparison. Infrastructure and social services have been destroyed by decades of war, civil strife and political instability. Most affected are the 83 per cent of the population residing in rural areas. Access to arable land is scarce in many locations due to continued conflict, land-mines, the destruction of traditional irrigation systems and environmental degradation, rapid population growth and the resettlement of refugees and displaced persons. With a per capita gross domestic product (GDP) of \$289, Cambodia is one of the poorest countries in the world. Significant progress has been made during recent years in controlling inflation and initiating macroeconomic reforms critical for the free market economy which was introduced in 1989 and accelerated after the 1991 Paris Peace Accords. Growth in GDP has averaged 5.9 per cent between 1990 and 1995. The increased availability of some services may have improved social conditions in some areas during the last several years, but no reliable data exist.
2. Women represent 56 per cent of the adult population and are, in many aspects, worse off than men. One fifth of the households are headed by women and are among the most vulnerable. An estimated 80 per cent of women are illiterate as compared to 50 per cent of men, and participation of women in public affairs is low. The maternal mortality rate (MMR) is estimated at 650 per 100,000 live births, down from 900 in 1990. The under-five mortality rate (U5MR), still high at 177 per 1,000 live births, is down from 193 in 1990. Twenty per cent of babies have a birth weight below 2,500 grams and over 1 per cent of newborns are estimated to be infected with HIV from their mothers. Forty per cent of children under five years old are malnourished. Micronutrient deficiencies in iron, iodine and vitamin A are widespread. Sixty-four per cent of children have no access to clean water and 86 per cent have no safe sanitation. The combined effects of malnutrition, repeated episodes of diarrhoea and acute respiratory infections (ARI) are mainly responsible for the high morbidity and mortality rates. Other major killer diseases are measles, malaria, tuberculosis and dengue fever.
3. Serious problems in basic education include lack of access and achievement, high drop-out rates and pronounced disparities between socio-economic levels, geographic areas and by gender. Only 13 per cent of children starting grade 1 in 1989 finished grade 5 in 1994. Preschool children have limited access to learning and play opportunities and caring practices essential for their physical, social, emotional and cognitive development.
4. Cambodia acceded to the Convention on the Rights of the Child in 1992. The report is undergoing final Government review for submission in early 1996. A new socio-economic five-year plan, linked to a public investment programme, was approved in early 1996. Thus, resources are being mobilized, both internally and externally. The civil service is being reformed and the reduction of the heavy defence costs is being considered as the internal war seems to be contained. People are taking initiatives, increasingly supported by the Government, external agencies and non-governmental organizations (NGOs), and are inspired by emerging economic opportunities and influences from neighbouring countries.

### PROGRAMME COOPERATION, 1992-1995

5. During 1992-1995, the programme supported the more stable processes and structures for the development and protection of children and women which began in 1989 and were consolidated through the 1991 Paris Peace Accords and the subsequent establishment of the new Constitution and governance.

6. The education programme addressed four critical areas that needed improvement. Capacity-building in primary education helped to reduce student drop-out rates and improve both quality and coverage by adopting a cluster school approach. Capacity-building helped the Ministry of Education to better plan, coordinate, supervise and monitor. The teacher-training component helped to define minimum competencies for primary school teachers and to develop a system to monitor achievement. Curriculum development received technical assistance to help revise, test and publish a new competency-based curriculum in Khmer and mathematics for grades one through five. In addition, 6 million textbooks for the same grades were printed.
7. Assistance for health at the central level focused on maternal and child health (MCH), immunization through the expanded programme on immunization (EPI), essential drugs and the health information system. Health advisers, outposted to four provinces, helped to accelerate implementation and developed a sustainable approach for the delivery of district health services. Improved capacity in four provinces has been confirmed by World Bank and Asian Development Bank (AsDB) assessments. Further, the approach has been adopted as a national strategy. EPI coverage reached 80 per cent by the end of 1995, up from 35 per cent in 1993. The supply and health information systems are now operational countrywide.
8. During the 1992-1993 period, the water and sanitation programme gave priority to drinking water facilities for returnees and displaced persons. The programme contributed significantly to capacity-building by working with government and NGO technical personnel in 11 provinces. In 1994, new initiatives were taken to implement village-managed water supply activities. These included decentralized hand-pump maintenance schemes and the training of local technicians for the construction of hand-dug wells. By the end of 1995, over 10,000 drilled wells had been providing clean water for 2 million people, and more than 9,000 family latrines were installed.
9. Household food security through family food production began as a joint UNICEF/World Food Programme (WFP) emergency response to the 1986 drought, but was later transformed into a development project with the participation of the Ministry of Agriculture, the Ministry of Education and the former Women's Association (now State Secretariat for Women's Affairs). National capacity was strengthened for integrating nutrition concerns in agricultural development. By 1995, the Family Food Production Unit was reorganized into a Household Food Security and Nutrition Unit in the Ministry of Agriculture. The programme assisted more than 80,000 families in 16 provinces to produce more varied and plentiful fruits and vegetables, raise livestock, dig wells and ponds to water gardens, and raise fish.
10. The women in development programme was designed to increase women's income as well as their participation in the development process. Small loans, averaging \$40, reached more than 14,000 women through groups in which members jointly assume responsibility for repayment. These women were encouraged to enrol in functional literacy and numeracy courses linked to community development activities, which also addressed improved health, hygiene, nutrition and child development. Coordinated by UNICEF, a large network of local and international NGOs and United Nations agencies support this programme.
11. A children in especially difficult circumstances (CEDC) programme was started in 1992 and responded to CEDC groups with two projects: the protection of orphans and mine victims; and the protection of street children and homeless women. The first project strengthened the capacity of the Ministry of Social Affairs, Labour and Veterans Affairs to plan and develop policies and implement

programmes. Through cooperation with NGOs, prostheses and wheelchairs were provided to children disabled by polio and land-mines. The second project provided training and financial support for the development of a National Plan of Action for Street Children and Women; it focused on Cambodia's two largest cities, Phnom Penh and Battambang, as well as on the border province of Bantey Meanchey. Also, child rights advocacy encouraged legislators and other decision makers to bring law and public policy in line with the Convention on the Rights of the Child and to raise public awareness and thus encourage participation.

#### Lessons learned

12. A key to the success of the UNICEF-supported activities has been flexibility, which has allowed the strategy mix to respond to changes in the socio-economic and political environment and emerging opportunities. Also, a sharp focus on objectives was a strong motivating and mobilizing factor once the multiple objectives were reduced to an achievable few. The initial focus of the strategy on service delivery was appropriate because of the weak infrastructure. This was combined with increasing priority to national capacity-building for policy and planning, complemented by local capacity-building in four provinces to improve service delivery. The new programme will extend capacity-building more towards communities.

13. The shift of the new programme broadens the sector focus towards strengthening intersectoral linkages. In the previous programme, UNICEF had a coordinating role with a number of international NGOs which were implementing the programme directly. Also, the role of United Nations agencies, principally the United Nations Transitional Authority in Cambodia, was necessary and effective. Now this coordination role is shifting to the Government, a process which UNICEF should strongly support.

#### Country programme planning process

14. The proposed country programme is a result of a process in which for the first time, there was active participation of the Government in all phases. The Council for the Development of Cambodia, designated by the Royal Government to coordinate the rehabilitation and development activities of the country, guided the country programme planning process. At the operational level, a Country Programme Coordinating Committee was established with the Minister of Planning as the chairperson, and with UNICEF serving as the secretariat. The process provided an opportunity for counterparts to develop priorities in planning for women and children in particular and for social development in general. Other donors and NGOs participated actively in the situation analysis, strategy and planning meetings and the review of the previous programme.

RECOMMENDED PROGRAMME COOPERATION, 1996-2000

General resources : \$11,550,000  
 Supplementary funding: \$53,211,000

Recommended programme cooperation a/

(In thousands of United States dollars)

	<u>General resources</u>	<u>Supplementary funds b/</u>	<u>Total</u>
Community action for social development	2 555	15 321	17 876
Health	2 255	14 480	16 735
Basic education	1 800	14 000	15 800
Advocacy, planning and support	1 750	9 050	10 800
Programme support	<u>3 190</u>	<u>360</u>	<u>3 550</u>
Total	<u>11 550</u>	<u>53 211</u>	<u>64 761</u>

a/ The breakdown for estimated yearly expenditures is given in table 3.

b/ In addition, there are also funded supplementary funding projects shown in table 3.

Objectives and strategy

15. The Royal Government of Cambodia signed the Declaration and Plan of Action of the World Summit for Children in February 1993. With support from UNICEF, the principles and goals of the World Summit as well as of the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women were adopted and included in the Five-Year Socio-economic Development Plan for 1996-2000. The 1996-2000 country programme of cooperation adopts the same principles and goals and translates them into specific objectives, elaborated under each of the programmes. One principle is that participatory structures in rural and urban communities will be established in a phased manner in order to accelerate and sustain achievement of the following human and social goals of this decade: (a) reduction of the infant mortality rate from 113 to 80 per 1,000 live births; (b) reduction of U5MR from 177 to 120 per 1,000 live births; (c) reduction of MMR from 650 to 300 per 100,000 live births; (d) reduction of under-five child malnutrition from 40-50 per cent to 25 per cent; (e) increase access to trained birth attendants to 40 per cent of the rural population and to birth spacing information and services to 80 per cent of the population, and sustainable immunization of over 80 per cent of infants for all antigens; (f) increase the net primary enrolment ratio from 49 to 90 per cent with gender balance; (g) increase functional literacy and numeracy from 13 to 65 per cent of primary school pupils and ensure that at least 85 per cent of children in grade 1 complete the grade 6 curriculum; and (h) increase access to safe drinking water in rural areas from 33 to 65 per cent, to adequate sanitation in rural areas from 8 to 20 per cent, and for urban areas from 81 to 100 per cent.

/...

16. The major strategy will be to enhance the capacity of the community, particularly focused on women and youth, to achieve the proposed objectives. This process of "building from below" will be supported by the national, provincial, district and commune structures of relevant government ministries and by collaboration with NGOs and other donor partners at all levels. A community-based, multisectoral programme, community action for social development (CASD), will be initiated in four provinces during 1996-1997 and then expanded nationwide during 1998-2000. To succeed, CASD will depend largely on strengthening capacities of community organizations and other change agents, and developing sustainable management information systems that will help families and children understand and respond to their needs in concert with their communities. The capacity of government sectors and NGOs to respond to these needs in a coordinated and cost-effective manner will be strengthened.

17. Basic education and health care programmes are designed to improve the capacity of the Government and NGOs to provide rapid access to quality basic services nationwide and to complement support from other external partners. The linkage between service delivery through primary schools and health centres on the one hand, and the community-based activities under the CASD programme on the other hand, will be a priority in order to strengthen people's involvement and quality assurance. The development of management information systems and partnerships at all levels will improve advocacy, planning and the mobilization and effective use of resources.

18. A core set of activities will be funded from general resources. These will include primarily community action for social development and, to a lesser extent, the national-level capacity-building components of health and education. Past experience in obtaining supplementary funds has been positive, and informal indications from donors suggest good prospects for the next programme.

#### Community action for social development

19. CASD will enhance the capacity of communities, involving women and youth in defining and pursuing objectives with appropriate organizational, technical and financial support. The focus on the child will assist communities to identify and alleviate problems related to their food, water, fuel, care and protection, education and health environment as part of addressing the more basic problems of poverty and vulnerability. Therefore, improved nutrition and reduced poverty will be used as the key outcome indicators. The programme has six components.

20. First, UNICEF and other United Nations agencies will assist the Government and communities to establish village and local urban development committees, and build their capacities to facilitate social actions through training, management information systems, communication and continuing support and follow-up.

21. Second, community education and child care will encourage parents not sending their children to school to enrol them. Community- and home-based preschool education programmes will be established or strengthened. Village development committees will be closely linked with the parent-teachers' associations to support community involvement in the planning, implementation and monitoring of education.

22. Third, food, water and environmental interventions will include a wider variety of affordable technologies for safe water sources and household food production. Greater emphasis will be placed on helping families with food security problems, while water resource management will become a community priority.

23. Fourth, health, hygiene and caring practices will increase access and utilization of basic health services through more effective linkages between health service delivery and the community. Community- and family-based health also will be enhanced through health education and the promotion of appropriate child care, feeding and hygiene practices. Priority includes birth spacing, care during pregnancies and prevention of HIV/AIDS.

24. Fifth, protection and care for vulnerable women and children will expand the already extensive collaboration with NGOs. UNICEF also will help the Government to establish a more systematic and extended system for early detection, counselling and support to children and women at risk of abuse and neglect. Awareness campaigns on the protection rights of children, particularly girls, monitoring systems, training of paralegal counsellors and advocacy with enforcement and other accountable officials are priority actions planned.

25. Finally, technical and financial assistance will be provided to communities to help them mobilize financial resources themselves for credit, employment and savings schemes. Possibilities include self-employment and cooperative activities. The use of credit and social funds for investments in water, health and education also will be explored.

#### Basic education

26. The objective is to increase access, retention and learning achievement and to decrease repetition in primary schools by supporting the cluster school strategy recently adopted as a national policy. To do so, teachers, supervisors, administrators, planners and others will be trained in cluster school management. There also will be in-service upgrading of teachers' knowledge of content and methods.

27. The development of teacher competencies, as well as textbooks and teacher manuals based on competencies, will be carried out for Khmer, math and science, for grades 1 through 12. Trainers and administrators at teacher-training colleges will undergo training to prepare teachers for new curriculum materials. UNICEF also will assist the Ministry of Education to develop evaluation methods and tests that are appropriate to basic education.

28. UNICEF will continue to support the education management information system (EMIS) to promote effective measurement of enrolment, drop-out rates, costs and learning at different levels. Staff and parents will be trained to periodically collect and interpret basic data to measure progress towards equity, access, learning and cost-effectiveness using computerized systems to produce reports for monitoring and decision-making.

29. Updating literacy skills will help to increase productivity of groups such as out-of-school youth, children in special circumstances, young parents and farmers. Community resources will be mobilized to extend practical, formal and non-formal education in new ways through cooperation with other sectors, as well as with NGOs, United Nations agencies and other international organizations. UNICEF will advocate on access to education for all of those not served by the traditional, formal system. Resource centres in the cluster schools and other sites suitable for classes will be used. UNICEF will assist communities emerging from war or natural disasters to organize schools for children, and non-formal and informal education to assist in rebuilding communities.

### Health

30. MCH focuses on vaccine-preventable diseases, diarrhoeal diseases, ARI, micronutrient deficiencies (vitamin A, iodine, iron), the Baby-Friendly Hospital Initiative/breast-feeding and maternal health. The use of EPI outreach in maternity care to deliver crucial services will be explored. The focus will be on increasing access to and the use of prenatal, delivery and post-natal care as part of the linkages to the district health system which provides referral centres for high-risk pregnancies and obstetric emergencies. Activities to promote birth spacing through information will be undertaken in collaboration with the United Nations Population Fund (UNFPA).

31. The strategy for strengthening district health systems will be based on the experiences gained in four provinces in 1992-1995 in which provincial health advisers have worked and operational funds and materials were provided with UNICEF support. During 1996-1997, the same four provinces will focus on improving the professional capacity of provincial and district health staff in support of health centres. Thus, strengthening of systems for referral, supervision and support will be crucial. Communities will become involved in the management and financing of basic health services and in helping to forge linkages between community organizations, communes and district health authorities. While other external partners will assist in initiating the same strategies in other provinces, UNICEF support will help to extend coverage and improve the quality of the district health systems for the whole country.

32. The cooperation will aim to make essential drugs available at functioning health facilities nationwide while promoting the rational use of drugs through training. The programme also will develop sustainable model systems for essential drugs supply at the commune level in four provinces.

33. The health management information system (HMIS) will intensify efforts to improve communication, and HMIS data will be used at all administrative levels, including health unit and community levels through collaboration with the CASD programme.

### Advocacy, planning and support

34. UNICEF will provide technical and financial assistance to national institutions to strengthen the development and use of information systems to strengthen planning, monitoring, research and analysis for children and women. The main partners will be the Cambodian National Council for Children, the Ministry of Planning, the National Institute of Statistics, other sectoral ministries, and other partners of Government in the social components of the National Development Plan.

35. The objective of social mobilization for child rights will be to accelerate progress towards the goals for children and women by promoting their rights in the development process and by supporting decision-making mechanisms in all programmes through focused advocacy, using a variety of media. Activities will include institutional capacity-building for all levels of media production and training; land-mine awareness; HIV/AIDS prevention; special events and campaigns; advocacy for the Convention on the Rights of the Child and the Convention on the Elimination of All Forms of Discrimination Against Women; communications; and emergencies.

36. The protection of vulnerable groups will cover children affected by armed conflict, street children and working children, children with disabilities, child prostitution and the issue of violence against women. In addition,



juvenile justice and action against the abduction, sale and trafficking of women and children have been identified for UNICEF support. There will be five activities: a comprehensive legal protection system; equal access to services for disabled women and children; protection and rehabilitation services for women and children who are neglected, exploited and abused; special protection and recovery assistance for women and children uprooted by armed conflict and natural disaster; and land-mine awareness and service support for land-mine victims.

#### Cooperation with other partners

37. Collaboration will be extended and intensified in all health-related activities ranging from strengthening district health services to HIV/AIDS control. Collaboration with WFP will continue within the new CASD programme in partnership with the United Nations Development Programme. Coordination with the United Nations Educational, Scientific and Cultural Organization and UNDP will ensure the complementarity of education programmes, and similar efforts will be made with UNFPA with regard to national population programmes. In addition, partnerships with AsDB and the World Bank will be pursued in the sectors of health, education and rural drinking water supply. The emergence of a large number of local NGOs focusing on human rights and social issues is particularly important for participation and sustainability. Given the evident complementarity of the proposed programme and those of NGOs, close cooperation will be continued as a matter of priority. The major bilateral partners in the past programme are now strengthening their programmes and presence in Cambodia. The positive experiences from past cooperation will result in good complementarity in future support to improving the conditions of children and women in Cambodia.

#### Monitoring and evaluation

38. Support to the development and effective use of information systems will constitute a priority within all programme areas, i.e. EMIS, HMIS, community-based information systems in CASD, and national level monitoring, research and analysis in the advocacy planning and support programme. Annual programme reviews and, in particular, the mid-term review of the country programme will serve as the main opportunities to assess progress and make any necessary adjustments. Given the priority of capacity-building and participatory strategies, the use of appropriate process indicators and participatory evaluation methodologies will be important outcome measurements.

#### Programme support

39. The new country programme, with its strategy of capacity-building for policy and intersectoral planning, for improved effectiveness in service delivery and for participatory development, will require improved organization of UNICEF support. Gradually UNICEF will become less involved in programme implementation and provide advocacy and technical support through a broader range of channels.

TABLE 1. BASIC STATISTICS ON CHILDREN AND WOMEN

Cambodia		(1994 and earlier years)		UNICEF country classification			
Under-five mortality rate		177	(1994)	Very High USMR			
Infant mortality rate		113	(1994)	Very high IMR			
GNP per capita	\$	200	(1991)	Low-income GNP			
Total population		10.0 million	(1994)				
KEY INDICATORS FOR CHILD SURVIVAL AND DEVELOPMENT				1970	1980	1990	1994
Births		(thousands)		294	250	405	417
Infant deaths (under 1)		(thousands)		46	53	50	47
Under-five deaths		(thousands)		72	83	78	74
Under-five mortality rate				244	330	193	177
(per 1,000 live births)							
Infant mortality rate (under 1)				155	212	123	113
(per 1,000 live births)							
				About 1980	Most recent		
Underweight children (under 5)		Moderate & severe		..	40		
(% weight for age, 1994)		Severe		..	7		
Babies with low birth weight				..	..		
(%)				..	..		
Primary school children reaching				..	..		
grade 5 (%)							
NUTRITION INDICATORS				About 1980	Most recent		
Exclusive breast-feeding rate (<4 mos.) (%)				..	..		
Timely complementary feeding rate (6-9 mos.) (%)				..	..		
Continued breast-feeding rate (20-23 mos.) (%)				..	..		
Prevalence of wasting (0-59 mos.) (%) (1994)				..	8		
Prevalence of stunting (0-59 mos.) (%) (1994)				..	38		
Daily per capita calorie supply				84	96		
(% of requirements, 1979-1981/1988-1990)							
Total goitre rate				..	15		
Household expenditure		All food/cereals		..	.. / ..		
(% of total income)							
HEALTH INDICATORS				About 1980	Most recent		
ORT use rate (%) (1992)				..	6		
Access to health services		Total		..	53		
(% of population, 1985)		Urban/rural		.. / ..	80 / 50		
Access to safe water		Total		..	36		
(% of population, 1991)		Urban/rural		.. / ..	65 / 33		
Access to adequate sanitation		Total		..	14		
(% of population, 1991)		Urban/rural		.. / ..	81 / 8		
Births attended by trained personnel				47	..		
(%, 1984)							
Maternal mortality rate				500	900		
(per 100,000 live births, 1981/1990)							
Immunization				1981	1985	1990	1994
One-year-olds (%) immunized against:		Tuberculosis		..	57	54	78
		DPT		..	23	40	53
		Polio		..	26	40	54
		Measles		..	29	34	53
Pregnant women (%) immunized against:		Tetanus		..	21	..	28

TABLE 1 (continued)

Cambodia

EDUCATION INDICATORS		About 1980		Most recent		
Primary enrolment ratio (gross/net) (%)	Total	..	/	..	/	..
	Male	..	/	..	/	..
	Female	..	/	..	/	..
Secondary enrolment ratio (gross/net) (%)	Total	..	/	..	/	..
	Male	..	/	..	/	..
	Female	..	/	..	/	..
Adult literacy rate, 15 years & older (%, 1970/1990)	Total	48		35		
	Male/female	74 / 24		48 / 22		
Radio/television sets (per 1,000 population, 1980/1992)		92	/	5		112 / 8
DEMOGRAPHIC INDICATORS		1970	1980	1990	1994	2000
Total population	(thousands)	6938	6498	8841	9968	11637
Population aged 0-15 years	(thousands)	3150	3037	3929	4642	5346
Population aged 0-4 years	(thousands)	1194	943	1628	1784	1802
Urban population (% of total)		10.6	11.8	15.1	17.3	21.2
Life expectancy at birth (years)	Total	43	39	50	52	55
	Male	42	38	49	51	54
	Female	44	40	52	54	57
Total fertility rate		5.9	4.6	5.3	5.1	4.7
Crude birth rate (per 1,000 population)		42	38	45	42	35
Crude death rate (per 1,000 population)		21	29	15	14	11
		About 1980		Most recent		
Contraceptive prevalence rate (%)		..		..		
Population annual growth rate (%, 1980-1994)	Total	..		3.1		
	Urban	..		5.8		
ECONOMIC INDICATORS		About 1980		Most recent		
GNP per capita annual growth rate (%)		..		..		
Inflation rate (%)		..		..		
Population in absolute poverty (%)	Urban/rural	.. / ..		.. / ..		
		.. / ..		.. / ..		
Household income share (%)	Top 20%/bottom 40%	.. / ..		.. / ..		
		.. / ..		.. / ..		
Government expenditure (% of total expenditure)	Health/education	.. / ..		.. / ..		
	Defence	.. / ..		.. / ..		
Household expenditure (% share of total)	Health/education	.. / ..		.. / ..		
		.. / ..		.. / ..		
Official development assistance: (1980/1993)	\$US millions	281		313		
	As % of GNP	..		27		
Debt service (% of goods and services exports, 1993)		..		0		

TABLE 2. EXPENDITURE UNDER PREVIOUS COOPERATION PERIOD, 1992-1995 <sup>a/</sup>

COUNTRY: CAMBODIA  
LATEST BOARD APPROVAL: 1995  
GENERAL RESOURCES: \$13 510 000

(In thousands of United States dollars)

Programme sectors/areas	Supplies and equipment (actual)		Training grants (actual)		Project staff (actual)		Other cash (actual)		General resources		TOTAL			
	GR	FSF	GR	FSF	GR	FSF	GR	FSF	Actual	Planned	SF		Total (GR & SF)	
											Actual	Planned		Actual
Health	368	5 107	30	284	1 000	1 345	964	1 324	2 362	1 980	8 060	20 700	10 422	22 680
Nutrition	142	3 761	8	400	655	481	190	738	995	795	5 380	8 000	6 375	8 795
Water supply and sanitation	47	5 059		136	100	1 615	123	651	270		7 461	16 000	7 731	16 000
Education	218	2 490	2	182	435	843	131	4 149	786	1 337	7 664	13 000	8 450	14 337
Women-centred programme	19	832		350	352	50	36	989	407	795	2 221	3 600	2 628	4 395
Children in especially difficult circumstances	2	89	1	112	134	165	55	1 101	192	300	1 467	4 700	1 659	5 000
Social mobilization and advocacy	52	136	1		113		87	273	253	515	409	900	662	1 415
Planning and social statistics	14	23		8	99		122	74	235	263	105		340	263
Programme support	527	155	96	5	5 007	746	1 306	315	6 936	7 525	1 221	4 100	8 157	11 625
<b>GRAND TOTAL</b>	<b>1 389</b>	<b>17 652</b>	<b>138</b>	<b>1 477</b>	<b>7 895</b>	<b>5 245</b>	<b>3 014</b>	<b>9 614</b>	<b>12 436</b>	<b>13 510<sup>b/</sup></b>	<b>33 988</b>	<b>71 000</b>	<b>46 424</b>	<b>84 510</b>

GR = General resources.

FSF = Funded supplementary funding.

SF = Supplementary funding, funded and unfunded.

<sup>a/</sup> Actual expenditure includes expenditure recorded as at closure 10 of 21 December 1995.

<sup>b/</sup> Including \$3 000 000.00 approved earlier in 1991 (E/ICEF/1991/P/L.12), \$4 280 000.00 approved in 1994 (E/ICEF/1994/P/L.22) and additional general resources of \$230 000.00 (E/ICEF/1995/P.L.34).

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**TABLE 3. PLANNED EXPENDITURE, 1996 - 2000**

(In thousands of United States dollars)

<b>Country: CAMBODIA</b> Period covered: 1996 - 2000	<b>Funding status</b>	<b>1996</b>	<b>1997</b>	<b>1998</b>	<b>1999</b>	<b>2000</b>	<b>Total</b>
Community action for social development	GR	581	531	481	481	481	2 555
	FSF	2 274					2 274
	NSF	1 265	3 514	3 514	3 514	3 514	15 321
Health	GR	581	456	406	406	406	2 255
	FSF	1 015					1 015
	NSF	1 954	3 094	3 144	3 144	3 144	14 480
Basic education	GR	475	350	325	325	325	1 800
	FSF	3 500					3 500
	NSF		3 500	3 500	3 500	3 500	14 000
Advocacy, planning and support	GR	425	425	300	300	300	1 750
	FSF	1 700					1 700
	NSF	375	2 075	2 200	2 200	2 200	9 050
Programme support	GR	638	638	638	638	638	3 190
	NSF	72	72	72	72	72	360
<b>TOTAL</b>	GR	2 700	2 400	2 150	2 150	2 150	11 550
	FSF	8 489					8 489
	NSF	3 666	12 255	12 430	12 430	12 430	53 211
<b>GRAND TOTAL</b>		<b>14 855</b>	<b>14 655</b>	<b>14 580</b>	<b>14 580</b>	<b>14 580</b>	<b>73 250</b>

GR = General resources.  
FSF = Funded supplementary funding.  
NSF = New supplementary funding.

TABLE 4. LINKAGE OF PROGRAMME BUDGET AND STAFFING/STAFF COSTS  
CAMBODIA

PROGRAMME SECTION/AREAS AND FUNDING SOURCES	PROGRAMME BUDGET, 1996-2000 (In thousands of US dollars)											POSTS a/				STAFF COSTS g/ (In thousands of US dollars)		
	GR	FSF	NSF	TOTAL	EXISTING POSTS					SUBTOTAL				TOTAL POSTS	IP	LOCAL	TOTAL	
					D2/L1	D1/L4	P/L5	P/L4	P/L3	P/L2	IP	NP	GS					
<b>GENERAL RESOURCES</b>																		
Community action for social development	2 555			2 555	1		1					2		2				746
Health	2 255			2 255		2					2		1					829
Basic education	1 800			1 800	1						1		1					784
Advocacy, planning and support	1 750			1 750	1						1		1					899
Programme support	3 190			3 190	1		1				2		1	14				2 807
<b>TOTAL GR</b>	<b>11 550</b>			<b>11 550</b>	<b>1</b>	<b>5</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>1</b>	<b>8</b>	<b>2</b>	<b>18</b>					<b>6 065</b>
<b>SUPPLEMENTARY FUNDING</b>																		
Community action for social development		2 274	15 321	17 595		3	2				5	4	4					1 914
Health		1 015	14 480	15 495		3	2				5	1	1					1 730
Basic education		3 500	14 000	17 500			1				1	2	3					638
Advocacy, planning and support		1 700	9 050	10 750			1				1	1	2					975
Programme support			360	360							2	2	4					754
<b>TOTAL SF</b>		<b>8 489</b>	<b>53 211</b>	<b>61 700</b>		<b>6</b>	<b>6</b>	<b>2</b>	<b>14</b>	<b>7</b>	<b>11</b>	<b>7</b>	<b>11</b>					<b>6 011</b>
<b>TOTAL GR &amp; SF</b>				<b>73 250</b>	<b>1</b>	<b>11</b>	<b>7</b>	<b>3</b>	<b>22</b>	<b>9</b>	<b>29</b>	<b>9</b>	<b>29</b>					<b>12 076</b>
<b>ADM. AND PROGRAMME SUPPORT BUDGET</b> (Proposed, 1996-2000)		<b>Operating costs</b>		<b>2 888</b>														
		<b>Staffing b/</b>		<b>4 975</b>		1	3		1		5		10					
<b>GRAND TOTAL (GR + SF + ADM)</b>						2	14	7	4	27	9	39	75					
<b>Number of posts and staff costs:</b> - At the beginning of previous programme (1994) - At the beginning of proposed programme (1996) - At the end of proposed programme (2000) (Indicative only)																		
a/ Each post, regardless of its funding source, supports the country programme as a whole. b/ The posts are effective as of 1 January 1996. c/ Project posts and core posts are funded for five years (since this country has been integrated in budgets). Abbreviations: GR = general resources; FSF = funded supplementary funding; NSF = new supplementary funding; SF = supplementary funding; IP = International Professional; NP = National Professional; GS = General Service; ADM = administrative.																		