CF-RAI-USAA-DB01-2003-968411

Full Item Register Number [Auto] **CF-RAI-USAA-DB01-2003-968411**

Ext Ref: Doc Series / Year / Number **EVL/03.06.02/ KMP 98/801**

Record Title

Mid Term Review Final Report : Community Action for Social Development (CASD) Programme

Date Created - on item	*Date Registered in RAMP-TRIM*	*Date Closed*
1/1/1998	12/15/2002	

Primary Contact
Owner Location **Evaluation Office, UNICEF NY-HQ = 5128**
Home Location **Evaluation Office, UNICEF NY-HQ = 5128**
Current Location **CF-RAF-USAA-DB01-2003-68411 > Evaluation Office, U**

1: In, Out, Internal, Rec or Conv Copy
Fd2: Sender or Cross Reference
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Container Record [Folder] **CF-RAF-USAA-DB01-2003-68411**
Container Box Record (Title) **Mid Term Review Final Report : Community Action for Social Developn**

Nu1: Number of pages	*Nu2: Doc Year*	*Nu3: Doc Number*
0	0	0

Full GCG File Plan Code

Da1: Date Published	*Da2: Date Received*	*Da3: Date Distributed*	*Priority*

If Doc Series?:

Record Type **A01ev Item Eval Office - CF-RAI-USAA-DB01-EV**

Electronic Details **No Document** *Electric [wasDOS] File Name*

Alt Bar code = RAMP-TRIM Record Numb : **CF-RAI-USAA-DB01-2003-968411**

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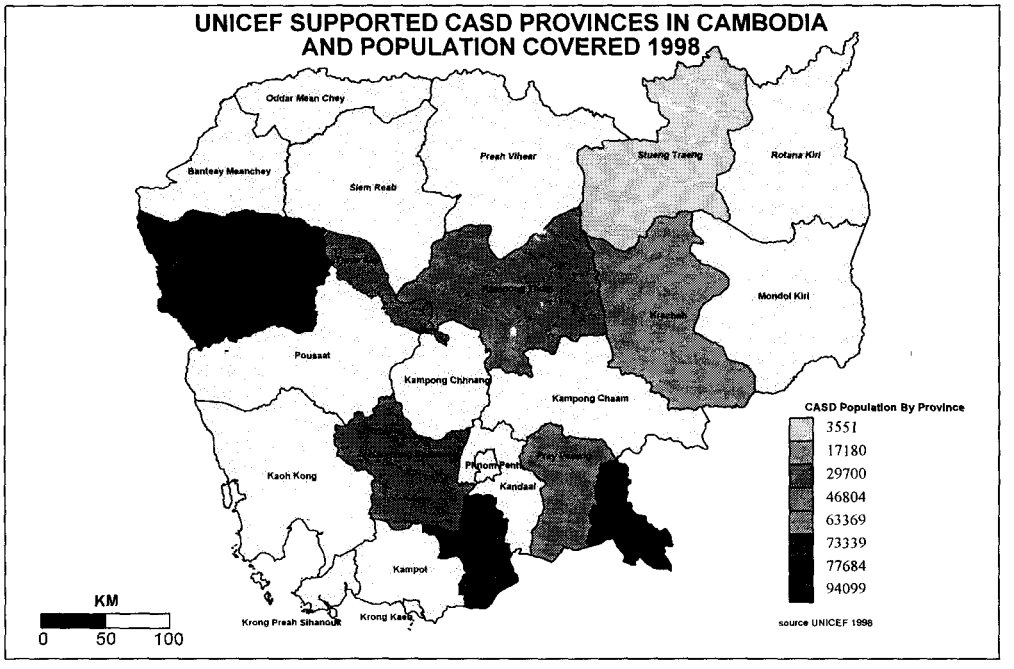

COMMUNITY ACTION FOR SOCIAL DEVELOPMENT (CASD) PROGRAMME

DECEMBER 1998

B

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EXECUTIVE SUMMARY

Background

The Community Action for Social Development (CASD) programme was designed as a new, innovative and the overarching programme of the 1996-2000 Country Programme. Its main objective is to support community participation to assure the survival, protection and development of Cambodian children, as well as to achieve gender equity in the development process. In the CASD context, community participation is seen as the process by which community groups, in particular village development committees (VDCs), households/families, women, youth, the poor and the vulnerable assume control and authority over decisions and resources. The basic strategy is to enhance the capacity and creativity of the family and the community to systematically address the main problems of children and women through community mobilization, involvement and initiative. The main problems were identified as poor health and nutrition, poverty, and problems related to basic education as well as in the care of vulnerable children and women.

Objectives of the review

This review examines the extent to which the designed CASD-MPO objectives have been achieved, the continued relevance of the CASD strategy, analyzes programme performance including impact on the situation of children and women, the lessons learned and the directions for the next biennium.

The context

The programme was started and implemented in an environment of rapid social, economic and political transitions. On one hand, the programme was seen as an opportunity to promote sustainable grassroots social and economic growth with justice as adopted in the Royal Government's First Five-Year Socio-Economic Plan (1996-2000). On the other hand, the programme was seen as radical because it challenged the widely held belief that communities did not exist in Cambodia and that traditional hieriachial system would not allow real community participation.

The March-April 1998 Programme Audit also described the CASD strategy as radically different from the previous programmes because: (a) it strongly emphasizes intersectoral collaboration; (b) focuses on community participation and capacity building to strengthen community-level empowerment; (c) emphasizes a rights-based perspective paying particular attention to the rights of children and women within the frameworks of the CRC and CEDAW; and (d) mixes a top-down bottom up decentralized "building from below" approach that carefully balances process and goals using nutrition status and poverty reduction as the outcome indicators. These were also some of the same reasons that the programme audit identified CASD as a high-risk programme in terms of achieving Country Programme Objectives.

Lessons from the past

The previous programme was largely vertical and centrally managed with UNICEF playing a critical role in co-implementation. The lessons from the three discrete and highly successful components: Water and Sanitation; Family Food Production (FFP) and Women in Development (WID) including literacy, were incorporated into the new and distinct CASD programme. Six CASD components were developed: (i) capacity building focused on women and youth (ii) community education and childcare (iii) food, water and environment (iv) health, hygiene and caring practices (v) protection and care of vulnerable children and women and (vi) credit, employment and income.

The challenges of transition

The transition from the previous to the new CASD programme faced challenges related to structural changes at UNICEF and country level inexperience in inter-sectoral, rights-based, community-based and adaptive programming. Structural changes at UNICEF Phnom Penh office led to the departure of all senior staff who participated in the development of the new programme resulting in a severe gap in staff. The recruitment process took about a year to get the required staff strength. Meanwhile skeleton temporary national personnel inexperienced in community-based programming struggled to initiate the programme first in Svay Rieng and later in Battambang provinces. In addition, the starting of the CASD programme at the provincial level made it initially difficult for the central level partners, in particular the Ministry of Rural Development (MRD) the major national partner, to define its role in the programme.

The resulting initial gap in UNICEF's leadership role in the new programme confused both counterparts and partners as to UNICEF's new direction and capability to implement the new programme that they had enthusiastically participated in designing. There was also a problem of timely funding because the budget is largely from supplementary funds. This made the transition from the previous WES; WID and FFP programmes to the new CASD approach take longer than planned. It also accounts for the slow start of the CASD programme with the process taking initially about nine months to complete. Because of this, the sectoral programmes of Health and Education continued to operate as before without the integrated approach envisaged in the MPO.

However, with staff in place and funds available, the challenges were quickly addressed and confidence in counterparts and other partners was restored. The MPO strategy was refined and desegregated into sub-components to ease operationalization. Frameworks for capacity building, empowerment, social mobilization and monitoring and evaluation were elaborated. The frameworks provided better understanding of the CASD concept, strategy, objectives, and operationalization of the programme within the overall framework of the CRC and CEDAW. A multi-sectoral CASD structure and process from the village to the national level was established and the roles at each level defined with the village development committee (VDC) as the basic CASD structure. The Ministries of Rural Development, Planning, Women Affairs and Interior (for local government) play crucial roles in these structures. A versatile and flexible adaptive programming framework mixing area-based and project-based approaches was adapted. The

"CASD" process was shortened to six months and has since been shortened further.

CASD now largest village based Programme in Cambodia

Currently, the programme covers 8 provinces, 20 districts, 53 communes, 552 villages, 62,732 households, 61,000 under-fives, 213,000 women and a total population of 410,000 people. From a national perspective, the geographical coverage is about 36% for provinces, 12% for districts, 3% for communes and 4% for villages. In terms of population, it represents about 4% of the total population, 4% of the female population, 3% of children under-five and 4% of the number of households.

The successful establishment of the CASD programme as the largest single village-based social development programme in Cambodia led to a gradual shift from sectoral strategies to more intersectoral and community-based strategies for the overall country programming. CASD's village action plans (VAP) represent the lowest possible decentralization of the National Plans of Action (NPA) for children and women and provides good potential for inter-sectoral collaboration and demand driven service delivery.

A new initiative supported by UNICEF and ADB, called the RETA (Regional Technical Assistance) study on nutrition, was undertaken under the coordination of the Ministry of Planning and resulted into the development of US$90 million ten-year Cambodian Nutrition Investment Plan. The Plan is still under consideration for funding by ADB. The study also provided the first national analysis of the nutrition situation in Cambodia using mainly the 1996 MICS. It showed very high rates of malnutrition: about one in every two Cambodian children under-five years of age is undernourished. This figure has been confirmed by the CASD monitoring system.

Programme performance

- Despite a slow start, the efficiency of the programme improved rapidly reaching a peak in 1998 when the total population covered reached about six times that of 1996.
- Programme expansion occurred at a lower cost per beneficiary: The annual costs per beneficiary dropped from $24 at start up in 1996 to $ 11 in 1997 down to $ 5 in 1998.
- Programme funding focused at the community. About 40% of funds went directly to the community with another 28% geared toward technical support from central level ministries.
- There is evidence of impact on the situation of children and women as shown by (a) improved access and utilization of basic services (health, education, water and sanitation) (b) improved knowledge and behaviour (e.g. on breastfeeding practices, birth spacing and HIV/AIDS) and (c) improved overall wellbeing as indicated by improved health, nutrition and economic status.
- There is evidence of community participation, management, decision making and ownership and a good trend toward sustainability
- The established collaborative and multi-level implementation, management, monitoring, research and evaluation system has been able to track inputs, outputs, impact and generate new knowledge to improve programme efficiency and effectiveness.

- The programme has been able to develop a large-scale replicable model to address the pressing problems of children and women in Cambodia.

Lessons learned, challenges and issues of strategic importance

Experience gained so far indicate that (a) despite initial skepticism, conditions do exist in Cambodia for CASD like programmes (b) the CASD strategy of "building from below" provides a good basis for participatory child-centred community activities that aim to achieve behavioural change (d) the role of UNICEF should be limited to one of catalysis and facilitation (e) the CASD model can be replicated using the experiences with Partners For Development and the UNDP/CARERE/ SEILA programmes.

The main challenges include (a) lack of assurance for programme funding (b) lack of budgetary line from Government (c) the initial need for high human resources and lack of broad spectrum of skills in counterparts (d) difficulties in incorporating the CASD activities within sectoral ministries and provincial departments. Often, CASD activities are seen as additional activities.

The main issues of strategic importance to UNICEF include (a) the need to develop a funding strategy (b) giving more practical priority to maternal and child care (c) the need to achieve conceptual and operational programme convergence and synergism with Health, Education and Vulnerable Groups (d) the need to develop a more coherent programme communication strategy and (e) the need to continue to give adequate priority to monitoring, evaluation and operational research.

Proposed adjustments to MPO

In order to have more realistic coverage objectives and improve programme depth some fine-tuning of the MPO objectives for the 1999-2000 biennium is proposed for adoption as below:

a) The primary objective of the CASD programme is to assure the survival, protection and development of children as well as gender equity in the development process, through community mobilization, involvement and initiative in eight provinces. Depending on availability of funding two more provinces can be added to bring the total to 10.

b) The specific aims in support of this objective are to:
   - Consolidate the programme in the current 552 villages, 53 communes, 20 districts and 8 provinces covering a population of 410,000 people;
   - Expand within provinces and increase number of beneficiaries from 410,000 to 500,000.

Conclusion

The conclusion from the review is that despite initial skepticism about the possibility of implementing such a radical programme, the CASD programme is on track. Significant advances have been made in the implementation of its strategy and achievement of objectives as per CPR and MPO. The programme has had positive impact on children and women and is now well accepted by counterparts and partners as an appropriate community-based model for social development.

Overall programme management from the VDC-commune-district-province-ministerial and UNICEF levels has been good. Decentralization of programme planning and implementation to the provincial working groups was accompanied by direct funding to the working groups. This ensured decentralization of both responsibility and resource control. Counterparts handling funds were trained in UNICEF procedures for accounting and this helped in transparency and liquidation of CAG. Thus no CAG remained unaccounted for more than six months.

B

1.0 INTRODUCTION

1.1 Background

When most people are told about the CASD programme they almost all have the same reaction of disbelief. Yes, it sounds impressive, but what actually happens and how? What is the relationship between theory and practice? What was the thinking behind the CASD strategy? How does the political and social climate in the country assist/challenge community participation? What are the successes and challenges? What role does Unicef play? What lessons can be learned? When people visit CASD villages they also get a reaction of surprise: that the programme does actually work! And on the ground! This paper will try to answer the questions posed and confirm that it actually does work!

On starting the CASD programme in 1996, it was received with ambivalence both within UNICEF and Government. Because for the first time the development of the Country Programme of Cooperation 1996-2000 involved many Government sectors and partners, there was hope that the CASD strategy would provide a participatory model for addressing the poor conditions of children and women in Cambodia. This would be done through drawing upon the enhanced capacities of organized communities to achieve social goals in partnership with government, non-governmental organizations, civil society, external agencies and above all the community itself. The strategy would reflect the commitment of the government and Unicef support in the areas of social development, poverty alleviation, decentralization and grassroots democracy as a contribution to the realization of the human rights of children and women.

On the other hand, there was skepticism about applicability of the strategy in the context of Cambodia. It was argued that the destruction of the traditional social system by the Pol Pot Regime made it impossible to promote community participation because no communities existed in the sociological sense. So the question was "In what communities" will CASD work? Skeptics also argued that the programme was inconsistent with the Khmer tradition of hierachial conformity that will make it difficult to achieve real participation. Still, others saw the programme as a radical shift from the previous country programme that neither UNICEF nor the government would be able to implement. The argument was that the rights-based perspective taken and the need for intensive capacity building, inter-sectoral collaboration, community-level focus and the empowering participatory nature of the programme is too complex to implement and manage.

Although there are still challenges to overcome, this mid-term review of the programme shows that in spite of the skepticism, much progress has been made. First, the strategy has been found to be feasible and has been accepted by counterparts and partners. CASD is now the largest model of a village-level social development programme in Cambodia. Second, the objectives are progressively been achieved in a modular fashion. Third, there is already evidence of positive impact on the situation of women and children.

1.2 Objectives

Thus the objectives of the CASD MTR are:

a) To find out whether or not the programme is on track in terms of strategy and achievement of objectives;
b) To analyze the performance of the programme;
c) To discern lessons, best practices and issues of strategic importance to UNICEF in the next biennium (1999-2000); and
d) To propose amendments/adjustments to the MPO.

1.3 Review process

The process used consisted of internal reviews, external evaluations and special studies.

Internal reviews consisted of a consultative process from the village-commune-district-provincial to the national level through workshops, routine meetings and field visits involving both counterparts and partner organizations. Counterparts included the Village Development Committees (VDCs), CASD Commune-District-Provincial Working Groups (C-D-P WGs) at the commune-district and provincial levels, and at the national level inter-ministerial CASD focal points under the coordination of the Ministry of Rural Development (MRD). Partner organizations and NGOs participated at all levels. The internal reviews addressed four main questions: (i) is the CASD programme on track with regard to strategy and achievement of objectives? (ii) What are the lessons and experience so far? (iii) What are the constraints and opportunities? (iv) What should be adjusted? Other information was derived from routine monitoring of the programme operations, management and programme impact through the CASD monitoring system.

External evaluations by consultants were done for the components on Credit, water and sanitation (WES) in 1997 and Community Education and Care was evaluated by Sida in May-June 1998. Dr. Bjorn Ljungvist, former EAPRO Deputy Regional Director and main architect of the CASD programme as a previous Representative in Cambodia made a short MTR assessment for the CASD programme in June 1998. The March-April 1998 Programme Audit made an important contribution in its analysis of programme risks and progress towards implementation of strategies and achievement of objectives.

Four ***special studies*** were done:

1) The UNICEF/AsDB supported RETA nutrition study done by the Ministry of Planning with technical support from UNICEF Phnom Penh and Tulane University that was completed in April 1998 proposed the ten-year Cambodian Nutrition Investment Plan (CNIP);

2) The UNICEF-CASD/WFP baseline survey study done in May-June 1998 provided valuable information on health, nutrition and economic conditions comparing CASD with non-CASD villages;

3) The July 1998 village based study on "CASD Experience: Learning from Rural Development Programmes in Cambodia" was done by CDRI/MRD in two CASD villages: Popel in Tras commune, Romeas Hek district of Svay Rieng Province and Krasang, in Tamuen commune, Battambang district and province. The study compared CASD with six other similar programmes; and;

4) The ongoing study on socio-cultural vulnerability and coping strategies being done by the NGO American Friend Service Committee (AFSC) which is looking at the impact of conflict on Cambodian society. Four villages in Battambang are in the CASD area.

2.0 UPDATE OF SITUATION ANALYSIS

Trends in the overall social, political and economic situation show rapid and fluctuating transitions that affect the environment for community social development. The rural sector where 85% of the population and 90% of the poor live is plagued by high rates of malnutrition, child and maternal mortality and morbidity and high levels of poverty. The meeting organized by the Ministry of Rural Development on September 30th 1998 titled "Partners in Rural Development" gave a good summary of the situation with regard to the community development sector in Cambodia.

The conclusion from this meeting is that experience over the last five years shows that past policies and programmes have helped to restore crucial infrastructure and jump-start the economy, but with major challenges remaining in the provision of basic social services. Although the processes of rural development, decentralization, self-governance and local community participation are seen as important components of the transition from rehabilitation to development, a consensus about the strategies to achieve this has not yet been built and there is no clarity on current decentralization initiatives. However, there are few syntheses of recent experiences to assess the impact of decentralization on various dimensions of rural development that includes a national workshop on the CASD experience organized jointly by the Ministries of Rural Development and Planning in December 1997.

There is also the question of the poor development of institutions and mechanisms that can facilitate participatory and decentralized processes in the Cambodian context. Although the new policy orientation based on the market-oriented economy, democratization and increased participation of civil society has led to the restructuring of public institutions and progressive disengagement of the state from many of its traditional activities the Public Investment Programme (PIP) planned as a safety net to cushion off the effects of such orientation has suffered from inadequate funding. In addition, the policy of fiscal autonomy that allows local control over revenue mobilization and utilization suffers from a low tax base and the economic crisis following the July events, the Asian economic crisis and the current political impasse.

The capacity and competence of local government and community organizations need strengthening particularly in human resources. The necessity to promote demand driven programmes like CASD and CARERE in order to define the

characteristics of a strategy for local capacity development is becoming increasingly felt. It appears that the experience of many organizations engaged in community level social development indicates that while local committees like the VDC are good at handling relatively simple tasks, complex tasks that cut-across districts or provinces still require the involvement of higher levels of government. This justifies the continued need for the commune-district-provincial CASD Working Groups and the central level ministerial coordination.

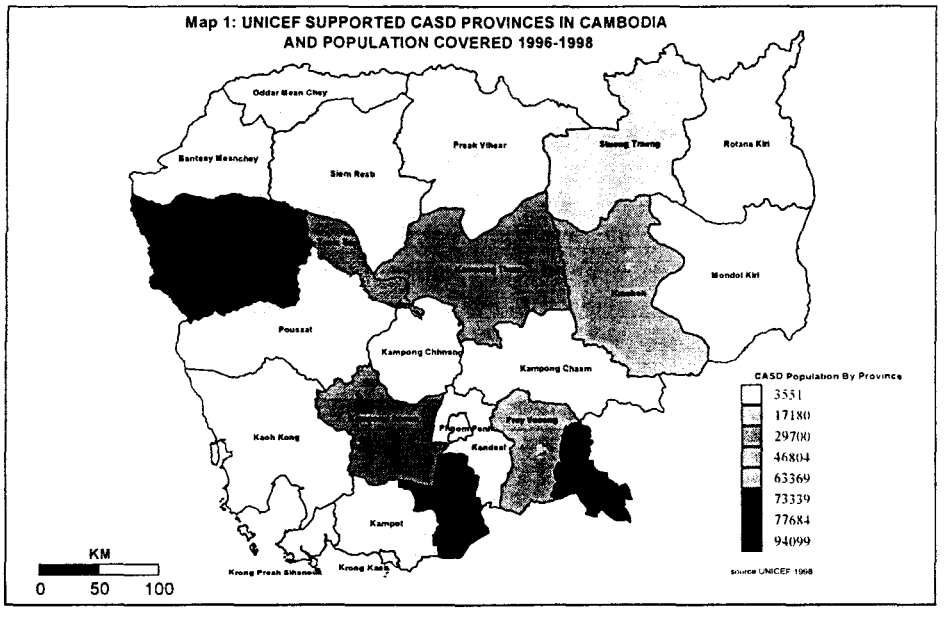
3.0 OVERVIEW OF EXTERNAL ASSISTANCE TO THE SECTOR

There are more than fifty local and external organizations, which participate in the Community Development Working Group according to the 1998 directory prepared by the Co-operation Committee for Cambodia. The planned budgets for these organizations amounted to roughly US$ 50,000,000 for 1998. However, there are additional partners in the sector who are not members of this working group, but who play an important role. These include ADB, World Bank, EU, GTZ, WFP and others. The Ministry of Rural Development reports that it has some fourteen major partners in rural development engaged in programmes valued at US$ 240,000,000. Some of these are major infrastructure projects and are best defined as rural development rather than community development programmes. While many partners support programmes focused on health or education, some also have a community development component. What is probably most important is that all of these organizations are piloting different strategies to see what works best in Cambodia. Community development is a process that takes time. It is encouraging that so many organizations are committed to supporting the sector.

4.0 ANALYSIS OF PROGRESS, ACHIEVEMENTS AND CONSTRAINTS

4.1 Programme establishment

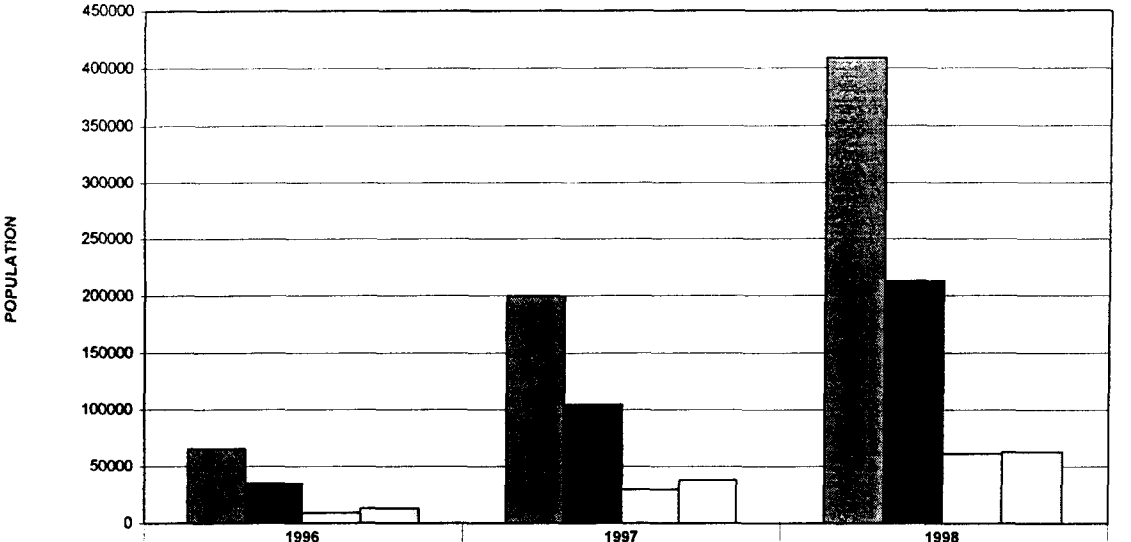
Map 1: UNICEF SUPPORTED CASD PROVINCES IN CAMBODIA AND POPULATION COVERED 1996-1998



A major achievement was the establishment and operationalization of the new programme. Started as a pilot in Svay Rieng in early 1996 covering a population of 26,547 in 43 villages 4 communes and 2 districts, the CASD programme expanded rapidly. Currently, the programme covers a population of about 410,000 in 552 villages, 53 communes and 20 districts in eight provinces. The provinces covered are Svay Rieng, Battambang, Kompong Thom, Prey Veng, Takeo, Kompong Speu, Kratie and Stung Streng (see map 1). In the last two provinces, CASD is collaborating with the NGO Partners for Development (PFD) to develop a replication model for the programme.

The proportion of geographical and population coverage at the national level are shown in charts 1-3.

CHART 1: TOTAL POPULATION COVERED BY THE CASD PROGRAMME BY YEAR (1996-1998)



	1996	1997	1998
Total Pop.	65263	199774	409114
Female Pop.	34795	104554	213056
Child Pop.	8823	29374	61082
Households	12815	37812	62732

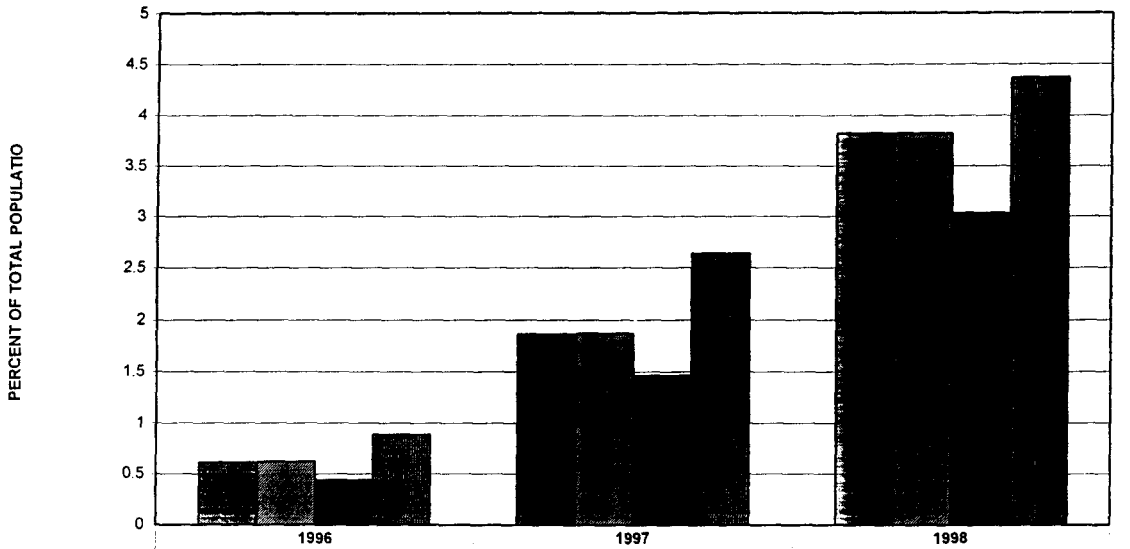
Although the population coverage is roughly about 4% for all categories (children, women, total persons, households) this coverage is the largest for any community village-level social development programme in Cambodia in 1998. Coverage by administrative areas is also high as shown in chart 3

The process of establishing the CASD programme or the "CASD process" as it is called consists of eight main steps with various activities in each step. The steps are:

1) An assessment of the organizational and human resource situation in the province
2) A sensitization/advocacy workshop on the CASD programme including CRC/CEDAW and site selection

3) Formation of a CASD-Working Group (WG) and Village Development Committee (VDC). The intersectoral WGs are comprised of eight sectors: Rural Development, Health, Education, Women Affairs, Agriculture, Planning, Social Action and Interior/Local Authority.
4) Building capacity of WG and VDC on the concepts of development, facilitation, management, leadership and team work through workshops;
5) Training on child and women assessment of nutrition and health status
6) Training on development of Village Action Plans (VAP)
7) Provision of technical interventions (wells, latrines, credit, fertilizer, seeds, training, health facility etc) through village action plans. The importance of community contribution in cash, labor and in-kind is promoted.
8) Programme management, monitoring and evaluation.

CHART 2: PROPORTION OF NATIONAL POPULATION REACHED BY THE CASD PROGRAMME (1996-1998)

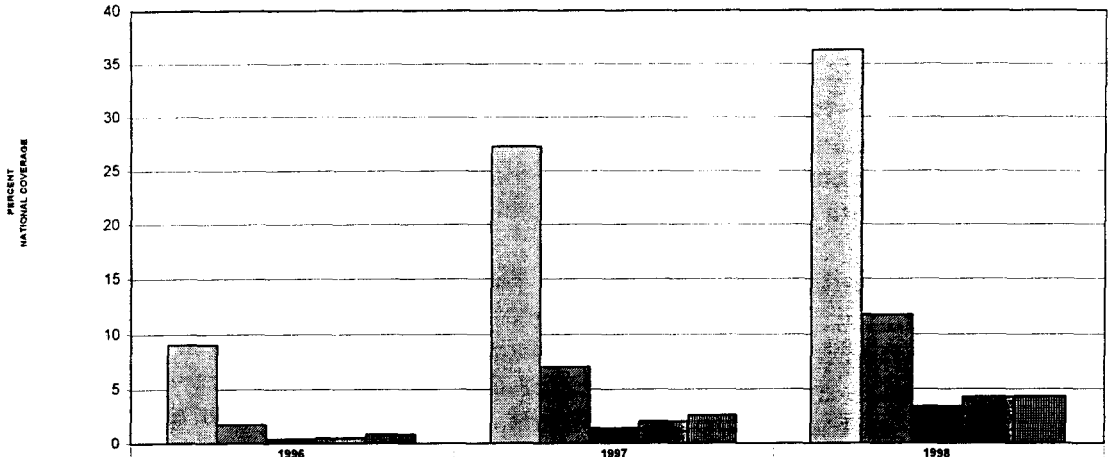


	1996	1997	1998
Total Pop.	0.61	1.86	3.82
Female Pop.	0.62	1.87	3.82
Child Pop.	0.44	1.46	3.03
Households	0.89	2.64	4.37

Initially the process took about nine months but was shortened to six months by the end of 1997, through iterative refinements of procedures and instruments. Although the process is being shortened further, the initial long period was time well spent. This is because there was need to arrive at an approach that is not only well designed according to the participatory "building from below" MPO strategy, but also well accepted by the Royal Government and key partners in rural development in Cambodia. The approach includes procedure for establishing development committees at village, commune, district, and province and at the national levels. In addition, there is creation of awareness and practice on participatory social rural development principles.

In order to balance the process with the provision of services, a ***minimum package of services and messages*** **(MPSM)** has been developed alongside the process for incorporation into VAPs. The contents of this package is shown in section 4.5.4.

CHART 3: NATIONAL COVERAGE OF CASD PROGRAMME BY ADMINISTRATIVE UNIT (1996-98)



	1996	1997	1998
PROVINCE	9.09	27.27	36.36
DISTRICT	1.76	7.05	11.76
COMMUNE	0.45	1.42	3.43
VILLAGE	0.56	2.08	4.29
HOUSHOLD	0.89	2.64	4.37

A major challenge is to replicate the model at a scale that would nationally impact on the conditions of children and women. The CASD/SEILA collaboration in Battambang and CASD-PFD collaboration in the Northern Eastern Provinces of Kratie and Strung Treng should be closely monitored for lessons on replication.

4.2 Progress towards WSC goals, CRC and CEDAW

The CASD programme is designed to contribute directly and indirectly to the achievement of both the major and sectoral/ supporting goals of the WSC at the community level. Lack of baseline indicators for the early 1990 period hampers discussion on the goals using quantitative indicators. However, much progress in process goals has been made in the CASD areas including the establishment of baseline indicators for quantitative sectoral goals.

In the area of **women's health and education** special attention is given to women's health, nutrition and literacy. The nutrition status of children and women is used as an entry point in the triple A process for the development of village action plans. Although Cambodian tradition gives women power to control economic resources, poverty, high levels of illiteracy, heavy workload and reproductive burden are severe constraints. Recently UNICEF has developed a position paper on non-formal education that emphasizes a community-based strategy to address problems of illiteracy and factors that act as roadblocks to quality basic education. The area of child and maternal care remains a major challenge.

In nutrition, the major CASD contribution was the elaboration of a ten-year US$90 million Cambodian Nutrition Investment Plan (CNIP) that emphasizes a community-based strategy with supporting national level strategies. Both protein-

energy and micronutrient malnutrition are addressed. The investment plan was an outcome of the RETA study that analyzed the 1996 MICS, ongoing nutrition-relevant programme and policies. In addition, the nutrition status of children under-five and women is used both as an entry point for the triple A process and as an outcome indicator. For micronutrient deficiencies the CASD emphasizes the food-based strategies and offers a good institutional framework for mass supplementation. The main constraints and challenges for achieving WSC for nutrition include (i) Lack of a formal body responsible for nutrition (ii) Lack of institution for nutrition training and research; (iii) lack of human resources. No Cambodian is formally trained in nutrition (iv) Lack of financial allocation to nutrition by Government (v) Lack of a nutrition information system and (vi) lack of capacity to translate policies and strategies into programmatic actions.

In the area of water and sanitation (WES), the 1997 WES evaluation showed major contribution toward the WSC goal. UNICEF is credited as a major contributor to raising access to safe water from 26% in 1992 to 36% in 1997, and the level of sanitation from 6% to 10% during the same period. There are now other major players at the national level (World Bank and ADB) who are supporting development of policies and master plans with particular emphasis on urban areas. UNICEF contributes to policy development and monitoring based on its community-level experience where it concentrates use of its resources. An innovative and creative approach has been the use of the food security and water and sanitation components of CASD to build up awareness and local capacity in addressing environmental issues at the micro-level. The major challenge is that access to both safe water and sanitation remains extremely low in the rural areas.

The CASD is also supporting local initiatives that ***address Early Childhood Care Growth and Development (ECCGD)*** including early childhood education, a priority area for UNICEF. Its **non-formal education (NFE)** component emphasizes literacy for women and addresses the community aspects of out-of school factors and some of the in-school factors that act as roadblocks to ***basic education*** particularly for girls. A recent (October 1998) review of this component shows that project objectives have been achieved by more than 150% in terms of geographical coverage and by 82% in terms of number of beneficiaries.

In the area of child rights, the CASD programme is rights-based because (a) it uses **CRC and CEDAW** as entry points for programme sensitization and advocacy at every level (b) the analysis is based on an explicit rights-based perspective (c) it emphasizes both process and impact (d) participation, capacity building and empowerment are key strategies and (e) uses some right-based sensitive indicators for monitoring and evaluation. Several partners acknowledge that initially they thought that people were only interested in receiving services, but to their great surprise they found that not only were people interested in talking about rights, but were also enthusiastic in their participation. Participation of children was recently given a new dimension through a village based " Education triple A" that involves children' s participation in articulating the constraints and solutions to the problems of quality, enrollment, repetition etc in primary schools. However, at the national level, concerns regarding human rights have been raised by human rights organizations.

4.3 Realism of programme objectives

Well-formulated objectives are supposed to be SMART i.e. they should be specific, measurable, achievable, and replicable and time bound. It is easier to state specific objectives in SMART terms than development objectives. Except for coverage, both the development and specific objectives in the MPO are not easily measurable. It appears that this was done to stress the importance of the CASD process over quantifiable targets and in view of the precarious political situation. This makes sense because it allowed flexibility for a quality process that built up human and institutional capacity and demand driven provision of services. In addition, it allowed the setting of annual project objectives based on lessons from the previous year. Progress towards achievement of CASD objectives is shown in textbox 1.

Text Box 1: **Analysis of progress toward CASD programme objectives**

Programme Objectives stated in MPO	Progress and Remarks
General objective: The primary objective of the programme, *Community Action for Social Development* is to assure the survival, protection and development of all the children of Cambodia, as well as gender equity in the development process, through community mobilization, involvement and initiative.	▪ CASD established as the largest community village based programme in Cambodia covering about 4% of (a) children underfive (b) women (c) total population and (d) households. Unlikely to achieve national coverage for all children in a single programme cycle. ▪ Good progress in assuring community mobilization, involvement and initiative through child and women assessment and analysis of nutrition status and development of Village Action Plans. ▪ Gender mainstreamed in CASD process.
Specific aims: 1. Make operational the community processes and participatory structures that are being formally established in villages and urban areas. 2. Enable organized groups of women and youth, which exist and are emerging, to play a decisive role in the community's self-development. 3. Assure the community's own capacity to achieve social goals in nutrition, health and education as well as in the care of vulnerable children and women.	1. CASD process and VDC structures operationalized in 552 villages. Urban areas not covered yet because the quartier has not been formed as the VDC in villages and is not a government priority. 2. No organized groups of women and Youth have emerged, but CASD supported formation of solidarity women groups for credit and literacy. 3. Good progress toward building community capacity in the 552 with VDCs as mobilizers and provincial-district-commune working groups as facilitators. A monitoring system at village level has been established to gauge progress made in nutrition, health, education, water and sanitation and care of vulnerable children and women. (see section 4.5.4)

With regard to coverage objectives there is a contradiction between the objectives stated in the overall Country Programme and those specific to CASD. While the former indicated an initial start of four provinces in 1996 and then moving in phases based on the experience gained in 1996-97, the CASD objectives imply national coverage by end of programme cycle. There is no doubt that the objective of national coverage is too ambitious. Revised programme objectives for the 1999-2000 biennium are proposed in section 7.0.

4.4 Relevance of programme strategy

The CASD strategy is an integration and broader application of three main UNICEF strategies: (i) service delivery, (ii) capacity building and empowerment and (iii) communication, advocacy and social mobilization. The strategy is guided by six main principles (a) child focus (b) rights-based (c) promotion of equity (d) decentralized and participatory approach (e) emphasis on process as well as results and (f) learning from experience as the programme develops.

Because of this, the CASD programme has put a lot of emphasis in defining the concepts that underlie the scientific and ethical basis of the programme strategy. This was done in the MPO and during the process of implementation. This is in recognition of the fact that philosophically speaking everything done by humans is born twice. First in the mind and second on the ground. The clearer the birth in the mind, the better will be the birth on the ground. In other words, practice without a sound theory is blind and sound theory without practice is sterile!

Practice gained so far shows that the CASD concept is sound theory and that the strategy remains relevant. In the course of implementation some refinements were made to ensure that not only is the CASD strategy well understood by the key implementers, but also to develop a strategy for replication

The refinements done are discussed below and the MTR is requested to approve them. The overall CASD strategy was desegregated into four sub-strategies as shown in annex 1. In addition some conceptual frameworks were developed to assist in understanding and operationalization of some key sub-strategies. These were on capacity building (annex 2) and empowerment (annex 3)

It is important to note here that the CASD strategy was also designed as the overarching strategy for the overall Country Programme of Cooperation. With the successful establishment of CASD, the strategy is gradually being embraced.

At the start of the country programme, the delay in the establishment of CASD and the use of different targeting criteria by the various UNICEF programmes (Health, Education Vulnerable Groups and CASD) resulted in programmes started in different provinces. It is only in two provinces (Svay Rieng and Battambang) that all three programmes converge. Additionally, the Education programme converges with CASD in the provinces of Takeo and Stung Streng. UNICEF, counterparts and some of the evaluations have recognized the importance of programme convergence. During the last year great efforts have been made to correct this problem and ensure that in areas where there is geographical overlap, the programmes do indeed overlap operationally. This is to take advantage of the huge structural potential for

community participation and to reach a large proportion of the target population offered by the CASD programme.

These efforts have started to bear fruit through joint development of strategies and a movement towards geographical overlap. Examples of this include (a) the community component of the IMCI initiative and implementation of the CASD Minimum Package of Services and Messages (MPSM) with the Health Section; (b) the promotion of community-based strategies to address out-of-school and in-school factors that act as road blocks to basic education with the Education Section. The development of a common concept paper on Non-Formal Education for the period 1999-2000 is worth mentioning; (c) community-based strategies to address problems of vulnerable children and women and the problem of landmines and internally displaced people (IDPs) with the Vulnerable Group Section; and (d) provincial analysis and joint planning for all four programmes.

There are also two strategies for replication that have been adopted. The first is the collaboration with the UNDP/CARERE SEILA programme in Battambang province, where SEILA expanded into CASD communes and CASD expanded to SEILA communes with an additional commune where the two programmes expanded simultaneously. The strategy here is one of complementarity. SEILA develops commune development plans through commune development committees (CDC). The CDC plans are mainly infrastructural dealing with things like irrigation canals, construction of roads, health centers or schools. CASD complements this with the development of village action plans (VAP) that emphasize software issues like changing behaviour, literacy, training on life-skills etc. In addition CASD provides household level wells and promotes utilization of basic services.

The second strategy is exemplified by the collaboration between CASD and the NGO, Partners for Development (PFD) in the two provinces of Kratie and Steung Treng through coordination by the MRD. The objective here is "to facilitate the adoption of lessons and best practices to improve the situation of women and children through community-based participatory initiatives, learned from the CASD Programme already in operation in six provinces and by the Northeast Cambodia Community Development Programme (NCCDP) under the assistance of PFD." The design is based on a "rights-based framework for assessing and analyzing the situation of children and women" that is adapted from the UNICEF guidelines on rights-based programming (see annex 4). The initiative is co-funded between UNICEF and PFD and the interventions are based on a framework that uses the lessons from CASD and North Cambodian Community Development Programme (NCCDP), (see annex 5).

4.5 Analysis of Programme Performance and results

4.5.1 Programme inputs

Programme inputs are analyzed here according to financial inputs and the pattern of expenditure. Chart 4 shows budget implementation for the period 1996-1998. Tables 1-2 show the planned and actual funded budgets. About two thirds (66%) of the planned MPO budget was funded. Supplementary funding was only about 60% of that planned by the MPO. There was some slight reallocation of funding to CASD as shown by a GR proportion of 104% as compared to the MPO. To cope with the

problem of low donor funding, programme expansion was allowed only to the extent of the availability of funds and several proposals were prepared and submitted to PFO for the 1999-2000 period.

CHART 4: CASD: BUDGET IMPLEMENTATION 1996 TO 31/8/1998 (US$,000)

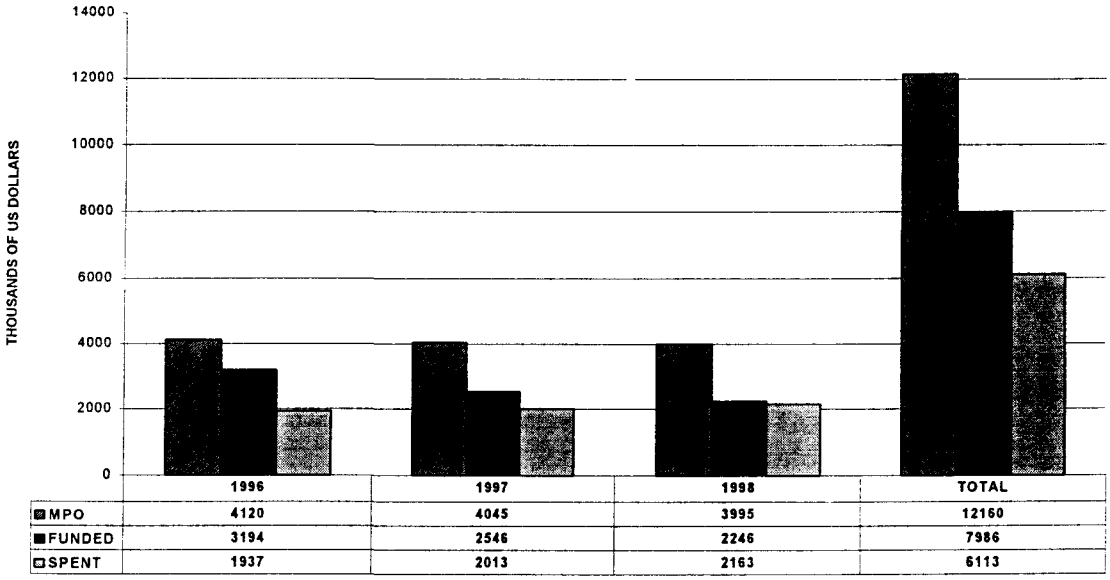


Table 1: Planned Budget 1996-2000 (MPO), thousands US Dollars

Project code	1996	1997	1998	1999	2000	Total
YC601-01	300	300	300	300	300	**1500**
YC601-02	750	750	750	750	750	**3750**
YC601-03	1750	1575	1500	1500	1500	**7825**
YC601-04	550	550	550	550	550	**2750**
YC601-05	320	350	375	375	375	**1795**
YC601-06	450	520	520	520	520	**2530**
Total	**4120**	**4045**	**3995**	**5994**	**5995**	**20150**
GR	581	531	481	481	481	**2555**
SF	3539	3514	3514	3514	3514	**17595**

Table 2: Proportion of budget funded and spent according to project codes (1996-1998) in US$,000

Project codes	1996		1997		1998		Total 1996-98			
	Funded	Spent	Funded	Spent	Funded	Spent	MPO Plan	Funded	Spent	% MPO Funded
YC601-01	205	196	334	275	264	258.5	900	797.5	735	88.6
YC601-02	694	159	654	484	848	860.8	2250	2209	1491	98.2
YC601-03	1582	1085	847	599	496	492.1	4825	2921	2180	60.5
YC601-04	383	228	379	347	301	353.5	1650	1116	876	67.6
YC601-05	0/0	0	91	79	48	50	1045	141	127	13.5
YC601-06	330	269	241	229	**204**	230.6	1490	802	702	53.8
TOTAL	**3194**	**1937**	**2546**	**2013**	**2163**	**2246**	**12160**	**7986**	**6113**	**65.7**
GR	475	456	669	602	398	506	1593	1650	1456	**103.6**
SF	2719	1481	1877	1411	1468	1739	10567	6336	4360	**60.0**

Implementation of budget increased from just over 60% in 1996 to 79% in 1997 and reached 96% in 1998 indicating progressive improvement in programme efficiency. The implementation rate for the 1996-98 period was about 77%.

Table 3: CASD annual and total rate of budgetary implementation (1996-1998)

Project code/ name	Implementation rate (%) (Spent/funded x 100) [see table for figures]			
	1996	1997	1998	Average 1996-1998
YC601-01/ Capacity Building	95.6	82.3	102.0	**92.2**
YC601-02/ Community Education and Care	22.9	74.0	99.0	**67.5**
YC601-03/ Food water and Environment	68.6	70.7	101.0	**74.6**
YC601-04/ Health, Hygiene and Caring Practices	80.6	91.6	85.0	**78.5**
YC601-05/ Protection of Vulnerable Children and Women	0.0	86.8	96.0	**90.1**
YC601-06/ Credit, Employment and Income	81.5	95.0	89.0	**87.5**
Programme Total	**60.6**	**79.1**	**96.3**	**76.5**
General Resources (GR)	96.0	90.0	78.7	**88.2**
Supplementary Funds (SF)	54.5	75.2	84.4	**68.8**

There were 12 sources of funding (table 4). Contributors in order of the size of the contribution are General Resources (21.2%), Sida (17.4%), Japan National Committee (16.9%), US National Committee (9.3%), NORAD (8.9%), Japanese Government (6.3%), French National Committee (4.6%), German Government (1.8%), Luxembourg (0.6%) and AusAID (0.6%).

Table 4: Donor Contribution to CASD Programme from 1996–1998

(US$,000)

Donor's Name	YC-601-01	YC-601-2	YC-601-03	YC-601-04	YC-601-05	YC-601-6	Total
UK N/C	0	0	1	0	0	0	1
France N/C	0	0	194	0	0	170	364
US N/C	0	31	336	242	0	136	745
USAID	0	0	45	0	0	0	45
Sida	0	1395	0	0	0	0	1395
Japan N/C	0	5	1331	0	0	19	1355
German Govt.	0	0	143	0	0	0	143
Australian N/C	0	134	515	177	0	176	1002
Luxembourg	0	47	0	0	0	0	47
NORAD	204	0	0	503	0	0	708
Japanese Govt.	0	500	0	0	0	0	500
GR	573	145	343	169	145	318	1693
Total	**777**	**2257**	**2908**	**1091**	**145**	**819**	**7998**

Project funding went mainly to the food, water and environment project (36.4%), community education and care (28.2%), health, hygiene and care (13.6%), credit, employment and income (10.2%) and capacity building for women and youth (9.7%). The project on protection of vulnerable children and women received a mere 1.8% of the funds and were all from General resources.

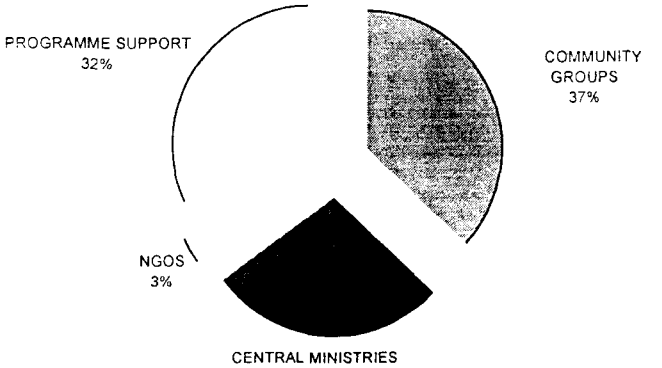
The type and proportion of financial inputs was as follows: (a) Cash Assistance to Government was 33%, (b) Supply Assistance was 30% (c) Technical Assistance was 5% and (d) Programme Support was 32%. Table 5 shows the counterpart, amount and proportion of programme funds supported. Chart 6 and 7 show the pattern of expenditure. The pattern of expenditure shows two trends. First, about a third of the expenditure goes to programme support while the larger portion of two thirds goes to programme activities (chart 6). Secondly, most of the funding goes directly to the community level (40% including NGOs) with the national level support of 28% geared towards assisting the community/provincial level (table 5).

TABLE 5: CASD ADMINISTRATIVE LEVEL DISTRIBUTION OF EXPENDITURES (1996-1998)

Name of Govt. Counterpart	1996	1997	31/08/98	Total	% in Programme
CASD Pcocom/Svay Rieng	181362	289651	213759	684772	13.75%
CASD Pcocom/Battambang	43981	168937	82130	295048	5.92%
CASD Pcocom/Kg. Thom	156255	82224	114291	352770	7.08%
CASD Pcocom/Prey Veng	22462	77944	210439	310845	6.24%
CASD Pcocom/Takeo	2275	46520	199119	247914	4.98%
CASD Pcocom/Kg. Speu	0	33474	175434	208908	4.19%
CASD Pcocom/Kratie	0	0	3752	3752	0.08%
CASD Pcocom/Steung Treng	0	0	2975	2975	0.06%
Ministry of Rural Development	360093	117965	110097	588155	11.81%
Ministry of Agriculture	105700	54022	9272	168994	3.39%
Ministry of Women Affairs	298028	324561	68135	690724	13.87%
Ministry of Health	0	0	2000	2000	0.04%
Ministry of Education/Youth	0	85928	0	85928	1.72%
Ministry of Planning	114	27715	0	27829	0.56%
NGO	64027	66163	40470	170660	3.43%
UNICEF Programme Support	706528	641666	378123	1726317	34.65%
Grand Total for Programme:	1942821	2018767	1609996	4981449	100.00%

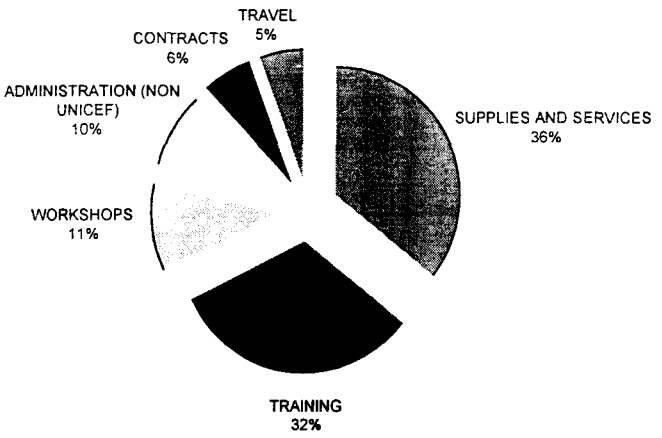
Third, the pattern of expenditure conforms to what one would expect in following the CASD strategy of building from below: more funding directed to the nearest level to the community (provincial working groups) and considerable programme support because of the large human resource needs of such a programme. Contrary

CHART 6: CASD AREAS OF EXPENDITURE (1996- 31/08/1998)



to the feeling of some people that there is too much stress on process without adequate attention to service delivery, the proportion of budget spent on supplies (36%) shows that service delivery was indeed given as much priority as the process (chart 7). This is consistent with a good rights-based programme, where the process and achievement of goals (outcome) are both given priorities.

CHART 7: CASD CATEGORY OF EXPENDITURES FOR COUNTERPARTS (1996-1998)



4.5.2 Programme outputs

Annex 6 shows the main outputs from the CASD programme. These are summarized in table 6. The shear scale of the various outputs that mix capacity building (mainly in form of training) and provision of services and advocacy materials is remarkable. The main question, however, is whether these outputs have had any impact on the situation of children and women in the villages involved. The answer to this question is discussed in section 4.5.4 on impact.

Table 6:CASD Outputs 1996-1998.

Type of output	Number
Village Action Plans	552
Trainees on various CASD aspects	66,587
Families provided with high yield seeds	14,860
Chicken & ducklings distributed	515
Trees planted for fruits & firewood	76,000
Health centres constructed	4
Village libraries constructed	173

Type of output	Number
Wells constructed	1,010
Latrines constructed: Family School	2,900 92
Borrowers in micro-credit scheme	33,000
Demonstration plots developed (for rice & vegetables)	779
Cash credit and Fertilizer loans	9,433
Rice Banks established	33
IEC and other materials produced and distributed	57,776

4.5.3 Programme costs analysis

Cost analysis per annum per beneficiary show high initial costs for all groups with gradual decrease as experience is gained and set up costs are lowered. This means that expansion was done more cost-effectively and efficiently. The annual cost per

child decreased from a high of US$237 in 1996 to US$75 in 1997 down to US$37 in 1998 (see table 7).

Table 7: Cost analysis per beneficiary of CASD Programme (1996-1998)

Year	1996	1997	1998
(a) Total Expenditure (US$,000)	2,087.2	2,207.4	2,245.6
(b) Total number of beneficiaries (population covered)	65,263	199,643	409,114
(c) Total number of children underfive years covered	8,823	29,246	61,082
(d) Expenditure per beneficiary US$/person = a/b)	31.98	11.06	5.49
(e) Expenditure per child under-five (US$/child = a/c)	236.56	75.48	36.76

The total population covered in 1996 is grossly underestimated as the figures shown are only those of CASD, while the WES, credit and literacy classes were nation-wide. The 1997 and 1998 figures are more realistic, although it should be noted that the expenditures figures are based on available funding and not what was considered to be optimal funding. For such integrated CASD like programmes, it is more realistic to use the costs per person because in reality every person is a beneficiary. Using the per person criteria, the costs decreased from US$32 in 1996 to US$11 in 1997 down to US$5 in 1998.

The levels and trends of costs per beneficiary are similar to other community-based programmes in low-income countries that have been evaluated as successful. Examples would include the WHO/UNICEF Joint Nutrition Support Programme (JNSP) in Iringa, Tanzania and the Integrated Child Development Services (ICDS) Scheme of the Government of India. However, from an East Asian perspective, these costs are much lower than those calculated for Indonesia [The family Nutrition Improvement Programme, (UPGK)] and Thailand [The Nutrition and Primary Health Care Programme]. The costs are also much lower than the World Bank supported nutrition programme of Tamil Nadu in India. However, it should be emphasized again that the funding was not optimal. The World Bank estimates a cost of US$13 per beneficiary per annum for low income countries in order to get a significant impact on nutrition status.

It should also be noted that the analysis refers to the direct programme costs. The contribution of communities in kind and often in cash is not included. In other settings where the contributions have been costed, communities provide more than half of the real programme costs. In the CASD programme, there are cash contributions for the construction of wells and latrines. The Governors of the provinces of Svay Rieng, Takeo and Kompong Thom made considerable contributions in terms of cash and rice seeds. Some villages provided land and some supplies to literacy and village libraries. The time spent by VDC members and villagers in general for CASD activities is considerable.

4.5.4 Impact on the situation of children and women

There is quantitative and qualitative evidence that indeed the programme is impacting positively on the conditions of children and women. Statistically speaking, the UNICEF-CASD/WFP study done in May-June 1998 shows CASD areas performing better in a number of social indicators than non-CASD areas. These included better health and education practices, improved knowledge, change in behavior and improved income.

Although the UNICEF-CASD/WFP study was planned as baseline and that the results may reflect the interplay of various other factors, it is possible to attribute the effects to the CASD Programme as villages that were just starting the CASD programme had a similar profile as the non-CASD villages.

The impact results are also backed up by the WES evaluation, the qualitative study done by the Cambodian Research Institute (CDRI) and Ministry of Rural Development, and analysis of information gathered through the reviews done by counterparts as part of the MTR process.

Impact on health status

In terms of utilization of health, CASD indicators were better in the following areas: coverage of immunization, vitamin A supplementation, use of family planning services, use of ORS and a tendency towards lower rates of morbidity (fever, diarrhea).

Impact on basic education and literacy

For education, the rates are better in basic education and literacy. Improved knowledge was shown in earlier initiation of breastfeeding, transmission and prevention of HIV/AIDS.

Impact on behaviour

Improved behavior was shown to be better in terms of demand for family planning services and use of safe drinking water.

Impact on economic status

Improved economic status was indicated by higher ownership of assets (cattle, pigs, poultry), home gardening, per capita production of rice and fewer people using rice to pay back debts.

The CDRI/MRD study specifically notes that although the CASD impact on the village economy has not been significant, the CASD programme has contributed to well being. Because of the small loans given, the credit scheme in particular is noted to be more of a subsidy to subsistence than a method to transform livelihoods. Additionally, the study credits the linking of well construction to home gardening, but found out that more consultation and training was needed.

Impact on nutrition status

The MPO adopted nutrition status as the main indicator for measuring impact. Thus CASD uses the assessment of the nutrition status of children underfive years (weight-for-age) and reproductive aged women (Body Mass Index, BMI) both as an entry point into the triple A and as impact monitoring tools.

The village action plans are essentially developed through the process of answering the question "why are children and women malnourished?" The 1996 MICS and the 1998 UNICEF/WFP baseline surveys provide evaluative points for the programme. It is hoped to conduct similar surveys at the end of the year 2000 in order to evaluate the overall programme impact for the 1996-2000 period

Table 8: Levels of malnutrition in 8 CASD provinces in 1998

Population group	Indicator	Cut-off point	Percent (%) prevalence	
			CASD June1998	National MICS June'96
PROTEIN-ENERGY STATUS				
Children 6-59 months	Underweight	z-score<-2	59.4	55.6
	Stunting	z-score<-2	43.1	56.3
	Wasting	z-score<-2	20.0	14.6
Women 15-45 years	BMI	<18.5 units	29.0	N/A
	Underweight	<45 kg	44.0	N/A
	Stunted	<1.45m	6.0	N/A
ANAEMIA				
Children 6-59 months	Haemoglobin	<12g/dl	81.0	N/A
Non-Pregnant women	Haemoglobin	<12.0g/dl	68.0	N/A
Pregnant women	Haemoglobin	<11.0g/dl	69.0	N/A
VITAMIN A DEFICIENCY				
Children 24-59 months	Night blindness	WHO, >1.0%	3.2	N/A
Non-pregnant women	Night blindness	N/A	7.4	N/A

Source: UNICEF/WFP baseline survey 1998 and MICS/RETA study 1996.

Table 8 shows the main nutrition indicators according to the June 1998 UNICEF-CASD/WFP baseline. Note the very high levels of PEM and anaemia. The survey data also provides the first community-based levels of anaemia in Cambodia. The very high levels of anemia in both children and women indicate an urgent need to develop comprehensive community-based interventions to address the problem.

Night blindness is also at levels of public health significance for vitamin A deficiency in both children underfive and pregnant women. Vitamin A capsule distribution was found to be 60% in the 8 CASD provinces as compared to 49% in the WFP areas.

No IDD survey was done during the baseline survey because apart from the CASD supported iodination of well water in Kratie and Stung Streng provinces, no other measures have operated since the 1996 MICS showed a national prevalence of goitre of 12%. UNICEF has already procured machinery to achieve universal salt iodation, but action has been stalled by a recent change in the production and marketing of salt. However, the UNICEF/WFP survey showed that in the 8 CASD provinces about 5% of the households were using iodated salt as compared to the 1996 MICS figure of 7% nationally. In Stung Streng as many as 34% of the households were using iodated salt imported from Laos.

Charts 8 and 9 show the nutrition trends in the six CASD provinces for children underfives. Two main conclusions can be made.

First, the overall rates of malnutrition are very high, on average just above 50%, a figure similar to the 1996 MICS survey. **This would indicate that malnutrition is a silent emergency in Cambodia**. Second, the trend is fluctuating. There was an initial decline of the rates of malnutrition in all the six CASD provinces to just below 50% in March 1998. However, in June 1998, the rates in all provinces went up to higher than the June 1997 level. Although there is some element of seasonal fluctuation, the June-September 1998 period was a particularly bad period for the whole country, as it was the time that food shortage was reported in many places with WFP receiving very high requests for food assistance. This was the same time that there was considerable emigration of people from the provinces to Phnom Penh looking for food. The rise in the rates of malnutrition during this period was probably a reflection of the pre-and post-election political situation and the effect of the Asean economic crisis. It is interesting to see that in the old CASD communes (chart 9), where the CASD programme was already established, there was less variation than when all the communes (new and old) are grouped together (chart 8). This may be attributed to a stabilizing effect by the CASD programme. By October 1998, the food crisis was essentially over, and the trends started to improve again.

Chart 8: CASD growth monitoring in old and new communes for children 6-59 months using weight-for-age (-2sd)

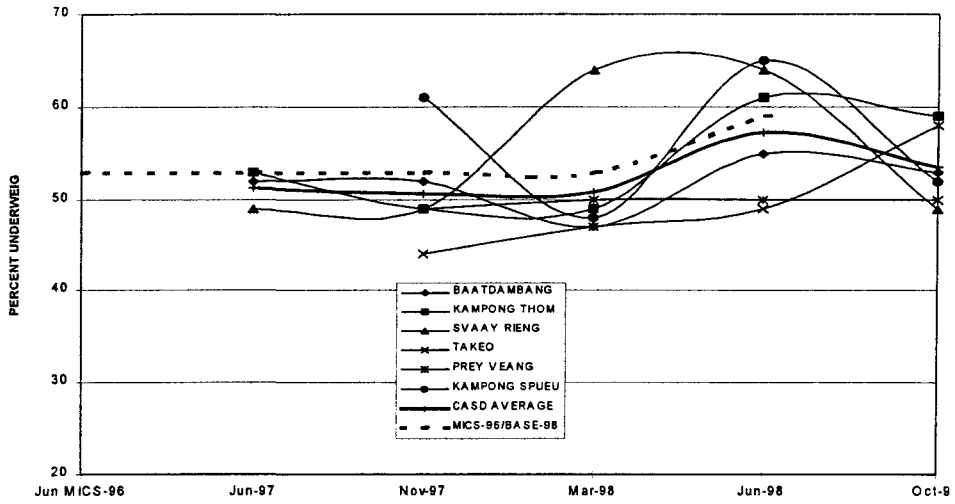
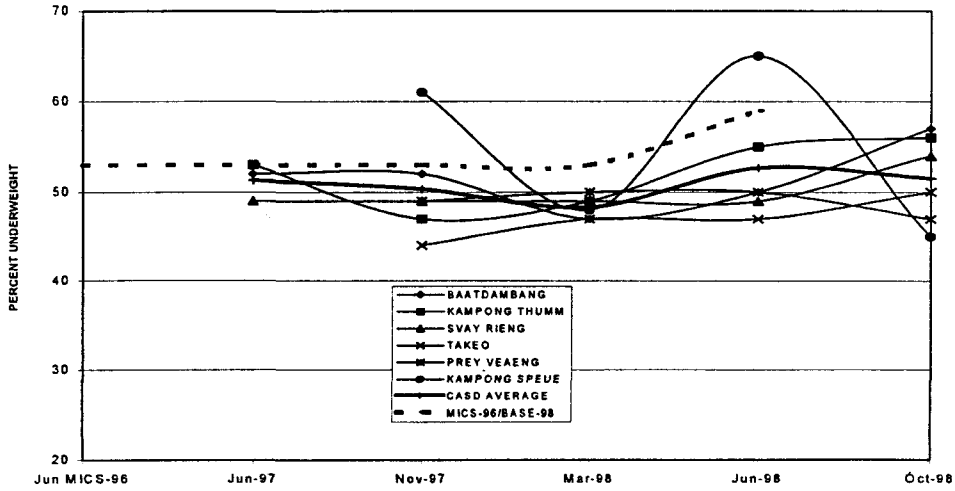
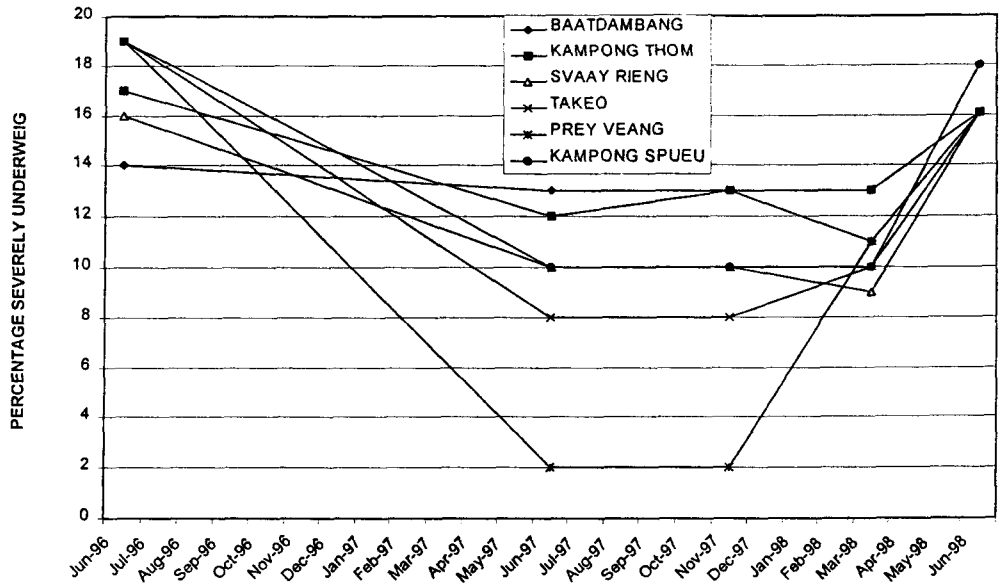


Chart 9: CASD growth monitoring in old communes for children 6-59 months using weight-for-age (-2sd)



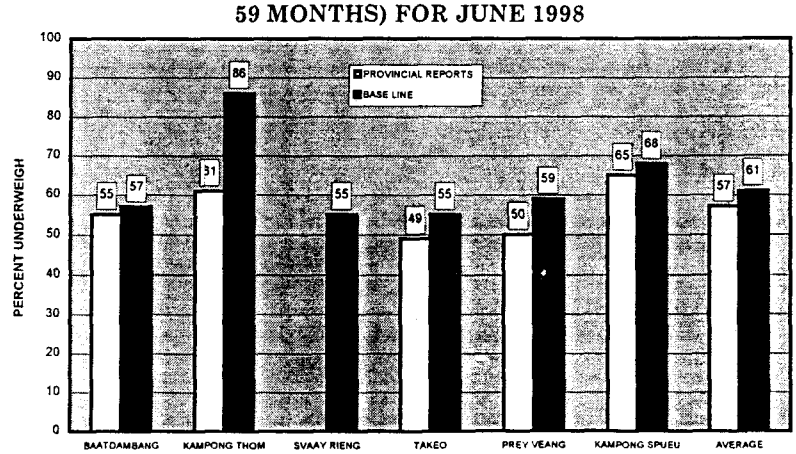
The level of severe malnutrition is also high and the trend follows that of total malnutrition (see chart 10a) with the exception of Kompong Thom province, the levels of malnutrition in children underfive years in June-July 1998, as measured by the CASD growth monitoring system is similar to the statistically sampled UNICEF/WFP baseline (chart 10b). This shows that indeed, the CASD monitoring system is capturing the real situation.

CHART 10a: NUTRITION TRENDS IN CASD PROVINCES: SEVERELY UNDERWEIGHT FOR AGE (-3sd), 6 TO 59 MONTHS (CASD GROWTH MONITORING SYSTEM)



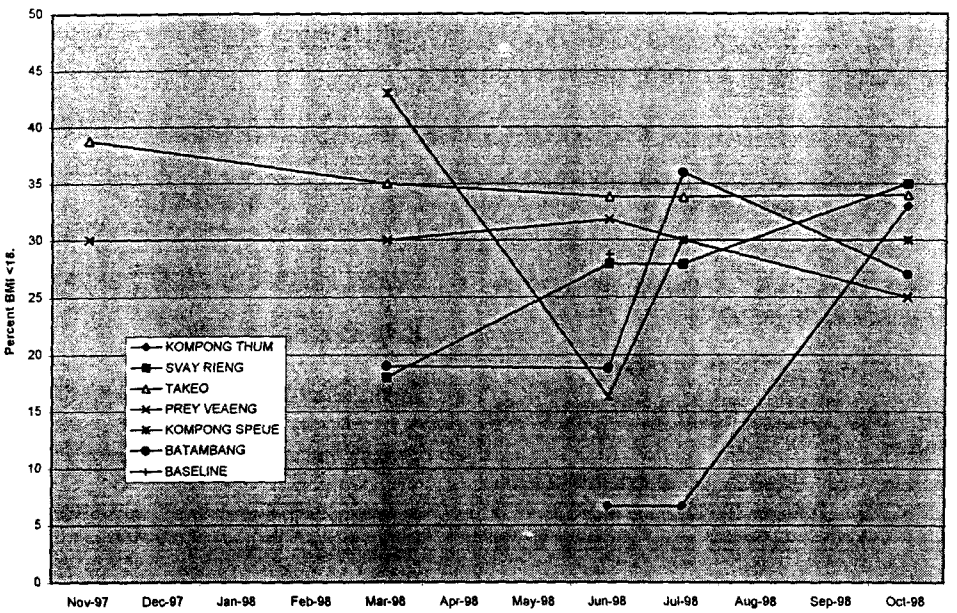
Kompong Thom results are marred by the small sample size of 28 children in the baseline survey. The sample size of 28 is the least number in a cluster to measure malnutrition according to the Lot Quality Assurance Method (LQAM) that WHO adopted and rounded to 30. The sample size in all the other provinces was higher than 30 children.

CHART 10b: COMPARISON OF REGULAR GROWTH MONITORING AND BASELINE SURVEY RESULTS (-2 SD W/A 6-59 MONTHS) FOR JUNE 1998



The trends for malnutrition in women using a cut-off of <18.5 BMI (chart 10c) is similar to that of children, implying that indeed the deterioration in the nutrition status of children in the June-October 1998 period was due to food shortage.

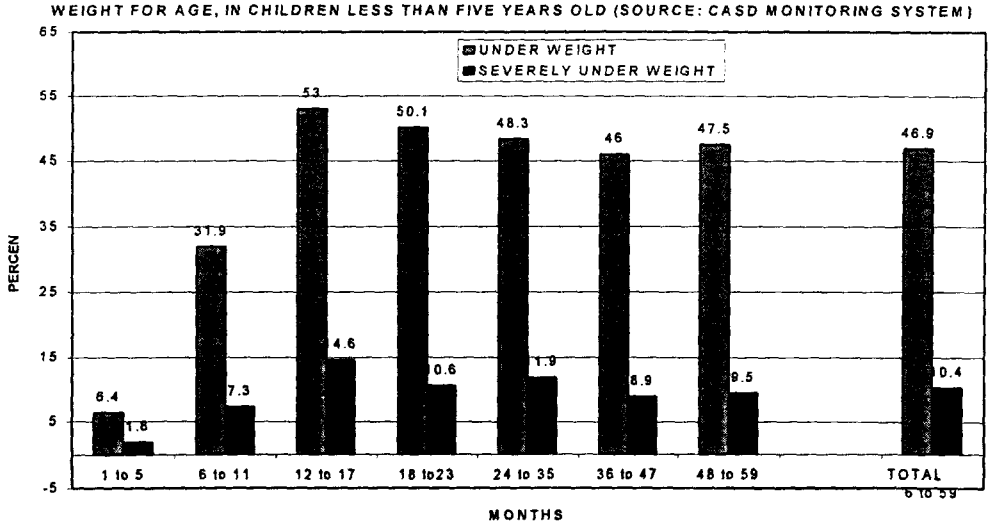
Chart 10c: Trends in malnutrition in women (BMI cut-off <18.5)



As in other low income countries, analysis of all available nutrition status data (from the CASD monitoring system, the MICS RETA study and the UNICEF-CASD/WFP study) show a rapid increase in rates of under-nutrition after six months of age (see chart 11). A peak is reached at about 18 months after which there is a small decrease and then a plateau until the child is 5 years. The period of complementary feeding (6-18 months) is particularly affected, indicating that inadequate care is the major "causative" factor. Child and maternal care is an area of programme priority for the next two years.

Efforts will be made to improve the *feeding frequency*, *adequacy* of food per meal, the *nutrient density* of food and *utilization* of the food eaten (the **FADU concept**).

CHART 11: CASD NUTRITION STATUS FOR MARCH 1998: UNDER WEIGHT FOR AGE AND SEVERELY UNDER WEIGHT FOR AGE, IN CHILDREN LESS THAN FIVE YEARS OLD (SOURCE: CASD MONITORING SYSTEM)



Conclusion on impact

The positive impact on the nutrition situation that the CASD programme had started having was disturbed by the June-October 1998 food crisis. However, the stabilization effect of the programme indicated in chart 9b is noteworthy. Although the June 1998 UNICEF/WFP baseline survey showed better health, education, economic and behavioural indicators in CASD as compared to non-CASD areas, it is important for the programme to work towards achieving a significant impact on the nutrition status, the main programme indicator.

Text Box 2: CASD MINIMUM PACKAGE OF SERVICES & MESSAGES (MPSM)

SERVICES	MESSAGES (within framework of CRC/CEDAW)
▪ Growth Monitoring Promotion of women and children, 90 ➡100 % ▪ Vaccination ➡ 100 % (6 vaccines) ▪ Safe water supply (wells) 01 for 20 ➡ 25 families ▪ Provision of Vitamin A supplementation (100%) for children between 6 months ➡ 5 years. Health workers have already been trained. ▪ Provide special assistance to those severely underweight ▪ De-worming strategy to be developed ▪ Iron and folic acid supplementation ▪ Abet (impregnated mosquito net distribution in areas with malaria.. ▪ Oral Rehydration Therapy (Coconut, ORS and rice water etc.,) to be promoted. ▪ Micro-credit	▪ Health, Hygiene and Nutrition Education ▪ Birth spacing promotion ▪ Environmental protection promotion ▪ Breast feeding/complementary feeding ▪ Promote improved food preparation, feeding frequency, adequacy of food taken per meal, nutrient density of food eaten and better utilization of food eaten. ▪ Promote a more holistic approach to child-hood survival, growth, participation and development through programme convergence. ▪ HIV/AIDS
Village Action Plans (VAP) : with level of interventions	
1. Household/Family Level Actions ‣ Exclusive breast feeding for 4-6 months and use of colostrum ‣ Improve feeding practices through FADU ‣ Drinking safe water ‣ Use of impregnated mosquito nets ‣ Practice good hygiene (hand washing using soap) ‣ Construct and use family latrines ‣ Income Generation Activities ‣ Reduce domestic violence particularly against women. ‣ Protect family environment	**2. Village Level Actions** ‣ Schooling ‣ Literacy/child minders ‣ Credit ‣ Vulnerable groups ‣ Capacity building ‣ Emergency response

Programme impact can be considerably improved if programme consolidation and depth rather than expansion is given priority for the next biennium. Our experience indicates that the household/family level has not been reached at an intensity that

is desired. Such a strategy will allow programme consolidation for more in-depth facilitation and mobilization for behavioral change at household/family level. However, within province expansion is envisaged in terms of villages, communes, districts and the population covered. Programme replication by government and relevant partners to other provinces will continue to be promoted. The lessons from the CASD-SEILA collaboration in Battambang and the CASD-PFD collaboration in Kratie and Strung Treng provinces will be useful.

To achieve programme depth, a minimum package of services and messages (MPSM) has been developed and incorporated into the CASD process (see text box 2). The package that has already started to be implemented is being discussed so that modifications can be made according to the local area context.

Lastly, we have observed that implementation of the CASD programme has largely been on an input-output mode. Outcome or impact is generally assumed to follow if output is achieved. This assumption is not necessarily true. During 1998, considerable efforts have been made to ensure that implementation is set to an **input-output-impact** mode. Always to ask the question whether or not the programme is making an impact rather than being pre-occupied only with ensuring that the process is working, supplies are delivered, and expected outputs are seen. Having now established a working CASD process that includes demand driven service delivery, monitoring impact will be given priority in the next biennium.

4.5.5 Environmental impact

At all stages of their development, children are exposed to many environmental threats to their survival and development implying that environmental degradation has its most profound effect on children. Thus, ensuring a sound physical environment for children should be an important component of community-based cross-sectoral programmes like CASD. While such considerations were incorporated into the Water, Food and Environment and the Health, Hygiene and Care components of CASD, it is difficult to gauge the environmental impact of the CASD programme. Part of the problem lies in the lack of guidelines that would help in making an environmental impact assessment (EIA). However, practical activities like personal hygiene and sanitation, construction of model latrines, tree planting, soil conservation and participation in the global environmental days and in the UN Theme group on Environment and Food Security keep the issue of environment on the CASD agenda.

4.5.6 Efficiency of programme

Efficiency is the ratio between output and input using the same units of measurement. In measuring efficiency in development programmes like this one, we are faced with one major problem: the difficulty of costing output. For the CASD programme there are several questions whose answers can indicate programme efficiency. For example, how fast was the transition from the old to new programme? How long did it take to complete the CASD process? How easy was it to implement the strategy? Were objectives achieved if so within what time period? How efficient were services delivered?

From our own impression, and that of some of the evaluations done, the efficiency was initially low at the start of the programme and improved gradually over time

with maximum efficiency reached during the second half of 1998. Two main reasons account for this trend: first the lack of senior staff at the start of the new CASD programme at UNICEF office and second the need to establish participatory structures and train implementers on the CASD concept and programme.

At the time programme implementation started, there was a major structural change in the UNICEF Phnom Penh Office that established CASD as a new programme. The head of the CASD programme arrived towards the end of 1996 and the two international project officers came on board towards the second half of 1997. In addition, the CASD programme and all the office senior staff were new and not involved in the development of the new programme approach.

Moreover, all process oriented integrated, participatory and community-based programmes have an incubation period. They need time to establish the necessary systems within which the process takes place. The establishment is usually labor intensive and requires changes in people's perceptions and understanding. This is a transformation that requires shifts in personal paradigms i.e. the way that one look at issues. Sometimes this can occur suddenly, but invariably time is needed to discard old concepts and embrace new ones.

The establishment of the CASD structures like village development committees (VDCs) and commune-district-provincial working groups was slow, taking initially about nine months, shortened to about six by the end of 1997 and further to about three to four months in 1998. This slow start was due to the fact that despite a policy of decentralization, no participatory structures and experience was available and so the CASD programme had to build both the institutional and human resource capacities almost from scratch. We feel that this was time well spent, as we needed to arrive at an approach that is not only well designed according to the participatory approach of building from below, but also well accepted by the Government and key partners in rural development in Cambodia.

4.5.7 Analysis of risks and assumptions

A major assumption was that a conducive environment would prevail at the community level to allow the introduction of the community participatory approach. Such an environment would create an effective partnership between the community (civil society) the government and local and international organizations working at the community level on social development. This assumption proved to be correct. CASD supported the holding of non-partisan and democratic elections of Village Development Committees (VDCs) and promoted discussions about the rights of children and women as part of community education.

There is great appreciation at the community level that the process of VDC selection promoted grassroots democracy. Despite the current political impasse in forming a coalition government, the CASD programme has managed to function without the interference of partisan politics. There is of course the danger that such political bickering may undermine the type of inquiring participation that has been developed in the promotion of community participation. The programme also linked up with a network of more than 70 NGOs working in community development.

As identified by the UNICEF Programme Audit carried out in March-April 1998, the programme is open to the risks that most integrated community based programmes are bound to suffer from. These risks are related to the complexity of programme management, inter-sectoral collaboration, multiplicity of counterparts and other partners, the complexity of monitoring and evaluation and the issue of sustainability. In addition, the MPO identified over-management as a major risk for the programme because of its facilitatory and participatory nature. Although the multiplicity of structures and activities imbues the CASD programme with a certain amount of energy and dynamism, there is always the risk of gaps in coordination and implementation.

Another risk identified by the CDRI/MRD study was that of poor management, transparency and accountability of resources including funds by counterparts because of lack of a government system for accounting and auditing and the low salaries of counterparts. Although CASD has used task related incentives and trained counterparts on UNICEF accounting procedures that included transparency and liquidation of CAG, the risk will continue to be high unless public expenditure and civil service reforms are carried out. Thus, the programme requires a systems type of management that ensures that the different pieces do in fact fit together in the puzzle.

The definition of roles for the various actors including that of UNICEF was important to decrease these risks. While these actions minimized the effect of the risks, it is important to recognize that the risks remain and vigilance is needed to ensure that they will continue to be addressed. Although so far there has not been any significant use of the CASD programme for partisan politics, it should be recognized that the CASD programme is the type of programme open to the possibility of political maneuvers.

UNICEF identified these risks early on and addressed them during programme implementation. For example, the institutional and human resource capacity of the VDCs, and Provincial-District-Commune Working Groups was built up in terms of project management, leadership, team work, networking with partners, resource mobilization, self-development and in monitoring.

4.5.8 Analysis of equity

As a rights based programme that utilizes the CRC and CEDAW frameworks, the CASD programme is designed and implemented to ensure equity from three perspectives: (a) gender (b) targeting the poor and (c) protecting vulnerable children and women. The poor are taken not as passive recipients of commodities and services, but as active participants. They are seen as part of the solution, rather than the problem. This is reflected in the MPO strategy and objectives, the CASD process, the selection criteria of provinces and of VDC members, and the inclusion of a project on protection of vulnerable children and women.

The CDRI/MRD study showed that the strategy of site selection is effective. The selection criteria targeted mostly the remote and most needy areas. It included: communes located in WFP target areas; those targeted for building a health center, communes of former UNICEF supported programs (FFP, WES, WID), large population size, good security, willingness and commitment from local authorities,

high levels of poverty and high rates of malnutrition. In a province, few districts are chosen and within a district few communes. However, all the villages in a commune and all people in a village are included using children and women as entry target groups.

There are two studies that have looked at the issue of equity in the CASD programme. The first is the 1997 WES evaluation and the second is the CDRI/MRD village based study. Both studies have made the same two conclusions.

First, they recognize that there are deliberate efforts at the village level to ensure gender and social equity. But, second, despite these efforts, very few women are in decision making positions, and the poor are not captured by those services that require contribution like credit and construction of latrines. However, infrastructural services like water (wells), health centers, schools, village roads and other services like literacy do improve the conditions of all villagers. In addition, during conditions of severe stress like drought, economic crisis etc, the fragile coping mechanisms for the poor break more easily and they may migrate to seek support from urban relatives or look for migrant labour. The CASD programme has not been able to so far strengthen their coping strategies to withstand such stress.

Gender equity is given practical meaning in several areas. At least 40% of VDC members have to be women. Some VDCs are even chaired by women. CASD Coordinators in some provinces are also women. Literacy, numeracy and the credit schemes are almost wholly women focused. Table 9 gives an interesting analysis of gender equity in the CASD structures. Notice the low level of gender equity at the higher level decision making structures that are formed on the basis of current post holders, and a complete gender equity in the UNICEF-CASD programme.

Table 9: Gender equity in CASD institutional structures (1998)

Structure	Total persons	% female
1. VDCs	2798	40
2. P-D-C Working Groups	372	30
3. Central level	9	22
4. UNICEF-CASD	18	50

The CDRI/MRD study mentions examples of village discussions that showed that some village chiefs think that women cannot take decision making positions because most are illiterate. Deepening poverty is forcing families to stop sending girls to school so that they can help with domestic and economic jobs. Studies show that this to be a reason for 60% of girls dropping out of school. However, the CDRI/MRD study also mentions examples of an improvement of village leadership quality when women participate in the VDCs. We also have noted that in many villages, women are made VDC treasures. The reason given is that villagers feel more confident with women treasures and perhaps reflects the Khmer tradition that allows women to control economic resources. However, the issue of women in decision-making positions remains challenging. Only 7 out of the 122 members (5.6%) of the National Assembly are women. And domestic violence against women remains a major problem even in CASD areas.

With regard to vulnerable children and women, CASD has promoted the active participation of elders, village healers, VDC members, teachers, monks, local authorities, other partners and NGOs. For example, WFP, ILO, Provincial Red Cross, Handicap International and APHEDA have according to their mandates provided food support, vocational training, mobility devices and skills training (e.g. sewing, hair dressing) to vulnerable individuals identified within CASD villages. Within UNICEF, there is a strong linkage with the Vulnerable Group Section of APS. The extent and severity of the problems of vulnerable persons in CASD villages is assessed and life-skills education includes topics such as domestic violence, prostitution and HIV/AIDS. The problems of domestic violence, orphans, children with disabilities including victims of landmines, child labour and trafficking of girls are emerging as serious issues.

Although there is now more understanding by the CASD Working Groups and VDCs about child and women rights and protection issues, the problem is challenging in terms of its extent and capacity to respond, and we are still grappling with what indicators we should use for monitoring and evaluation purposes. Research is needed to better understand the psychosocial and cultural aspects of vulnerability in a society that has undergone deep trauma. The participation of CASD in the study by APS Section on psychosocial trauma, which is funded by IDRC and implemented by the American Friends Service Committee (AFSC), will assist in our understanding on how to better prevent and address vulnerability at the community level.

As we enter the last biennium of the programme cycle, the question of how best to capture the poorest of the poor still remains. These have already been identified. They are the landless, the most remote, the illiterate and the most vulnerable like those who are disabled physically and/or mentally, orphaned and street children and the chronically sick and those who have been internally displaced by conflict (IDPs). The problem of internally displaced persons and those affected by landmines in Kompong Speu, Kompong Thom and Battambang require concerted efforts between the Vulnerable Group Section and CASD. Targeted grants, subsidies and referral can be of help, but the main issue seems to be the larger political and economic environments that add to the list of the poor.

4.5.9 Participation, decision making and ownership

This is well summarized by the CDRI/MRD study. "VDC members often go from house to house to inform villagers of upcoming events, and women, even from poor households, have been able to attend child assessment and health education meetings. Drought and landlessness ... have meant that women from poorer households are immersed in subsistence activities which limit their participation in programme activities."

"Local planning activities in CASD have been able to involve village communities in the identification of problems related to the welfare of mother and children and to propose solutions to the difficulties experienced. In this sense, the planning process is driven by the community and involves the beneficiary participation. Nevertheless, the village plans submitted by the VDC members and the villagers to the commune reflect their knowledge of what is offered by the programme. Female members of the VDC have encouraged the participation of women and children in programme

activities. In some villages, village chiefs exert a dominant influence on the VDC. Villagers recognize the name and activities of CASD, but have yet to develop a sense of ownership of development activities."

The study attributes this success to three main things: (a) the triple A process that cycles twice in a year (b) the village action plans and (c) the VDC as the manager of CASD activities. It also identifies two main challenges (I) the risk of loosing the participation of the poor in times of severe stress (drought, economic crisis) and (ii) the need for CASD to acknowledge that even when facilitation is good, CASD staff do influence the content of the village action plans.

In terms of organizational structure to strengthen participation, the CDRI/MRD study recommends: (a) to engage local communities beyond the village leaders and (b) to consolidate rather than expand the programme.

4.5.10 Sustainability

Sustainability is one of the five yardsticks by which development interventions like the CASD programme are evaluated. The other four are relevance, efficiency, effectiveness and impact and have already been discussed.

Sustainability can be defined as the capacity to sustain or maintain an effort and adjust to changing circumstances. Notions of sustainability relevant to the CASD programme include technological and technical sustainability, micro-economic sustainability, ecological/environmental sustainability and political sustainability. The institutional setting within which the programme was conceived, funded, implemented and managed is also relevant and is discussed in section 5.0.

Both the internal and the CDRI/MRD study identified three positive factors favoring sustainability and three negative factors that challenge the possibility for sustainability.

The positive factors are:

(a) The low provincial presence of UNICEF with preference given to building of local institutional and human resource capacity and competence, with local management of programme. This was also mentioned as a positive factor by the WES evaluation. The CDRI/MRD study found that the "extensive training provided to provincial, district and commune workers--- relying primarily on local government staff for implementation and the pace and human capacity levels of the programme have evolved in a way that reflects a realistic appreciation of what can be achieved in Cambodia. When UNICEF staff withdraw, the effect will be less traumatic on local managers than if UNICEF had established a large provincial presence" This underscores the fact that complex programmes like CASD demand high levels of institutionalized capacity and competence that includes the development of human resources. However, central level decision-makers argue for a stronger presence. A more objective approach would be one that is flexible and able to respond to needs rather than a rigid posting structure.

(b) The provision of task related incentives. CASD does not provide regular incentives but pay for tasks done. The CDRI/MRD study concluded that

"because local staff do not receive salary supplements from CASD (they are paid instead for specific tasks performed) they will not suffer drastic reductions in income" in case of withdrawal.

(c) The high level of participation in the programme by beneficiaries.

The challenging factors include:

(a) The problem of availability of assured funding for the CASD programme. Continued funding by UNICEF and international donors at current levels is unlikely to continue. Moreover, the Royal Government of Cambodian has not made any commitment nor provision for funding CASD activities beyond the current programme cycle.

(b) The CDRI/MRD study identified the direct funding linkage between the Working Groups and UNICEF as a weakness in terms of decentralized planning arguing that "UNICEF has reserved for itself the real burden of the planning process ... because the control of budgets and approval of requests have been kept at higher levels." The study recommends that funds should be allocated to the Commune Development Committee (CDC) where VDCs are represented so that the hard choices of resource allocation are made at this level. However, the CASD process is not really about supporting a structural process of planning at the commune level, but to promote and catalyze community participation and behavioral change for social development at the village level by responding to village needs expressed in the village action plans.

(c) The need for more in-depth training has been mentioned by all reviews and studies and has been requested by VDCs. This will be done as the triple A process cycles.

Although the child and mother assessments are a strong and sound feature of the programme, mothers do not yet understand fully their importance nor appreciate well how these triple A processes affect their lives. There is a strong need for more practical approaches to improve the feeding practices, and the formation of support groups for women might help sustain the child and mother assessment activities.

4.5.11 Monitoring and Evaluation

The CASD programme, was deliberately implemented in a rather flexible way in order to be able to respond to the demand driven village action plans. This allowed the programme to evolve with experience, capture local knowledge and continuously make adjustments whenever necessary (adaptive programming). An important knowledge captured was the involvement of monks in the development of village action plans and literacy teaching. There are also plans to involve monks in the prevention and care of HIV/AIDS patients.

A CASD monitoring system developed from the village to the national level proved to be very useful. This system monitored both process and goals and assisted in making decisions at the various levels.

Annex 7 shows the CASD process-monitoring framework. This system regularly monitors inputs and outputs according to annual, quarterly and monthly workplans

developed by each level. Transparency and accountability are given high priority. UNICEF staff catalyzes and facilitates the process at each level.

The second system monitors outcome and impact. Villages are provided with village boards where they can write the state of some minimum indicators annually. The indicators are desegregated by gender include mortality indicators (child and maternal deaths), health indicators like immunization and nutrition status and education indicators like primary school enrollments, illiterates etc. In addition, villages develop village maps that show the availability of basic services (health, water, education, and shelter) and the state of each of the houses. Even the presence of TVs, videos, motors, cycles etc is shown on the maps. It is amazing at how villages are able to deal with numbers.

The nutrition and some of the health data are aggregated at the provincial level and computers have been provided and local staff are being trained to input data using the Epi-Info software. At the central level (UNICEF), an advanced system that can link various data to a map is used to pinpoint on a map the best and worst communes or villages. This system called Geographical Information System (GIS) was possible to link with villages because UNTAC developed a coding system for all villages. Since the village codes are available to all UN organizations, it is possible to link village data whenever necessary.

However, there are two main challenges that need to be addressed (a) it is not clear how much of the decisions taken by the various levels are actually based on the information collected (b) at the national level, there is a need to strengthen the capacity to manage, analyze and disseminate and use CASD information for decision making.

5.0 INSTITUTIONAL FRAMEWORK AND PROGRAMME MANAGEMENT

5.1 Village/community level

Initially, when the programme started in Svay Rieng in 1996, a cadre of democratically elected village representatives (VRs) was started to facilitate the programme. But in 1997 this was changed to the creation of Village Development Committees (VDCs) in all CASD villages because it was an implementation of the government MRD policy of decentralization. Thus, at the village level, Village Development Committees (VDCs) form the primary structure for CASD. They are constituted by five to seven members with at least two (40%) women. Their main roles are to mobilize their communities and to provide a communication channel. They help the villagers to assess their problems, analyze potential solutions and develop village action plans (VAPs).

The VAPs form the basis for UNICEF support to the villages and constitute the lowest level possible for the decentralization of the National Programme of Action (NPA) for children and women. The VDCs also manage village and external resources, monitor and report on activities. A major challenge at this level is to develop the capacity of VDCs to act as mobilizers for social development at the family/household level.

5.2 Commune, district and provincial levels

The implementation of the CASD programme started at the provincial level. In the eight CASD provinces, Provincial coordinating working groups made up of members from relevant departments and training teams manage the programme. The coordinating Working Groups have been established under the Provincial Rural Development Committees (PRDCs), which are chaired by the governors.

The CASD coordinating committees are made up of Directors or vice directors of seven line ministries: Rural Development, Women Affairs, Health, Education, Agriculture, Planning, Interior and Social Affairs. Most of the CASD coordinators come from the Provincial Departments of Rural Development and Women Affairs, although in Battambang the coordinator is from the Provincial Department of Culture and Information. A similar structure has been established at district and commune levels.

The roles of the Working Groups are to provide planning and budgetary support, technical assistance, management, and coordination of material assistance communications, analysis, monitoring and feedback to villages. Training teams have been formed to facilitate training in the villages. The training conducted by these teams includes numerous topics ranging from advocacy for CRC and CEDAW to health and nutrition. Staff backs them up from the technical departments who provide technical support depending on the training topic.

5.3 National level

National level coordination was established in 1997. At the national level, CASD works with nine Ministries. The Ministry of Planning works closely with CASD on policy and resource mobilization issues and the Ministry of Rural Development provides inter-ministerial and inter-agency coordination for technical and strategy issues. Focal points are from Ministries of Women's Affairs, Health, Education, Agriculture, Social Action and Interior and Finance.

The national support to CASD is responsible for developing policy, ensuring coordination between the ministries supporting CASD, allocation of Government resources, providing technical and management support, communications, research support, monitoring and evaluation. It was through this institutional framework that the MTR process for CASD was coordinated. An important observation in this collaboration is that based on the CASD experience, the MRD has adopted the VDC focused approach and capacity building as the national policy for .rural development and is currently reviewing its draft policy on VDCs.

5.4 Collaborating partners

CASD is also collaborating with other UN agencies and several NGOs. In Battambang province, CASD is closely collaborating with the UNDP/CARERE-SEILA programme in seven communes using a common local planning process. SEILA provides support for the construction or repair of village roads improvement of village level irrigation systems, family ponds, repairing of primary school and wells. In the same areas, CASD provides training on the CRC and CEDAW and

builds up the capacity of villagers to assess, analyze and take appropriate actions to address the problems facing them.

Also CASD responds to village action plans in the areas of non-formal education, household food and water security, health hygiene and caring practices, vulnerable groups and in the provision of micro-credits both in cash and in kind. In addition, CASD provides a village-based system of monitoring and evaluating the impact of both programmes. Because of the clear complementarity between the CASD and CARERE approaches, it is proposed that possibilities be explored so that CASD could expand to the CARERE supported provinces and CARERE expands to the CASD provinces. This will be a cost-effective way to replicate the models developed by both programmes.

The World Food Program (WFP) is an important UN agency that has close and fruitful collaboration with CASD, providing food for work for road repairing and pond digging. WFP also support rice bank and give a monthly amount of ten kilo of rice for the literacy teachers and the child minders of the community education/ child care project. The two agencies also co-financed the May-June 1998 baseline survey in CASD and WFP villages and are developing a mechanism for possible food supplementation of the severely malnourished children and pregnant women in the next biennium.

There has also been collaboration with FAO in the area of household food security specifically in the development of the National Nutrition Plan of Action (NNPA), the Cambodian Nutrition Investment Plan (CNIP), within the Food Security and Environment UN theme Groups and in the area of integrated pest management (IPM). Collaboration with WHO has been mainly in the area of development of the NNPA and the CNIP. CASD has collaborated with UNESCO in the area of literacy particularly in the adoption of the village libraries. Because of the priority given to family planning in the village action plans, discussions with UNFPA have been initiated.

Collaboration with NGOs has been very fruitful. In the two provinces of Stung Treng and Kratie, the program is implemented through the American NGO Partners for Development (PFD) formerly AICF, which has a team based in the field. In the area of Early Childhood Care and Education, the French NGO "Enfants du Cambodge" is providing testing a model on childminding and early childhood care and education in a few provinces. In all the provinces, an assessment of the presence of NGOs has been made and regular contact and timely collaboration established. In addition to its two main partner NGOs, CASD is collaborating in the provinces with about 70 NGOs both local and international.

There have been several requests by NGOs to visit the CASD areas indicating that they see the CASD approach positively. It is proposed that collaboration with other NGOs along similar lines as for PFD would provide a good opportunity for replication of the CASD programme and this should be further explored. The NGO PACT, which is an umbrella NGO for smaller NGOs dealing with social development, has indicated support for this kind of direction.

5.5 UNICEF CASD Structure and management

Within UNICEF, the program is headed by an international project officer who is assisted by two other international project officers, one in charge of community development, the other in charge of service delivery but with a lot of interactions. One UNV is also part of the CASD team.
Six assistant project officers are in charge of the project "capacity building", "food, water, environment", "health, hygiene, caring practices", "protection of vulnerable children and women", and "credit, employ, income." Each province has one staff for coordinating program implementation in the province. Two of them are based in the provinces: Battambang and Prey Veng. There is also a liaison person for each of the eight central Ministries.

A Senior Project Assistant (SPA) manages the project "community education, child care". Another SPA is in charge of Kampong Speu province. Three secretaries are working for the CASD programme. Two of them are fully involved in data collection, especially in the area of growth monitoring. A TFT supports programme administration and logistics. In January 1998, the program recruited two Trainers of Trainers (TOT) on TFT in order to build the training capacities of the provincial, district and commune staff working on CASD.

A review of the management set up of UNICEF management structure will be undertaken to reflect the programme needs based on the priorities approved for the 1999-2000 biennium. In conclusion, it must be pointed out that as per MPO design, the CASD staff operates as a team.

6.0 LESSONS LEARNT AND ISSUES OF STRATEGIC IMPORTANCE TO UNICEF

6.1 Lessons and challenges

The main lessons derived from the CASD experience are that:

1) Conditions do exist in Cambodia for large-scale implementation of integrated community-based social development programmes. Initial skepticism about the possibility for a CASD like programme to work in Cambodia have been proven incorrect;

2) The strategy adopted provided a good basis for facilitating community participation, building of human and institutional capacities and competencies and provided an example of rights-based programming;

3) The CASD programme provides an excellent framework for the convergence of various UNICEF strategies and initiatives like for nutrition, health, education, water and sanitation, CEDC, social mobilization, IMCI etc;

4) The CASD model can be replicated [e.g. PFD and UNDP/CARERE/ SEILA experiences]

5) Catalysis, facilitation and mobilization of resources for children and women are emerging as strategic roles for UNICEF

The main challenges include:
1) Lack of assurance of funding
2) Lack of budgetary line for CASD activities from Government
3) The high need for and low availability of skilled human resource
4) Difficulties in incorporating CASD activities into sectoral ministries and provincial departments. Often CASD activities are seen as additional rather than part of their work.

6.2 Issues of strategic importance to UNICEF

6.2.1 Mobilization of funding

Funding is the most crucial issue for the 1999-2000 period. Because such integrated community-based programmes do not seem to attract donor funding easily, UNICEF must consider providing more general resources if the 2000 objectives are to be met. Additionally, strategies to tap new resources e.g. expanded collaboration with UNDP/CARERE and PFD, programme package approach, leveraging of national public resources (e.g. Cambodian Social Fund and Public Investment Programme) and mobilization of private sector investment for children should be explored further.

6.2.2 Child and maternal Care

To achieve impact on the nutrition situation, CASD must address more systematically the care aspects articulated in the MPO. Strategies to achieve this have been developed within the Cambodian Nutrition Investment Plan (CNIP) that was the outcome of the RETA study and the development of a Minimum Package of Services and Messages (MPSM). The adoption of the community component of the IMCI and emphasis on achieving programme depth at the family/household level in the next biennium will facilitate operation of activities that address the care issues.

6.2.3 Programme convergence and integration

Steps being taken to achieve convergence of the CASD with the Health, Education, Information/Communication and Vulnerable Group programmes must continue and operationalization accelerated. There are conceptual and operational challenges that must be addressed as regards programme integration. Conceptually, the idea that human development is holistic, including physical as well as psychosocial development and the existence of synergistic relationships among health, education, nutrition, water and sanitation and psychosocial well being must be accepted. Operational challenges relate to (a) joint planning (b) programme content (c) delivery of services and (d) organizational convergence particularly at the community level.

6.2.4 Programme communication

A more coherent programme communication strategy needs to be developed to promote awareness and commitment at the national level and provide communication materials at the community level.

6.2.5 The role of Unicef

Given UNICEF's limited resources (financial and human), the importance of sustaining programme outcomes and the need for strong community and national ownership, it is becoming increasingly clear that UNICEF should play more of a catalytic and facilitating role. The building of human and institutional capacity and the emerging networks for CASD and social development in general should provide UNICEF with more time to be animators rather than co-implementers.

6.2.6 Monitoring, Evaluation and Research

Research is another important issue for the CASD programme. Important linkages were established with some few research organizations like CDRI, some departments of the Royal University of Phnom Penh and Tulane University, the USA. Because of the modest local research base and questions about the benefits of using resources for research it is important to emphasize operational research for a programme like CASD. Investing in research is essential for several reasons (a) it advances our basic understanding of the problems confronting children and women (b) helps in identifying and setting priorities (c) improves the efficiency and effectiveness of use of resources (d) inform on the application of knowledge in specific contexts (v) guide and accelerate the application of knowledge to solving problems and (vi) assist in developing tools and strategies. Evidence based strategies, policies and delivery of services are, therefore, cost-effective, efficient, promotes equity, are sustainable, acceptable, feasible, context specific, responsive to local needs and promotes local ownership. The linking of the CASD programme with training and research should be given more priority in the next biennium.

7.0 SUMMARY OF PROPOSED AMENDMENTS/ADJUSTMENTS TO THE MPO

On the basis of the above analysis, the MTR is requested to approve the following amendments/adjustments:

7.1 Amendments on objectives

The following full text is proposed:

a) The primary objective of the CASD programme is to assure the survival, protection and development of children as well as gender equity in the development process, through community mobilization, involvement and initiative in eight provinces. Depending on availability of funding two more provinces can be added to bring the total to 10.

b) The specific aims in support of this objective are to:

- Consolidate the programme in the current 552 villages, 53 communes, 20 districts and 8 provinces covering a population of 410,000 people;
- Expand within provinces and increase number of beneficiaries from 410,000 to 500,000.

The amendments proposed above aim at making the objectives more realistic and SMART.

7.2 Adjustments on strategy

The following full text is proposed:
The basic strategy of the CASD programme is to enhance the capacity and creativity of the family and the community from a rights-based perspective to systematically address the main problems of children and women through:

- The development and implementation of participatory and triple A based village action plans (VAPs) facilitated by the commune-district-provincial working groups under the overall coordination of the Ministry of Rural Development; and

- Supporting demand driven service delivery and building the capacities and competencies of CASD communities to achieve their own social goals in nutrition, health, basic education, water and sanitation, and poverty alleviation as well as in the care of vulnerable children and women.

8.0 MTR MEETING RECOMMENDATIONS

The MTR took place at the Ministry of Planning 24-25 November 1998 (see annex 9 for the meeting schedule and annex 8 for the CASD power point presentation). The MTR meeting adopted this report and made the following recommendations:

1. Consolidate achievements in the eight provinces that the programme operates, before further expansion.
2. Improve programme depth by strengthening the capacity of the Provincial-District-Commune Working Groups to be effective facilitators of village development committees (VDCs) and VDCs to be effective mobilizers at the household/ family level.
3. Increase the number and improve the quality of the participation of women at all levels, especially at the village development committee level through training and improve monitoring of gender-related information.
4. Mainstream CASD activities into relevant line ministries and provincial departments, and advocate with high-level policy makers for Government to allocate financial resources.
5. Strengthen the collaboration between the CASD programme and related ministries, departments, agencies and NGOs in order to improve programme efficiency, effectiveness and replication.
6. Include the programme in the next Country Programme cycle (2001-2005) to ensure expansion and/ or replication to reach all provinces.

9.0 LIST OF REFERENCE DOCUMENTS (BIBLIOGRAPHY)

1. CDRI (1998): Learning from community development programmes in Cambodia: A comparative analysis of CASD with other similar programmes. UNICEF-

CASD Case Study 1 (Mimeo)

2. Larsson K (1998). Non-Formal Education for Women: An evaluation of Unicef/Sida projects in Cambodia of Education for Community Needs and Non-Formal Education for Women (Mimeo).

3. Rifkin S.B, Muller First and Bichmann W (1988) Primary Health Care: On measuring participation. Soc. Sci. Med. Vol. 26, No. 9, pp 931-940

4. RGC/UNICEF (1996): Better future for children: An analysis of the situation of children and women in Cambodia. UNICEF, Phnom Penh

5. RGC/UNICEF (1996): Plan of Operations 1996-2000. A Programme for Children and Women in Cambodia. UNICEF Phnom Penh

6. RGC/UNICEF/ADB (1998): The Cambodian Nutrition Investment Plan, 1999-2008. Ministry of Planning and UNICEF, Phnom Penh

7. RGC (1997): National Plan of Action for Nutrition. Ministry of Planning and UNICEF, Phnom Penh.

8. UNDP (1997): Poverty and Human Development in Cambodia: A National Human Development Report. UNDP, Phnom Penh, Cambodia.

9. UNESCO, Cambodian National Commission (1998): Opened Window towards the Future Youth Priorities. Contribution of the Cambodian Youth to the definition of National Priorities. National Consultation of the Cambodian youth organized by the Cambodian National Commission for UNESCO, the Ministry of Education, Youth and Sports and the UNESCO Office in Cambodia. April-June 1998.

10. UNICEF (1996-97): Annual Reports on Cambodia. Unicef, Phnom Penh.

11. UNICEF (1998): Concept Paper on Non-Formal Education in Cambodia. Unicef Phnom Penh

12. UNICEF (1998): CASD Programme profile (1996-1998)

13. UNICEF (1998): CASD in Svay Rieng: The mother of CASD (mimeo)

14. UNICEF (1998): CASD in Battambang: Learning how to work with partners at grassroots: The marriage between SEILA and CASD (mimeo).

15. UNICEF (1998): CASD in Kompong Thom: From FFP to CASD (mimeo)

16. UNICEF (1998): CASD in Kompong Speu: Spreading the seed of a CBN project (mimeo)

17. UNICEF (1998): CASD in Prey Veng: Rebuilding a different Forest (mimeo)

18. UNICEF (1998): CASD in Takeo: So near yet so far: Building the urban/rural bridge (mimeo)

19. UNICEF (1998): CASD in Kratie and Stung Streng: Partners for Development (mimeo)

20. UNICEF/WFP (1998): Report on the 1998 joint UNICEF-CASD/WFP survey: By Eric Kenefick, Tulane University.
21. UNICEF (1998): CASD strengthening the roles and responsibilities of Village Representatives and Village Development Committee towards self-development in CASD villages in Cambodia.

22. RGC/UNICEF (1997): From Emergency to Community in Action: Report on the evaluation of UNICEF assisted Rural Water Supply and Sanitation activities 1992-1997.

23. RGC/UNICEF (1997): Report on the National Workshop on Community Action for Social Development: Experiences, Lessons, Challenges, and Sustainability.

24. UNICEF (1998): Programme Audit of the UNICEF Phnom Penh office.

25. USAID (1989): Crucial Elements of successful community nutrition programs: Report of the fifth international conference of the International Nutrition Planners Forum, August 15-18, 1989 Seoul, Korea.

26. Iida, Yuki (1998): The community and school linkage in the learning environment of Cambodia. Study on the repetition rate of grade 1 in Takeo and Svay Rieng Provinces. School of International and Public Affairs, Columbia University, NY, USA.

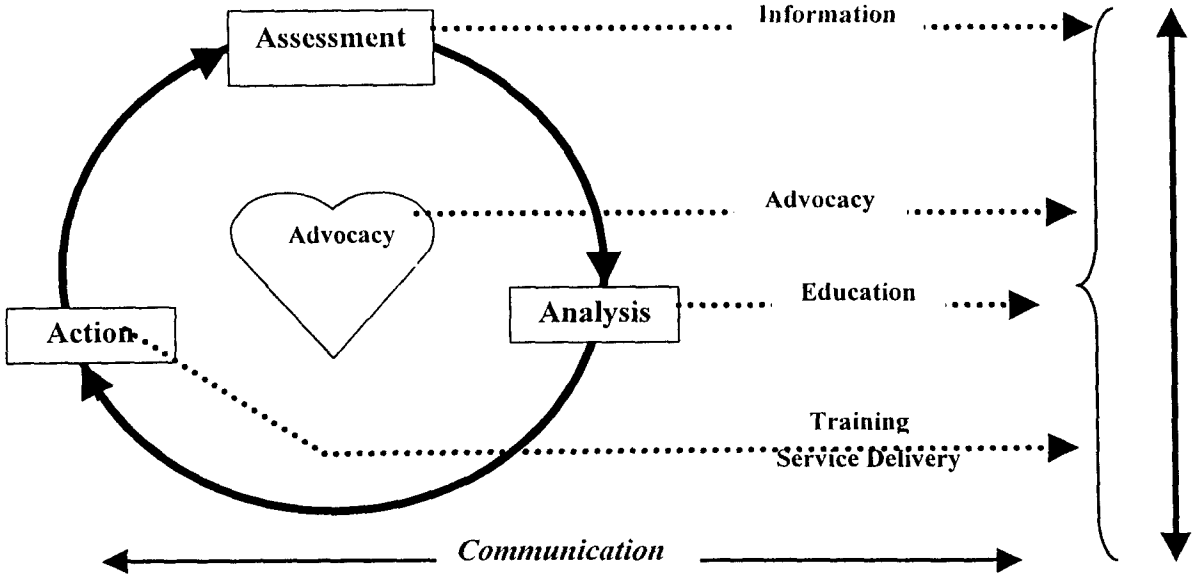
10.0 ANNEXES

1. CASD Strategies
2. A conceptual framework for Capacity Building
3. A conceptual framework on Empowerment
4. A CASD-PFD rights based framework for assessing and analysing the situation of children and women.
5. Framework for using lessons from CASD and NCCDP
6. CASD Programme profile 1996-1998
7. CASD-Monitoring and Evaluation framework.
8. CASD Power Point Presentation at MTR meeting
9. MTR Meeting Schedule

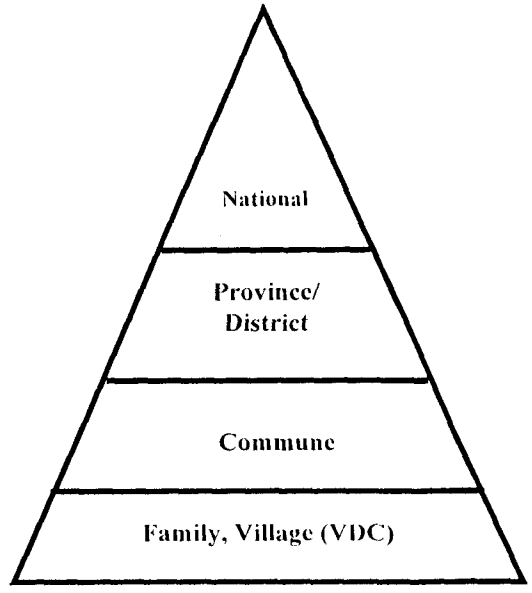
Annex - 1

CASD PROGRAMME STRATEGIES

1. Triple A Approach



2. Building from below & Include all partners



3. Facilitation of Specific Inputs

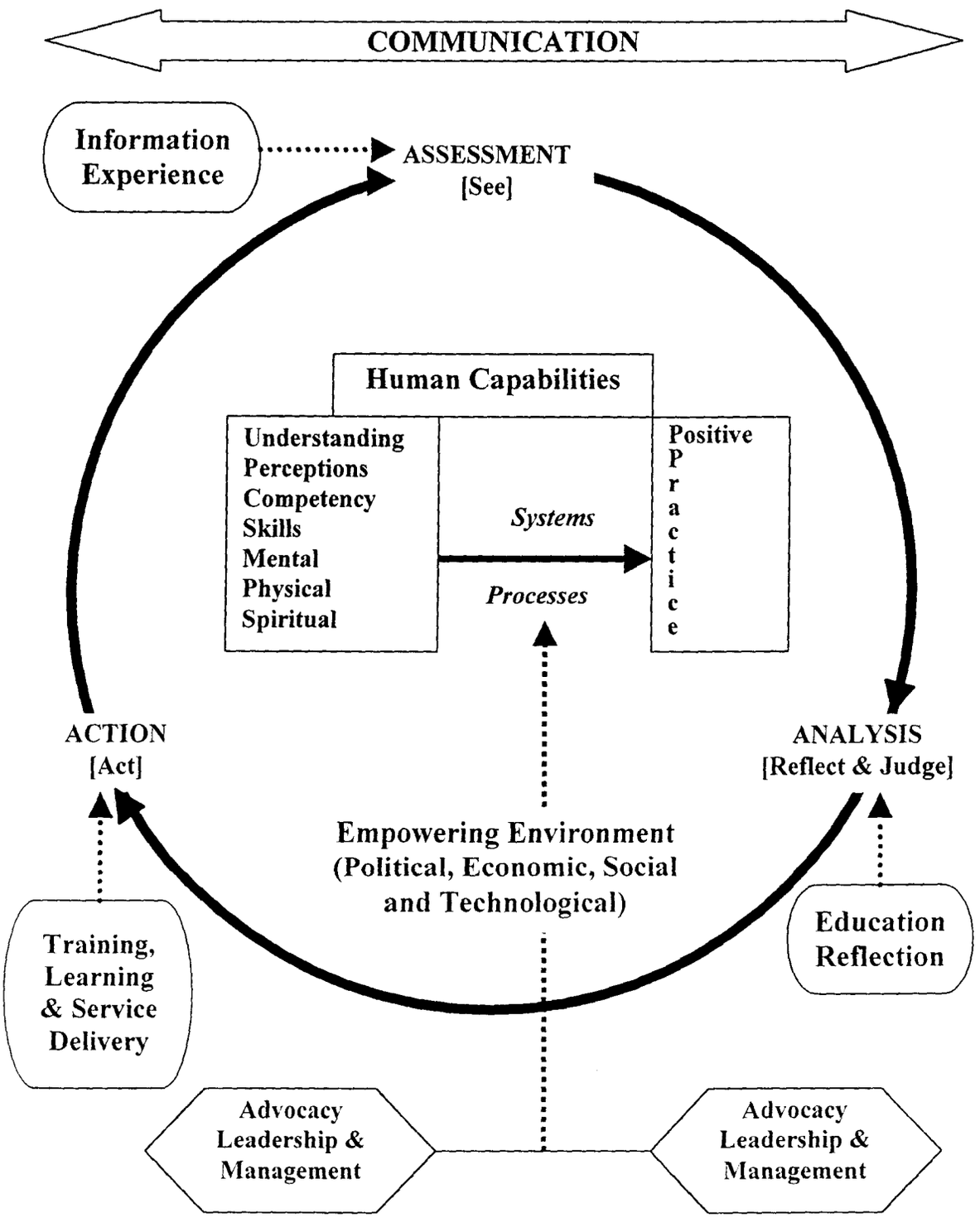
Capacity Building

- Community Education and Child Care
- Food, Water and Environment
- Health, Hygiene, and Caring Practices
- Protection of Vulnerable Children & Women
- Credit, Employment and Income

4. Child Rights, Women Rights and Human Rights

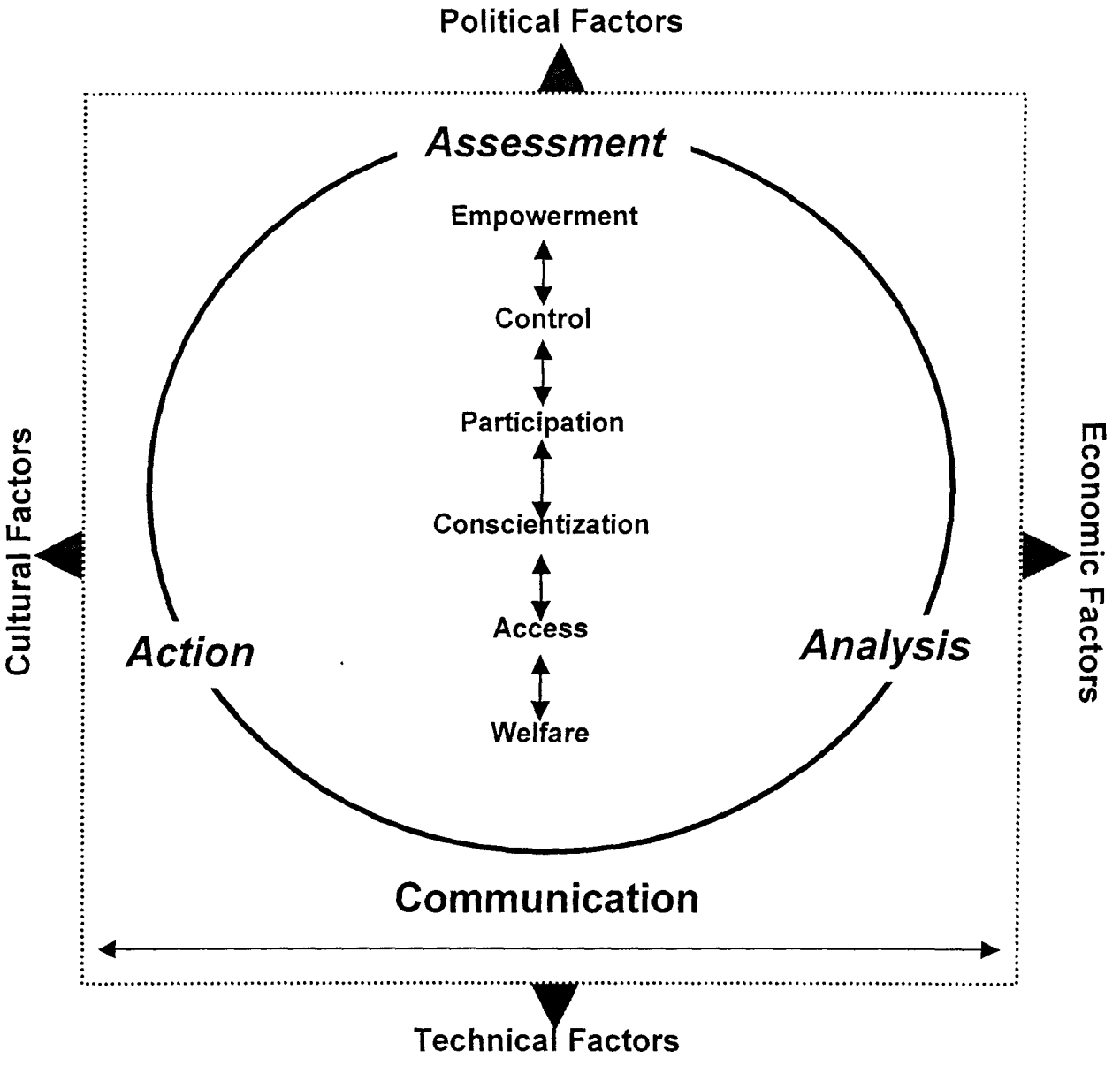
Annex - 2

CASD CAPACITY BUILDING CONCEPTUAL FRAMEWORK

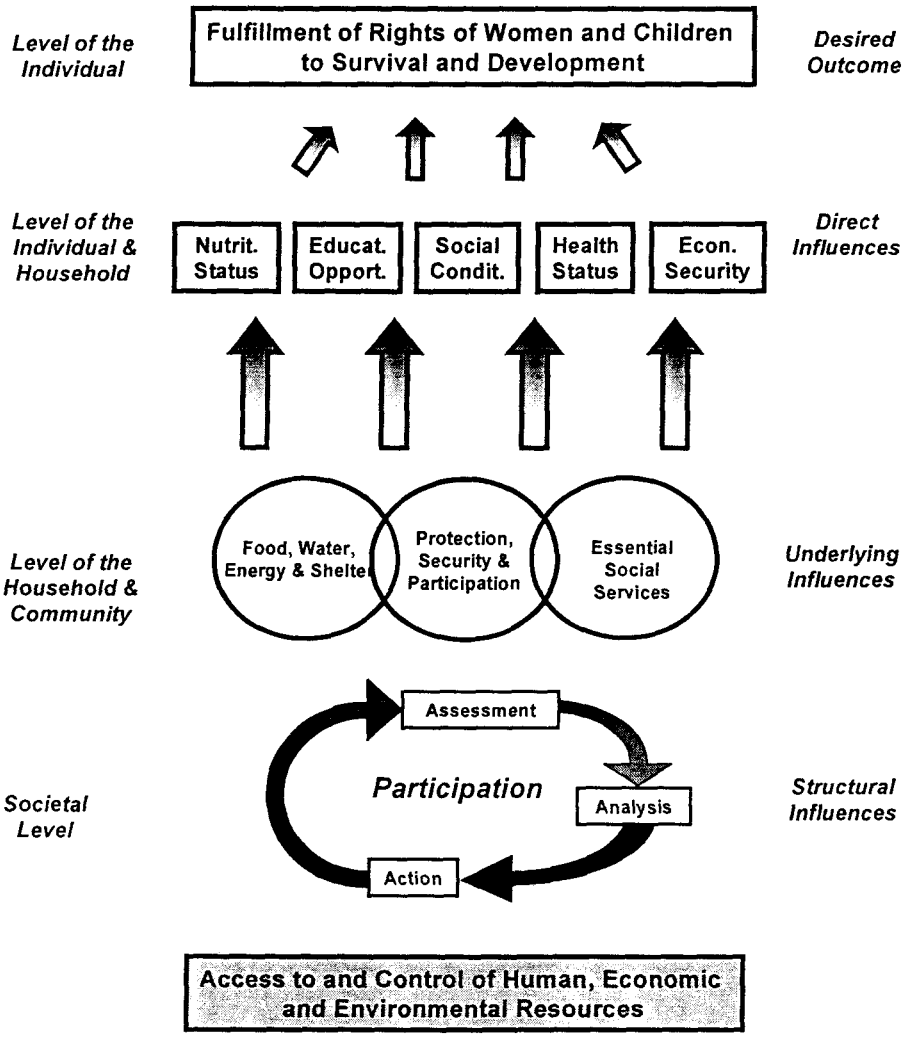


Annex - 3

CASD CONCEPTUAL FRAMEWORK ON EMPOWERMENT

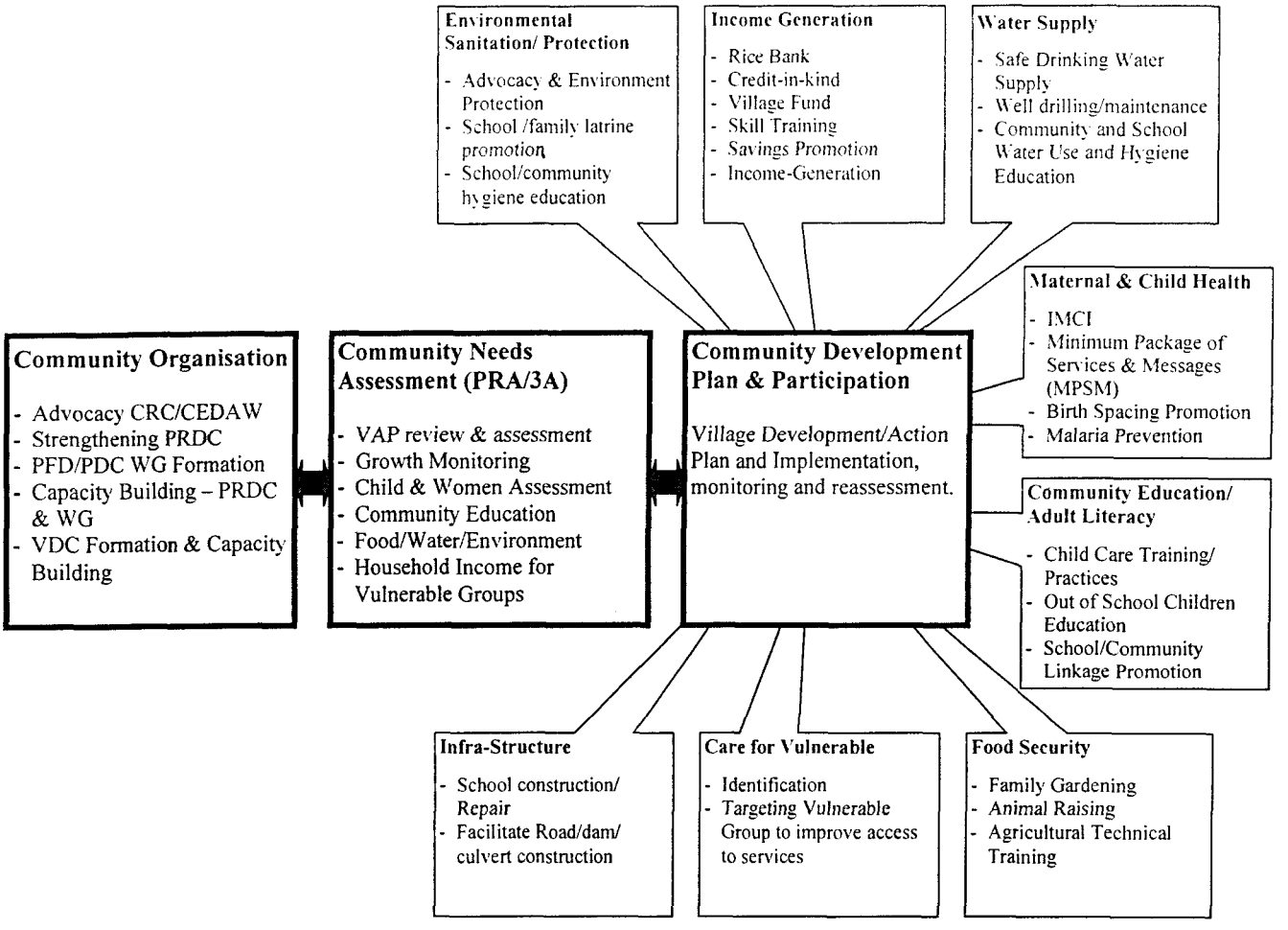


PFD/CASD Rights-Based Framework for Assessing and Analyzing the Situation of Children and Women



Adapted from UNICEF 1998

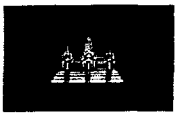
NCCDP-CASD CONCEPTUAL FRAMEWORK OF COLLABORATION (CASD/PFD)



Legend

PRA	:	Participatory Rural Appraisal
3A	:	Triple A Process of Assessment, Analysis and Action
IMCI	:	Integrated Management of Child Illness
VAP	:	Village Action Plan
PRDC	:	Provincial Rural Development Committee
PFD	:	Partners for Development
NCCDP	:	Northeastern Combodia Community Development Programme
PDC-WG	:	Provincial-District-Commune-Working Group
VDC	:	Village Development Committee

B

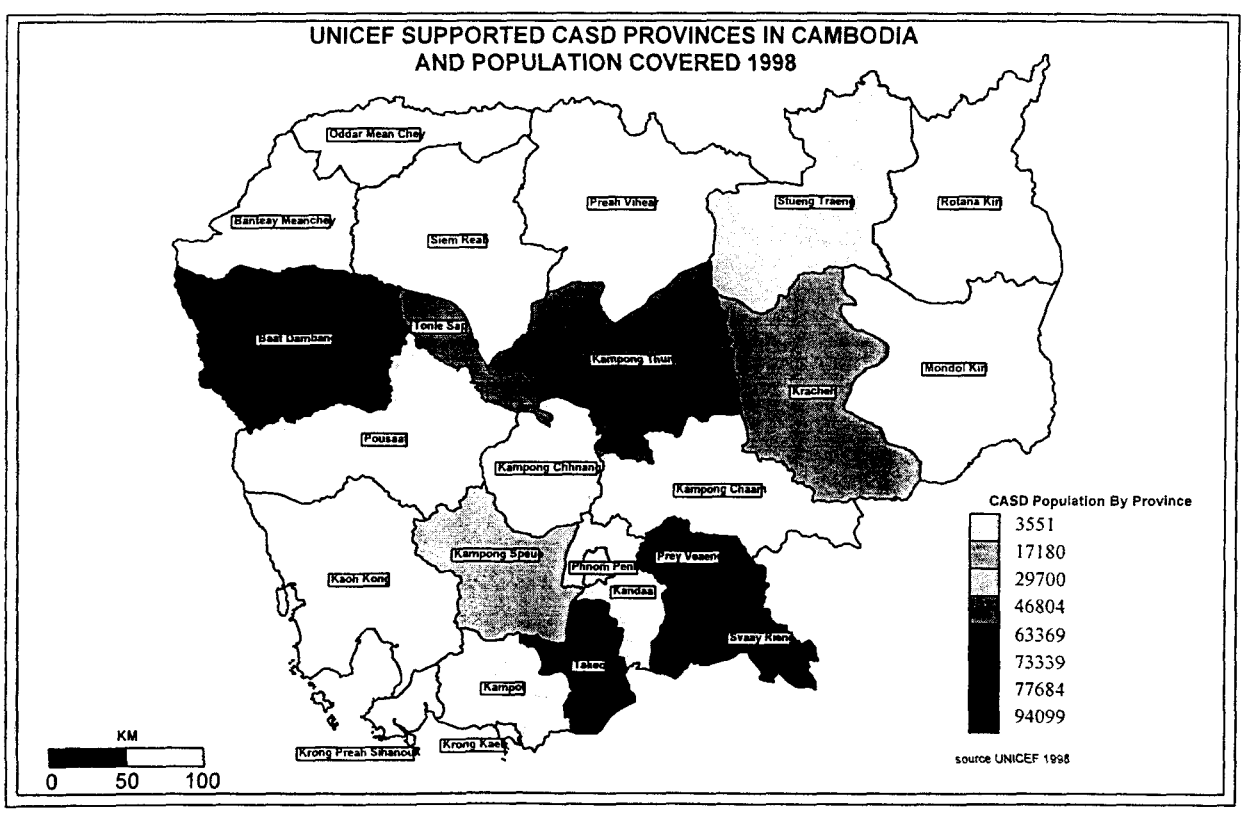


UNICEF CAMBODIA, CASD PROGRAMME PROFILE 12 February, 1999

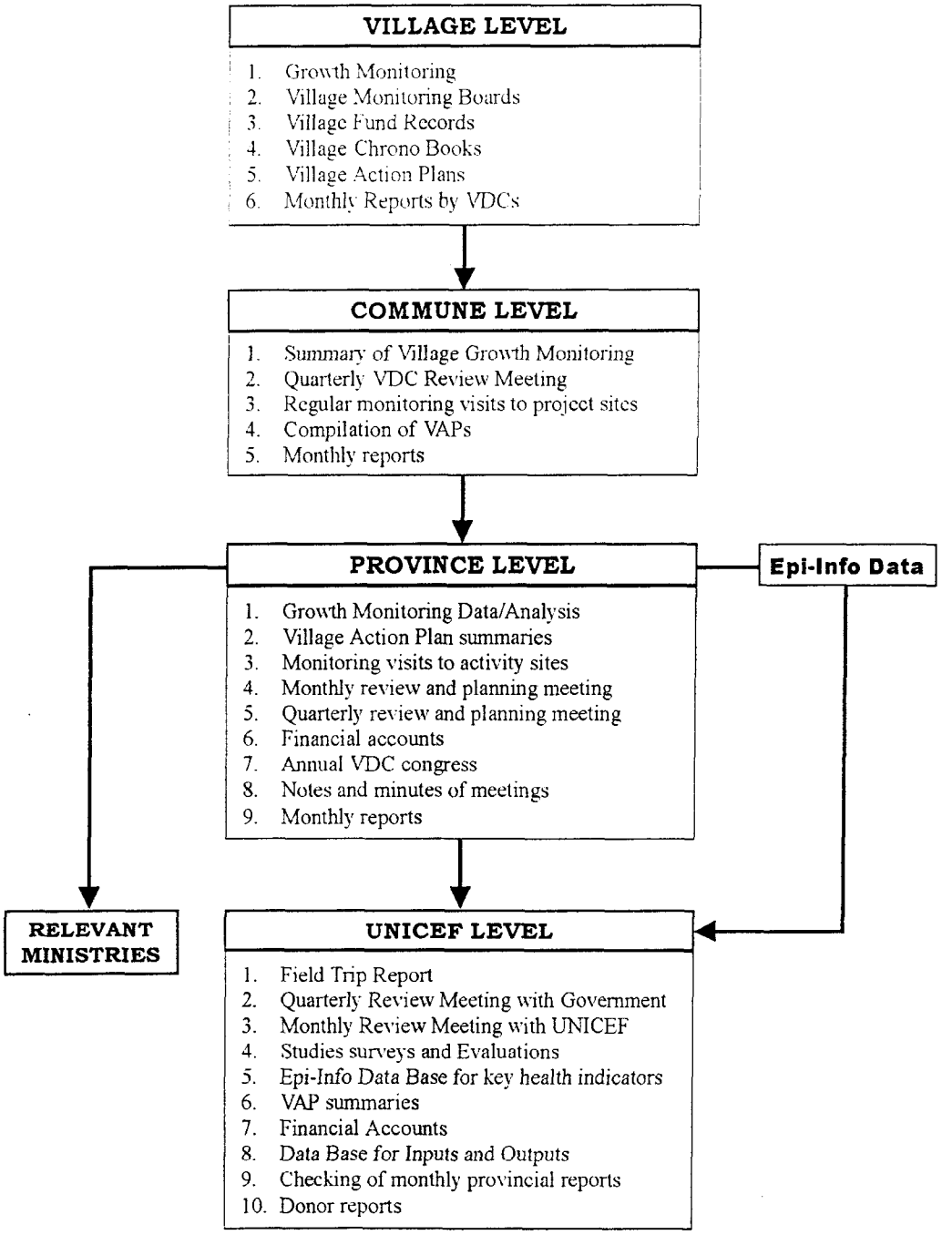
Project Title:	**Community Action for Social Development Programme (CASD)**
Duration:	5 years (1996-2000)
Project Cost:	Planned US$ 20,150,000
Project Area:	Svay Rieng, Battambang, Kampong Thom, Kampong Speu, Takeo, Prey Veng, Stueng Traeng and Kracheh.
Executive Agency:	UNICEF
Counterpart Agency:	Ministry of Rural Development (Coordinating Agency), Ministries of Planning, Women's Affairs, Agriculture, Education, Health, Social Affairs, Information, and Interior.
Funding Agency:	UNICEF and other Donors
Government Inputs:	Staff salaries and financial contributions
Programme Objective:	The primary objective of the programme, CASD is to assure the survival, protection and development of all the children of Cambodia, as well as gender equity in the development process, through community mobilization, involvement and initiative.
The specific objectives:	1. Make operational the community processes and participatory structures that are being formally established in villages and urban areas. 2. Enable organized groups of women and youth, which exist and are emerging, to play a decisive role in the community's self-development. 3. Assure the community's own capacity to achieve social goals in nutrition, health and education as well as in the care of vulnerable children and women.
Technical Fields:	▪ **Building Capacity focused on Women and Youth** Build the capacity – structural, conceptual and managerial – at all levels (village, commune, district, province and ministries) for social action, starting from the community level and setting in motion an increasingly holistic development process.
	▪ **Community Education and Child Care** Promote basic education for all using a variety of channels and methods relevant to the needs of the community, with special focus on out-of-school youth, women and the young child.
	▪ **Food, Water and Environment** Ensure acceptable levels of security in food, water and fuel through organized efforts by and for the community.
	▪ **Health Hygiene and Caring Practices** Enhance the capacity at the family level to establish a hygienic environment, take necessary precautions and prevent childhood diseases, gain knowledge and skills in child care, take appropriate decisions in case of onset of disease, and facilitate easy access to basic health services.
	▪ **Protection and Care of Vulnerable Children and Women** Emphasize and enhance family and community responsibility and capacity for the care, development and protection of children and women through an organized community network.
	▪ **Credit, Employment and Income** Increase family income through institutional support, business and cooperative methods, specifically to improve conditions of living for children, the family and the community.

Activity Summary:	The Community Action for Social Development Programme supports 552 villages to fulfil the basic rights of their children through participatory approaches. The programme trains Cambodian villagers to assess analyse and formulate action plans. Teams of local government staff from seven government departments have been set up to respond to the village action plans. UNICEF provides these teams with training, material and cash assistance to help achieve the village action plans. The villagers implement most of the activities themselves through commitment and participation. The key activities are related to (a) capacity building (b) community education and child care (c) food, water and environmental sanitation (d) health, hygiene and caring practices (e) protection of vulnerable children and women and (f) credit, employment and income.
Beneficiaries:	Approximately 410,000 children, women and men in eight provinces will benefit from project activities.
Rationale:	Indicators for primary health and education show that the situation of children and women in Cambodia is the worst in the South East Asian region. The proposed activities directly address this situation through participatory approaches that fulfil children and women's basic rights.
CASD/UNICEF OUTPUTS FROM JANUARY 1996 TO NOVEMBER 1998	
Building Capacity:	• 2,798 VDC members trained as trainers in CASD & Development Concepts, Roles and Responsibilities of Village Development Committees (VDCs), Basic Management and Resource Mobilization. • 552 VDCs established in 53 communes of 20 districts in 8 provinces. • 552 sessions to advocate for CRC and CEDAW conducted in all CASD villages. • 552 village action plans produced.
Community Education and Child Care:	• 9,820 people, mostly women, attended pre-literacy, literacy or post literacy classes. • 494 new literacy teachers trained. • 89 literacy and child care supervisors trained. • 7,320 children attended early childhood care and development activities. • 456 child minders trained. • 173 village libraries constructed.
Food, Water and Environment:	• 3,100 villagers trained in vegetable home gardening • 629 home gardening demonstration plots. • 321 villagers trained on well construction, hand pump repair and maintenance. • 642 farmers trained in integrated pest management for rice cultivation. • 1,012 farmers trained in improved rice production techniques. • 375 farmers trained in family fish raising, leading to the development of 120 family fishponds. • 696 farmers trained in fruit tree growing. • 504 farmers trained in poultry and animal husbandry. • 192 CASD working group members trained on food and water Triple-A. • 614 VDC members trained on food, water assessment and village action planning, • 6,500 flood victims provided emergency fertilizer loans. • 14860 families provided with certified rice seed for home gardens. • 1,830 families provided with secondary and root crops seed. • 11,500 families provided with high vitamin and iron vegetable seeds. • 712 families provided piglets, ducks and chickens. • 128 agricultural treadle pumps provided for dry season crop cultivation. • 1010 water wells constructed. • 76,000 firewood and fruit trees planted for environmental protection and fuel. • 363 farmers participated in field study exchange visits. • 4,000 copies of National Nutrition Plan of Action produced and distributed. • Training module on water Triple-A developed and 512 copies distributed. • Training Module on Construction of wells developed and 876 copies were distributed. • Nutrition Investment Plan developed, 200 copies distributed.

Health, Hygiene and Caring Practices:	• 1,576 VDCs trained on Child and Women assessment analyses for village action planning. • 58,576 children participated in village based growth monitoring (entered into Epi-info database). • 75,462 women measured to establish a Body Mass Index (BMI) entered into Epi-info database. • 12,000 VDC members and 50,000 others in the villages received training on a variety of topics. Including breast-feeding, complimentary foods, feeding frequency, hygiene and safe water. • 32 Provincial rural health care staff participated in TOT training. • 4 rural health centers constructed. • 480 village health volunteers trained. • 87 Provincial and District trainers trained on family latrine construction. • 8,325 families trained on family latrine construction. • 2,900 families constructed family latrines. • 92 schools latrines completed. • 10,000 sets of posters about hygiene produced and distributed. • 1,300 copies of Facts for Life produced and distributed. • 500 MCH flip charts distributed. • 800 HIV/AIDS calendars distributed. • 300 CDD calendars distributed. • Module on Health, Hygiene and Nutrition completed.
Protection, Care for Vulnerable Children and Women:	• Module on vulnerability assessment, analyses and action planning completed. • 2,707 VDC members conducted vulnerability assessment, analyses and action planning. • 40,000 flyers on the Convention on the Rights of the child produce and distributed. • 2707 VDC members received orientation on laws related to the ban on human abduction and exploitation, and the ban on sexual abuse of children.
Credit, Employment and Income:	• 2,115 households participated in cash credit for income generating activities. • 7,318 households provided credit in kind to for latrine construction and fertilizer. • 33,000 households participated in pre-CASD credit schemes. • 915 Provincial, District staff and villagers trained on credit scheme management. • 1105 VDC members trained on Rice Bank management. • 30 participants from Provincial Department of Rural Development and Women's Affairs trained on income generation and rural marketing. • 33 rice banks established. • 898 household received credit for latrine construction.

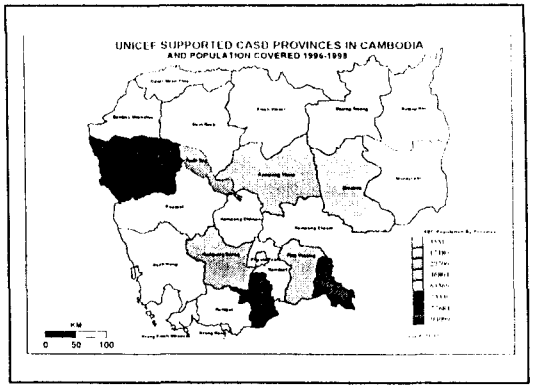


CASD MONITORING AND EVALUATION FRAMEWORK



CASD

Community Action for Social Development
Programme Implementation 1996-1998



Introduction:

- New Programme, started in 1996
- Incorporated previous FFP, WID and WES programmes
- Programme described as radical because of its focus on community participation, involvement of many partners, and emphasis on capacity building and child and women rights

Structure projects:

1. Capacity building for women and Youth
2. Community Education and Child Care
3. Food, Water and Environment
4. Health, Hygiene and Caring Practices
5. Protection of Vulnerable Children and Women
6. Credit, Employment and Income

Partners:

- Government (9 Ministries):
  MRD, MoP, MoWA, MoI, (Local Gov't), MoAFF PRDC- WGs, focal points in other ministries
- Community:
  Village Development Committees (VDC)
- NGOs: PFD and Enfants du Cambodge
- Agencies:
  UNDP/CARERE (SEILA), WFP, FAO

Six main steps:

1. Sites selected on basis of needs.
2. Participatory structures (P-D-C WGs and VDCs are established
3. Members of established structures are trained on CASD concept, CRC/CEDAW and triple A process and technical aspects
4. Village Action Plans (VAP) are developed by assessing and analyzing nutrition status of children and women
5. VAPs are supported through P-D-C WGs
6. A CASD monitoring system tracks implementation at all levels

Assessment of progress:

Achievements

- Programme established in 552 villages, 53 communes, 20 districts, 8 provinces
- Covers: 62,732 households, 61,082 children under-fives, 213,056 women and total population of 409,114
- CASD now the largest community-based programme in Cambodia.

Assessment of progress:

Achievements

- 552 Village Action Plans (VAPs), village maps and village M&E systems developed
- 66,587 trained on various CASD aspects
- 552 CRC/CEDAW sessions conducted
- >58,000 children underfive weighed
- >75,000 women weighed
- 9 training modules produced
- 1,010 wells constructed
- 76,000 fruit tress planted

Assessment of progress:

Achievements

- 4 health centres constructed
- 2,900 family latrines constructed
- 33,000 borrowers in micro-credit scheme
- 53,776 various IEC materials distributed
- 4,000 copies of NPAN, 200 CNIP produced & distributed
- Studies: RETA, UNICEF/WFP baseline, CDRI/MRD-CASD village study, UNICEF/AFSC-BTB

Budget:

- Expenditure: about $2.0 million per annum
- Funded budget was about $5.47 million Vs $12.16 million planned (45% achievement rate)
- Cost/beneficiary dropped from $24 in 1996 to $10 in 1997 down to $4 in 1998
- 40% of funds go to community level 28% central ministries and 32% prog. support

Impact:

- Improved access and utilization of basic services (health, education, water, sanitation).
- Improved knowledge and behavior e.g. on breastfeeding, birth spacing, HIV/AIDS.
- Improved overall wellbeing e.g improved health, nutrition and economic status.

Programme Management:

- VDCs at Village level
- PRDC and Working Groups (WGs) at Commune, district and provincial levels
- Technical Coordination under MRD at National level, MOP for policy issues
- CASD programme at UNICEF level
- Monitoring, evaluation & (research) at all levels

Assessment of progress:

Constraints

- Funding not assured
- Lack of budgetary line from Government.
- Need for high human resource
- Difficulties in incorporating CASD activities into sectoral ministries and provincial departments (often seen as an added task)

Assessment of progress:

Lessons learned

- Conditions exist in Cambodia for community-based programmes
- Strategy provides good basis for participatory child-centred and community based activities that aim to achieve positive behavioural change
- The role of Unicef should be limited to that of a catalyst and facilitator.
- The CASD model can be replicated (e.g PFD) and/or complemented (e.g SEILA)

Issues of strategic importance to UNICEF:

- Need to develop a strategy for mobilization of funding and new approaches e.g.. With SEILA and PFD.
- Need to strengthen activities that improve Child and maternal care e.g Minimum package of services and messages (MPSM)
- Need to strengthen Programme convergence: Health, Education, Vulnerable Groups
- Need to develop a Programme communication strategy
- Need to continue giving priority to Monitoring, Evaluation and Research

Conclusions:

➢ Good progress towards MPO objectives:

- Community mobilization, involvement, initiative and gender equity promoted
- Emerging participatory community structures made operational
- Supported formation of women groups for credit and literacy
- Community's own capacity built through triple A process and support to VAP.

Conclusions:

➢ Objectives unlikely to be met:

- National coverage objective too ambitious.
- Establishment of program in urban areas currently not a priority
- Organized groups of women and youth did not emerge as anticipated.

Proposed amendments to MPO:

- Reduce national coverage objectives to current 8 provinces. If additional funds available add another 2.
- Basic Strategy to remain the same.

B

Royal Government of Cambodia and UNICEF
Country Programme 1996-2000

Mid-Term Review WORKSHOP
24-25 November 1998

EXPECTED RESULTS

- Assessment of progress: achievements, constraints and lessons learned.
- Agreed modifications to the MPO (1996-2000) including management issues and technical assistance.
- Agreed objectives 1999-2000.
- Recommendations for the 2nd half of the Country Programme.
- Ideas for the next Country Programme (2001-2005).

TENTATIVE AGENDA

Tuesday, 24 November

0800-0840 **Opening Session: Opening Remarks**
- H.E. Mr. Uch Kim An, Undersecretary of State for Foreign Affairs and International Cooperation
- Mr. Paul Matthews, UN Resident Co-ordinator
- Mr. Kul Gautam, UNICEF Regional Director
- H.E. Mr. Suy Sem, Acting Minister of Planning

0840-0900 ***Coffee Break***

0900-0945 **1st Plenary Session** (Chair: H.E. Mr. Suy Sem)
Progress of Cambodia toward the WSC goals. Presentation and debate based on the Country Report to the Ministerial Consultation. (Ministry of Planning)

0945-1100 *Country programme implementation 1996-1998.* Introduction by Mr. Leonard De Vos, UNICEF Representative and presentations by UNICEF Senior Officers (CASD, Health, Education, Vulnerable Groups, HIV/AIDS)

1100-1200 *Comments from line Ministries*
- H.E. Mr. Kea Sahan, Secretary of State for Education, Youth and Sports
- H.E. Dr. Mam Bun Heng, Undersecretary of State for Health
- H.E. Mr. Ngy Chanphal, Secretary of State for Rural Development
- H.E. Mr. Suy Sem/H.E. Dr. Hong Theme, Undersecretary of State for Social Affairs, Labour and Veteran Affairs.
- H.E. Ms. Im Run, Undersecretary of State for Women's Affairs

1200-1330 ***Lunch Break***

1330-1600 **Group-Work I**
Introduction to the group-work and cross-sectoral concerns

Theme Groups: Child rights, Gender, HIV/AIDS, Info/Com, M&E, Provincial Planning

Assignments:
1. looking backward: achievements, constraints and lessons learned
2. looking ahead: strategies and objectives for the next biennium
3. recommendations to the Government and UNICEF

1600-1700 Reports from Theme Groups

Wednesday, 25 November

0800-1200 **Group Work II**
Introduction to the Group work

Programme Groups: CASD, Health, Education, Vulnerable Groups

Assignments:
1. review, discuss, and agree upon the sectoral MTR report, including proposed MPO modifications and objectives for the next biennium
2. looking backward: major lesson learned (for presentation to plenary)
3. looking ahead: recommendations for the next biennium to the Government and UNICEF (for presentation to plenary)

1200-1330 ***Lunch Break***

1330-1500 **2nd Plenary Session**
Chair: Mr. Kul Gautam, UNICEF Regional Director
- Reports from Programme Groups

1500-1600 **Closing Session**
Chair: H.E. Mr. Suy Sem, Acting Minister of Planning
- Summary of main comments and recommendations from Mr. Kul Gautam, UNICEF Regional Director
- Closing remarks:
  Mr. Leonard De Vos, UNICEF Representative
  Ministry of Planning and Ministry of Foreign Affairs

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