



The Centre of Expertise for Urban Programming

Cities for Children Assessment Phnom Penh

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The views expressed in this document are those of the consultants and may not reflect either World Vision's or the Municipality of Phnom Penh views, but have been based on the data obtained and available at the time of the assessment.

Executive Summary

Context

1. Cities have been studied for decades due their diversity and complex urban systems. Urbanisations has further led to challenges in governance of cities and one needs to understand the cities within the context of political, socio-economic, built and environmental components. Phnom Penh is no such exception, and like most cities in the developing world reflects the increasing disparity between the rich and the poor and marginalisation of the urban poor.
2. Understanding cities is complex and municipalities and some organisations have applied various city assessment approaches that reflect their broader strategic objective and mandate. There is no one approach for city assessment.
3. World Vision have developed a pioneering Cities for Children (CFC) framework which innovates on a number of other evolving approaches to better tackle the challenges faced by children and families in developing world, where more the 50% of the world's population now live in urban areas.
4. Phnom Penh, the Capital of Cambodia was selected as one of the learning sites by the Centre of Expertise for Urban Programming (CoE) to support city assessment by applying the CFC and provide guidance in programming intervention and support to better address the needs of children.

Assessment Approach and Lessons Learnt

5. The Phnom Penh City assessment focused on critical government (and donor agreed) documents which guide and influence national development goals, objective, priorities and targets, which are contributed to by the sectors actors and lead Ministries/agencies.
6. After examining government and policy issues the Phnom Penh City assessment sought to qualify and quantify what information may be available related to each of the Cities for Children Framework components and where possibly if this is disaggregated to identify opportunities for possible targeting for future consideration.
7. The completion of a comprehensive city assessment reporting framework has been a challenge in the Cambodian context, as well as being reported / remarked upon in other countries where the template was/ is being applied. Overall the city assessment would not be considered to be complete yet in terms of the template (noting that to get to this stage has created an overly long document).
8. It is therefore suggested to either strip down the framework to enable it to be more pragmatic and easily completed, and by doing so identifying knowledge and information gaps in a city's knowledge with regards to child centred development data and approaches, or provide additional and adequate resources to enable its completion.
9. These urban challenges need new or more inventive approaches to better confront and address the threats and risks to children and vulnerable groups seeking their livelihoods and opportunities in the dynamic urban context.

10. A comprehensive city assessment reporting outline was provided as a guide for undertaking the assessment. The outline and requirement were ambitious and it provided the framework for collecting multiple sector based information pertaining to sector donors, actors, financiers current sector policies, approaches (applied and planned) gaps analysis etc.) The tools also suggested the need to collect information and undertake preliminary analysis.
11. The key findings:
 - a. The outline structure was generally logical and useful in preparing the table of contents
 - b. The information was not readily available for significant parts, therefore limiting the full potential for application of the tool.
 - c. The report followed the outline structure that indicated the desired breath of information originally sought but with some filed in the report empty, because of data limitation.
 - d. The linkage of the guide could be strengthened with the strategy; i.e. how the information could be applied and used in elaborating and rolling out the framework, in terms of policy engagement and inputs, programmatic approach or operations.

Information Challenges

12. Overall the city assessment process (in Cambodia) did identify the fragmented nature of information available, both in terms of the source(s) of information and their scale of applicability. In that, while data is generated, on some occasions; it is site and time specific or generated under a predisposed research framework (which may exclude some criteria issues), while on other occasions it is aggregated data that generalises too much for the nation, province or city as whole which may limit its applicability in identifying and or targeting possible urban based intervention for consideration by decision makers.
13. The assessment identifies the issue; that at present (even after 20 years of development activities in Phnom Penh by numerous agencies and organisations) there remains no effective actor mapping of who is doing what, where, either in terms of a list or as a mapping exercise preferably by municipal administrative levels (Khan, Sangkat and village levels). Such information would have greatly assisted in coordinating activities, avoiding overlaps and identifying gaps in the delivery of child and youth support services.
14. While an effort was made by the assessment team to initiate a process to bridge this gap, it failed because of the lack of response from reported development actors. A proxy approach using the reported activities by sector for the whole of Phnom Penh based on the available data from the Government maintained NGO database for aid effectiveness was used instead.
15. It is evident that the officially published statistics by the Municipal Department of Planning (MPP March 2014) are statistics produced for their own existence (but relying on information provided by the other line departments/offices reported to them)
 - a. The available statistics may not reflect the realities on the ground in and across Phnom Penh, though they may be indicatives on some issues and for some areas (Khan/district level). In many instances the social, health and vulnerability statistics, significantly understate the current situation in the city, why this is so remains unclear. Even though senior and responsible management who have to review and approve the statistics have been reasonable well trained and are often actively engaged with other actors and stakeholder in the city to know what is going on.

Policy Review Findings

16. In terms of policy insights the Royal Government has developed and is evolving a reasonably comprehensive legislative and policy framework emanating from the 1993 Constitution which enshrined certain inalienable rights, protections and commitments by the state.

- a. While the national development direction and strategy are set out in three key documents "Political Platform" for the Fifth Legislature", the "Rectangular Strategy- for Growth, Employment, Equity and Efficiency Phase III" and the "National Strategic Development Plan 2014-2018" these take into consideration children women, families and vulnerable groups and jointly set out key development goals and priorities to be achieved in the medium to long term.
- b. While the overarching policy context is reasonable elaborated, it has often been a challenge for Ministries and sub-national authorities to deliver on the commitments due to a variety of factors, including; limited human resources and capacities; limited financial and other resources. As well as the lack of implementation guidance and planning, this has resulted in a number of the policy commitments often being poorly acted upon. In fact the lack of effective focus on urban (possibly sector based) strategies due to the difference in approaches required when compared to rural areas sometime further hinders progress in urban areas.
- c. The Royal Governments' Deconcentration and Decentralisation (D&D) reform programme has been making progress, initially with the Law on Administrative Management of the Commune/Sangkat in 2001 and later with the 2008, Law on Administrative Management of the Capital, Provinces, Municipalities, Districts and Khans, colloquially called "The Organic Law".

These were intended to devolved powers and responsibilities to local government levels and are ongoing. In some instance it is taking longer than expected as the guidance and legal requirements to do so are still often not in place for some sectors. The evolving Sub-National Administrative authorities are seen as an opportunity for effective engagement with increasingly responsible and accountable local government.

- d. In terms of the Cities for Children Framework there clearly are opportunities for further support and interventions to improve the quality of life and reduce the threats to vulnerable and children in general, families and other groups in Phnom Penh as what is currently being done, remains fragmented and may be limited in scale and impacts.

Application of Children for Cities Framework

Healthy Cities Assessment

17. Children continue to suffer the greater burden of illnesses and risk of death even in Phnom Penh. With many of the reported symptom of the top ten illnesses impacting the vulnerable under five population, associated with sanitation and hygiene issues and continued exposures/ bouts of illness may result in tropical enteropathy. The impacts from which may deprive a child of learning and or cognitive ability due to contributing to or intensifying malnutrition and stunting. Reported symptoms (CDHS 2010)¹ of critical illnesses are not significantly lower in the city when compared to the national results with at least 12% of the under-fives suffering a bout of a diarrhoeal illness in a two week period compared to 15% nationally and 24% suffering a fever against 28% nationally, while respiratory infection were lower at 1.3% to 6.4%
 - a. However a recent sampled study in 'poor communities' in Phnom Penh (PPMIAUP 2014) supported by UNICEF indicated that children in slum communities were at significantly higher risk than other children in the city and reported a prevalence rate of 40% of children having a diarrhoeal illness, 73% having fever and 61% having the symptoms of a respiratory infection in a two week period.
18. Another persistent health challenge for children in Cambodia remains malnutrition. While progress has been made it continues to afflict a significant portion of the child population with the longer term risk of stunted development. The preliminary results from the CDHS 2014 indicate that 32% of all children nationwide are chronically stunted 24% are underweight and 10% being wasted, while the figures for Phnom Penh indicate that nearly a fifth of all children (18%) were stunted, 13% were underweight and 9% wasted
 - a. The PPMIAUP 2014 which focused on a sample of 340 reported informal settlements "poor communities" found far higher incidence of malnutrition in these areas with 22% of children under-five were stunted, 32% underweight and 11 % were wasted. The findings from the sampled study resulted in UNICEF commissioning a greater nutritional survey to better qualify urban poor nutritional issues
19. An associated health issue is anaemia, which is compounded by and compounds malnutrition; and 41% of all children (<5 yrs) in Phnom Penh were anaemic while 42% of women of reproductive ages (15-49) were also found to suffering from it compared with 56% for children and 45% for women nationally.
20. Reported levels of access to water and sanitation are generally high with over 90% of households in the city reported to have access to an improved water supply (predominately water connections). Even across the various settlements and poor community studies, which indicated that ~81% of residents have access to an improved water source, though levels of access was lower in settlements in the outer Khans (67%) than inner Khan settlements (86%). While access to improved sanitation is also generally high (~90%) while the average for settlements was 82%. The 2014 informal settlements study (STT) indicated that 11% of settlements (37) were reported to have no sanitation access at all!
21. It seems likely that targeted health interventions including behaviour change, primary health care services and nutritional inputs continued to be needed as the current investments and costs of health services appears to exclude some section of the urban society. But these inputs need to better targeted and monitored and reported. In terms of access to community targeted approaches only 53% of communities were reported to have a village health support groups and 45% had received some health outreach activities within the past three months (PPUPA2012)

¹ 2010 data is used (as of March 2015) as only the preliminary national results have been made available from the CDHS 2014

Safer Cities Assessment

22. The official Municipal figures (MPP 2014) for vulnerable people appear to indicate a vulnerable population in the region of 6,982 including (only) 1,941 orphans including additional 646 children orphaned because of AIDS who were categorised differently, 591 disabled children (<18years) (out of a total of 3,065 PwD) and 180 homeless people.
23. While one of the National census analytical reports examined the figures on disability and found that of the ~14,086 people with disabilities in Phnom Penh in 2008 at least ~4,000 were children, while the more recent inter-censal survey 2013 found that the national figure for the percentage of disabled persons is 2.1% of the population.
24. Child labour appears to remain an issue. MPP (2014) reports just 100 orphaned children working and gives an indication that child labour is only occurring in some Khans, when this was compared with the ILO supported Cambodia Labour Force and Child Labour (2012) this indicated that at least 19% of all children 5-17 years (~755,000 children) were working nationwide.

For Phnom Penh the number of working children reported was ~28,000 with over half (14,922) considered as child labourers (60% of whom were girls) and of greatest concern were the 5,400 children reported in hazardous labour (57% female). With most of all child labour being unpaid family workers

25. The MPP report states that only 27 children were considered street children in 2013 (refer table 6.4 and 6.5) as well as the reported 180 homeless people. It also gives a ratio of the number of street children per 10,000 persons per Khan (district) which would give an indicative figure of 486 street children When compared with the Cambodian Street Children's Network street children's snap shot survey this reports 2,071 children and youth (< 24 years) on the street of whom 81% (1,685 were children). One the issue identified was the time taken to identify children on the street, where 8% of these reporting being on the street for longer than a year before being identified. Another feature was that of those surveyed only a quarter (23%) lived on the street either with families or other, while two thirds (68%) were reported living with the family in a home.
26. Another data sources was the recently published Cambodia Violence against Children 2014 survey, while this did not disaggregate data into rural and urban areas or by province, it is worth quoting as national findings. In that 60% of the respondents reported physical violence against them prior to 18 years of age with 88% of the 13-17 years group reporting multiple instances of violence in the preceding 12 months. While a quarter of 13-17 years olds witness violence in the home and half (49%) witness violence in the community
27. Five per cent of both girls and boys reported an incident of sexual violence, 3% of girls and 1% of boys (13-17 years) reported at least one instance in the past 12 months. A quarter of children (24%) reported emotional violence with over half of these experiencing emotional violence prior to 12 years of age
28. There is a need for greater coordinated intervention to make the city safer for children particular to extract children from hazardous and exploitative work as well as better catering to children who live on the street. Greater advocacy is needed to reduce and eliminate the levels of violence perpetrated on children. However of greater need are mechanism to effectively engage with local authorities and communities to recognise and report child safety issues, as well as becoming more involve in identifying and taking actions to reduce the threats and risks to children in the city.

Prosperous Cities Assessment

29. Availability and access to education is supposedly universal with high levels of completion and attendance reported (MPP 2014) particularly for the primary cycle with 92% of eligible kids attending. However when the data was disaggregated by Khans an average of a 13% anomaly appeared in terms of missing number of students in the primary cycle. This discrepancy grows exponentially in the Lower secondary cycle with an average of 43% of students not being effectively accounted for.

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30. The Constitution makes clear reference to completion of education to at least grade nine, which appears to be overlooked, likely resulting from an over emphasis on the primary cycle in the past. The Government does recognise this issues and wishes to closes the gap and increase the completion rate through the different cycles. The Ministry of Education reports for Phnom Penh that 83% of students completed the primary cycle in 2012 (with slightly more girls than boys 85%:81%) however the completion rates at Lower Secondary and High school is a matter for concerns with just 52% (50% girls:53% boys) and 38% (34% girls and 44% boys) respectively in 2012.
31. In terms of business and opportunities it is worth noting that 46% of all the 95,848 businesses reported in the 2011 Economic Censuses of Cambodia for Phnom Penh were micro enterprises, solely operated and operated businesses by one person with another 41% being small enterprises (2-4 persons involved) and these provided quarter of all the employment in the city. But it is the large scale employers (>100 persons) that provide the greatest number of employment opportunities employ nearly half (49%) of the industrial and services employment in the city.
32. The Cambodian Rural Urban Migration Project (CRUMP2012) looked at earning reported and it indicate that averaged earning in Phnom Penh was US\$146 per month ranging from US\$63 per month average for domestic workers to US\$241 average for business owners, though with large ranges in many of the reported incomes. These would seem quite high when compared to the 2012 PPUPA that found that 58% of households in "poor communities" were reporting earning less US\$75 per month significantly below the poverty line.

Resilient Cities Assessment

33. Limited information was available on this component with the requisite mandatory plans at different administrative levels (Sangkat, Khan Municipality) apparently, not available. The key aspect to be assessment should focus on the risk and threats to families and children considering Phnom Penh's location on a flood plain, and the unbridled urban growth and development that is currently ongoing.

Other Urban Issues

34. The assessment also examined sources of different information in terms of identifying various vulnerable groups and their location throughout the city. This was primarily based on the Municipality undertaken and UNICEF supported Urban Poverty Assessment in 2012, the LINGO STT informal settlements Survey 2014 and the Government evolving ID Poor Process 2012 as well as the Municipality official statistics 2014.

Population growth and informal settlements

35. The overall population remains unclear with officially published figure ranging 1.39 million to 1.88 Million with an averaged density of population of ~2,215 persons per Km² though a disaggregated figure is given for each khan of the city in the report. Though recent administrative changes (the splitting and creation of three new Khans in 2013/2014) and expansion for the city (incorporating an additional 20 communes in 2009) have made qualifying some of these figures more difficult. Population projections and growth figures indicate that the rate of growth is still running at least 3% of the city population per year (NIS 2102) and most of this growth is rural urban migration driven.
36. For housing and tenure, again conflicting figures, but on averaging across the sources would appear to give a figure of circa 330,511 households, with at least 33,605 families/ households in recognised informal settlements (>10 households) (STT2014).
- The MDG for slums (as defined by the UN) it would appear that 75% of the households in Cambodia remain in slums due to the lack of secure tenure². Official Data obtained by the City Assessment indicates that 128 279 properties in the city have received property titles (though the true figure is likely somewhat lower as some land owners have multiple properties or parcels of land in the city). This would equate to ~32% of the properties in the city, though apparently data on over half of the properties (51%) has been collected and are pending processing.
37. For informal settlements, figures again diverge with STT2014 reporting and mapping the location of 340 "urban poor" settlements meeting their study criteria (>10 households). It is also worth noting that;
- "The survey was (initially) conducted in 466 settlements, 340 of which were considered "urban poor" and included in the final analysis. While some explanation was given about the other 126 settlements it raises some concerns about possible exclusions and under representation of the poor and vulnerable households and families, particularly of smaller clustered of houses which may exist, particularly in the inner khans where land is at a premium and the days of larger settlements are long gone.
 - That the term for settlements referred to locations with > 10 households and in fact in instance could be made up of a number of communities (with the term community on the other hand, referring to an organisation of households (for example a saving group or some other community based entity) within a settlement in which they may be more than one community in a settlement.
38. The PUPA2012 report stating that "since 1980, 516 different urban poor communities have been (cumulatively) identified by the Phnom Penh administration" of which "342 are recognized and organized communities and 174 are yet to be acknowledged and organised, but no further explanation is given. But extrapolating from this, based on the averaged settlement size figures from the 2012 assessment (~90 families per settlement with an average of five persons per family) which could potentially give an estimated informal settlement population of ~46,000 families (231,000 people) which could be the upper threshold for targeting.
39. More recently (2014) MPP has reported the MPP now has 503 settlements with just 24,000, families; with it being remarked that this was achieved through a reclassification of some communities by combining them larger settlements.

² This figure has not been reported upon or updated by the Government since 2005, most recent data from UN reports 78.9% of household in slums
<http://mdgs.un.org/unsd/mdg/Data.aspx>

- a. It is also worth noting that in the 2014 Official statistics MPP reports that between 10,725-11,750 families are located living on public land, though what category of public land is not stated. So qualifying the actual number of families and households in settlements (through a transparent census based approach, rather than using just reported figures) may be needed.
 - b. As mentioned it is worth observing that both the PPUPA 2012 and the STT2104 surveys appear to have ignored clusters of houses with less than 10 households which remain un-quantified in terms of numbers of such housing clusters and the numbers of families within them and it is likely in a urban context that such household clusters exist and may add a considerable number of families to the at risk and vulnerable families.
40. Settlements are distributed across all Khans in the cities but it is it apparent that there has been a process of migration of settlements, from the inner Khans to the outlying one, likely contributed to as urban land values have increased. With over three quarters of identified settlements (using the STT 2104 data) now in the outer Khans, where it is likely the needs may be greatest. A density map included in the report gives an indication of the areas with the greatest concentration of settlements.
 41. Access to basic services in informal settlements based on the available data sources (PPUPA2012, STT2014, PPMIAUP 2014) appears to indicate a reasonable level of coverage. Through there are likely gaps and areas of poor coverage that need further exploration. In general levels of service coverage was lower in outer Khans, where household also often have to deal with middle men charging higher prices for the basic services.
 42. Another potential source of information is the Government ID Poor process which though developed for rural areas is progressively being adapted to the urban areas (through agreement on criteria is still pending). Application in Phnom Penh is incomplete with only the outer Khans covered (and on deeper analysis) it would appear to be incomplete (with a number of villages and sangkats not recoding any poor at all) even though it was stated that it was completed in 2012. It does identify 11,556 households as being poor in the outer Khans with ~51,787 people as being poor and provides an additional starting point for possible targeting. Though it would appear that efforts will be needed to ensure that NGOs are involved in the process as it is report that some organisations appear to be not invited to participate in the related identification or review activities.

Profiling of Urban Actors

43. Apart from multilateral actors (UNICEF, WHO, UNDP, etc.) who generally provide support through the Government and effort was made to identify what other actors were actually active in Phnom Penh where were they working and on what. Unfortunately this did not succeed within the timeframe of the assessment mainly due to the lack of responses from the NGO sector. As an alternative approach the consultant used the Government maintained NGO database for aid effectiveness which listed 198 NGOs implementing 239 active projects in Phnom Penh (in 2014) through one sources and an additional 41 organisations through an alternative search option so ~239 NGOs implementing 281 projects, with the greatest number of NGOs active in projects working on
 - a. Community and social welfare issues (including child protection etc...) (81 NGOs implementing,92 projects),
 - b. followed by educations (56:66)
 - c. HIV/AIDs projects (51: 66), and then

d. Health (34: 38)

44. It was also observed that there were a considerable number of active organisations (at least 17 identified) not voluntarily providing information on the NGO database, which while maintained by the Government the provision of information is on a voluntarily basis. So exactly how many organisations are implementing projects in Phnom Penh is likely to be higher.
45. From the city assessment it is evident that available information on the city in terms of contributing to the Cities for Children Framework is fragmented, lacking or in some instance unreliable, even though there are various sector forums and mechanisms which are meant to assist in networking, participation in these is frequently limited as the roles of these mechanisms often remain unclear in terms of coordination, action planning and implementation.
46. The state institutions and departments at municipal and Khans levels have limited capacities and resources to effectively deliver their mandated roles. Additionally as the Official statistics show, the value of what is generated is dubious in terms of quality, often significantly understating the current status and situation. It also calls into question whether the significant scale of activities being undertaken by active NGOs in Phnom Penh is been appreciated and reported in terms of contributing to progress development and aid effectiveness.
47. It is apparent that there is a need for a consensus on what needs to be done to improve the conditions in which children are brought up in, as well as to reducing removing and eliminating threats and risk to child development. There remains a significant portion of the city's population living in unsecure and precarious conditions which impacts on the welfare and wellbeing of children. In some instances there is a need to agree with sector stakeholders (government, multilateral agencies, donors, non-government and civil society) on what needs to be done to reset the quantifiable and qualifiable targets and ensure that these targets are mainstreams through the urban sector enabling improved tracking, monitoring and evaluation of what is being done. There is also a need to finding out who is working where, doing what, as it is evident that there are gaps in the provision of services targeting children and youth in the city, and by implication there are apparently areas of the city where services are being duplicated, targeting the same groups and communities in the same locations for example in parts of Khan Mean Chey. Additionally there are issues with area based approaches which

Recommendations

48. It was noted that parallel to the City Assessment a new country programme strategy development process and a component urban strategy were under development. Choices on possible areas for expansion into Khans Dangkor and the newly established Khan of Chbar Ampov, as well as expanding coverage in the existing areas in Mean Chey, Rueesy Keo would appear to be correct. Though efforts will be needed to be more flexible and to identify clusters, pockets and areas of deprivation in these Khans rather than focusing on specific areas within these Khans may be required.

Healthy Cities

49. It is evident that nutritional issues particularly for the vulnerable under-fives remain an issue for Cambodia including Phnom Penh, as evident by the results of the CDHS 2014 and more importantly by the indicative PPMIAUP 2014, which showed a higher prevalence of malnutrition in families in informal settlements. While acknowledging the efforts and results by the Government and other actors which have been progressively reduced the incidence of the malnutrition further general and targeted efforts are

needed. These efforts need to be quantified and qualified by evidence based approaches which child sponsorship can provide directly linking and tying inputs improvement together so increasing and targeting health and broad based nutritional improvements is recommended particularly target poor and more vulnerable settlements/ communities and households but also street living children as 21% of identified children from the snapshot survey (441 individuals) were under five years of age.

- a. Closely tied to this could be to work on reducing anaemia in children and expectant mother which has strong influencing factors on and from nutrition.
- b. Further efforts are also needed to address persistent indicative symptoms such as bouts of diarrhoea, fevers and acute respiratory infections which affect children. As many of these have sanitation and hygiene contributing factors further inquiry to investigate the causes of the illness symptoms may be needed, through encourage and qualifying behaviour changes in communities.
- c. There could also be a need to improve health reporting, ensuring that cases are established and recorded in the official system possibly by supporting outreach services and monitoring, to ensure that identified cases in target groups are effectively mainstreamed into the system
- d. Though not well elaborated in the this report there may also be a need to ensure the child vaccination targets are achieved as it would appear that certain sub-groups (families living in informal settlements (as highlighted by PPMIAUP 2014) and others) may not be completing the advocated vaccination programme during infancy and onwards.

Safer Cities

50. Efforts to better address the issues of working children and child labour need to be considered and mainstreamed into the urban strategy, as the reported levels of child labour are significant. Of greatest concern is the need to extricate children in hazardous working conditions in Phnom Penh (an estimated 5,400, ILO2012), as the risks posed by related activities are and can be detrimental to the children. It will be a challenge considering that many are involved in a family earning activities.
51. Innovative approaches will be needed to raise awareness and understanding of parents and guardians to accept the exclusion of children from undertaking hazardous activities, and to find mean to ensure that all working children can balance family commitments with personal development through education and play.
52. The street children's snapshot survey gives an indication of the levels of children "on the street" and the risks and threats they are exposed too. Maintaining and improving the levels and types of services they have access too will be important, as will activities that encourage children off the street and back into education (either formal or informal) as nearly a third of those identified on the street (31%) fell into the 11-17 years age bracket. The snap shot survey also brings to light the issues of significant percentage of identified street children (68%) who reside with their family in homes but are predominately on the street? An issue that likely requires further and more in-depth research.
53. The issue of violence perpetrated against children also needs to be addressed in that the available figures from the CVAC are aggregated nationwide and my need some further validation for Phnom Penh. As the national figures indicated that 60% of children have been victims of violence prior to 18 years of age and 24% have been victims of emotional violence. Of greatest concern are the reported (at least) 5% of both girls and boys who reported being victims of sexual abuse.

There is a need to raise family, community, society and local authorities awareness, understanding and un acceptability to issues of child violence and to also remote various means and approaches to mitigating and tacking such violence particularly sexual assault.

Prosperous Cities

54. While accessibility to basic education is an entitlement, there remain issues with completion rates across all levels, municipality reported figures for Phnom Penh do not appear to add up to give rise to a missing percentage of students in terms of completion rates. While significant efforts have been made in primary school attendance there are concerns and greater issues needing addressing in Lower Secondary and High School cycles, where it is evident that significant drop offs in attendance and completion rates occurs.

A factor in educational drop out is the persistence in informal fees being paid by families for education which can be a particular burden for the poor and low income families, likely contributing to the removal of children from school. Additionally the nature of informal fees is anecdotally said to change from the primary cycle from a single payment to multiple payments for each subject, which can add up to a significant amount.

55. It has been reported that Phnom Penh is the predominate destination of rural migrants and the majority of these migrants are youths and young people seeking opportunities in the capital where economic opportunities are concentrated, the lack of affordable and accessible accommodation often forces migrants to reside in precarious and frequently over crowded circumstances often in informal settlements, where young families are established. There is a need for better consultation and engagement in and for the provision of affordable housing and shelter for the poor and renters (and this is in line with the recently adopted National Housing Policy 2014).
56. It is worth observing, that Cambodia's recent urbanisation process which saw the capital nearly double in size in just eight years (between 1998-2006) due to the influx of people. And it is unlikely that the majority of the more recent migrants ever intent to return to reside in the original locations permanently. However they are often trapped in a precarious position because of escalating land prices and availability of land, which has and will continue to give rise to slums and the increasing risk of deteriorating environmental conditions.
57. There is a need for better engagement and support for consultative processes to begin to address this issue and also to explore opportunities for securing tenure for families considering that even after over a decade of systematic land registration only about a third of households across the whole city may have secured an official and legally recognised "hard title" against the more commonly use "soft titles".
58. As indicated in the report the findings from the Economic Census of Cambodia (2012) showed Phnom Penh's dominance. It also highlighted the fact that the nature of businesses across the country remain entrenched in micro businesses in terms of the numbers of employees and the fact that the majority of these businesses were often unregistered individual business (90+%). While families from all sectors of society endeavour to earn a living often providing services, however earnings/livelihoods reported in the PPUPA 2012 indicated that families were living below the adjusted Poverty line for Phnom Penh (US\$96) with averaged incomes reported at just US\$75 per month, while the CRUMP indicated a far broader range of incomes depending on the nature of employment, however there is a need to examine means to support increasing incomes from subsistence levels through saving, better earning initiatives and practices.
59. There would also appear to be a considerable amount of indebtedness in poor sections of Phnom Penh with it observed in the PPUPA2012 that 83% of families in the 281 surveyed in communities in informal settlements that were burdened with debts, while the more recent PPMIAUP2014 reports that 69% of households in poor settlements were in debt with nearly a third of these with debt in excess of US\$400. The pressures and opportunity costs to repay these debts often diverted family expenditures on critical items. It is also worth noting that medical expenses were often a significant cause of indebtedness 28% (PPUPA2012) but so was business with 34% of household going onto debt because of starting or operating some form of business. This would indicate a need to improve levels of understanding on basic business practices as well as on savings and credits focusing

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just on the poor/low income households and communities, as well as building capacities and understanding of these amongst children and the youth through supporting "young or youth entrepreneurship approaches" and programmes to give a better start to young people and families.

Resilient Cities

60. A number of studies used during the city assessment highlight the precarious situation informal settlements and "poor communities" are in due to the locations of many of these settlements. This situation is often further exasperated due to Phnom Penh location on the Mekong flood plain. Annually some communities and households are inundated and families' particularly young child put at risk because of the dire living conditions they are in and the lack of effective sanitation and drainage systems. These risky communities are only likely to become worse if climate change prediction are correct and the fact the Cambodia has been identified as one of the most vulnerable countries in the world let alone the region from the impacts of climate changes.

While disaster plans (including considerations of climate change) are in theory mandatory within the civil administration system (from Communes to Khans and the Municipalities (article 39 of the Organic Law), where councils shall formulate a development plan that includes –a disaster management plan, few if any of them have done so in Phnom Penh? (As none were reported available) and if anything exists it is mainly to be disasters responsive. There may be opportunities to engaged different stakeholders from households, communities, villages through local authorities to develop through a rolling process multi-layered disaster prevention and responsiveness plan, identifying and prioritising risks, developing suitable and appropriate mechanism to reduce and or react and agree on these prior to dissemination to involve stakeholders for use with the communities and at the different levels of authorities depending on the scale.

This could also be augmented supporting a participatory urban community disaster preparedness planning process where communities and settlement take greater responsibilities.

Urban Institutional Issues

61. There is a need to better engage local and sector based authorities to improve and strengthen their understanding and capacities to identify, qualify quantify and report on the actual condition(s) and situation affecting children in Phnom Penh in terms of the requisite requirements for the cities for children framework. It is consistently pointed out through the assessment that officially reported figures do not appear to reflect the realities on the ground affecting children. An issue that needs to be addressed through multistakeholder forums rather than by an individual organisation. The aim(s) of which should be to reach consensus on issues affecting children and the scale of these issue(s) throughout the city. To then mutually plan (and integrate these planning components) into the official planning and reporting systems as this does not appear to be the case at present.

Such planning processes could also be broaden to begin to address controversial issues such as land/ property registration and tenure etc... by making the existing system more transparent and accountable.

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Abbreviation and Acronyms

ADB	Asian Development Bank
CamDi	Cambodia Disaster Loss and Damage Database
CARD	Council for Agricultural and Rural Development
CCDM	Commune and Sangkat Committee for Disaster Management
CDHS	Cambodia Demographic Health Survey
CDRI	Cambodian Development Research Institute -
CMDG	Cambodian Millennium Development Goals
CRDB/CDC	Cambodia Rehabilitation and Development Board
CRUMP	Cambodian Rural Urban Migration Project-at NIS/MoP
CVAC	Cambodia Violence Against Children Survey 2013
EC 2011	Economic Census of Cambodia
EMIS	Education Management Information System
EU	European Union
GEF	Global Environmental Facility
GIZ	Deutsche Gesellschaft für Internationale Zusammenarbeit
HMIS	Health Management Information System
HSFR	Health Sector Financing Report 2012
JICA	Japan International Cooperation Agency
MDLMUPC	Municipal Department of Land Management, Urban Planning and Construction
MLMUPC	Ministry of Land Management Urban Planning and Construction
MLVT	Ministry of Labour and Vocational Training
MoEYS	Ministry of Education Youth And Sport
MoH	Ministry of Health
MOI	Ministry of Interior
MOP	Ministry of Planning
MoSALVY	Ministry of Social Affairs Labour Vocational Training and Youth Rehabilitation
MPP	Municipality of Phnom Penh
MWVA	Ministry of Women Affairs And Veteran
NCDD	National Committee for Sub-National Democratic Development
NCDM	National Committee on Disaster Management
NIS	National Institute of Statistics of the Ministry of Planning
NSDP	National Strategic Development Plan 2014-2018
NSPS	National Social Protection Strategy for the Poor and Vulnerable
PiN	People in Need (an International NGO)
PPMIAUP	Phnom Penh Multiple Indicator Assessment of the Urban Poor
PPUPA	Phnom Penh Urban Poor Assessment
PwD	People with Disabilities
RC2011	Reclassification of Urban Areas 2011
RSIII	Rectangular Strategy" for Growth, Employment, Equity and Efficiency, Phase III
SNAP	Strategic National Action Plan for Disaster Risk Reduction
STT	Sahmakum Teang Tnaut-STT
TWG	Technical Working Group
UNESCO	United Nations Education scientific and Cultural Organisation
UNICEF	United Nations Children's' Funds
Urban CoE	Centre of Expertise for Urban Programming at World Vision
WASH	Water Sanitation & Hygiene
WV	World Vision

Introduction

World Vision (WV) recognising that increasing urbanisation has great potential but also great challenges, because globally since 2007 more than half of the world's population have lived in urban areas, with the latest figures (2014) showing 54% of the global population now living in urban areas and it is projected that by 2050 at least two thirds (66%) of the world's population will be living in urban areas³.

However the benefits of urbanisation have been uneven with 'it being conservatively estimated that almost one billion people live in slums⁴ today and the United Nations projecting that the slum population could increase to one third of humanity within 30 years, unless measure begin to be taken to improve the quality of life and opportunities in urban areas particularly for poor and vulnerable groups, especially children. Urban and development actors' globally need to better consider the growing issues derived from rural urban transition often driven by increasing migration of the young rural population to urban areas seeking economic and social opportunities that urban areas can provide.

Approach and Methodology

WV's Centre of Expertise for Urban Programming (Urban CoE) has developed a dynamic approach to begin to guide its future actions, support and interventions for working in urban areas with poor and vulnerable population as well as engaging with decision makers to develop more progressive and response approaches to address the urgent needs of poor and vulnerable population located in urban areas by developing an innovative holistic Cities for Children framework which is intended 'to anchor WV approach to addressing children's wellbeing. The 'Cities for Children' Framework consists of four inter-related domains that are intended to contribute to and promote just, inclusive and responsive cities where all children can thrive. As part of the roll out of the framework Countries have been asked to undertake a comprehensive city assessment to gauge the current situation in cities for children.

To support this, an evolving city assessment tool developed by Urban CoE is provided as a possible template for presenting and analysing the data and information for the city assessment to responds to the Cities for Children Framework.

To begin to completed the city assessment a wide variety of information and data often needs to be gathered, usually from a number of sources, as few if any authorities, institutions, or actors have full knowledge and information. What is often available is diverse, sometimes limited in scope (geographically or temporally) with varying degrees of interpretation and analyses. Which once collected needs to be further analysed, compared and some cases validated to ascertain whether it (a) reflects the situation and circumstance in the city as a whole, (b) highlight a unrecognised issue(s) or impact(s) on a particular sub-group in the city (to date), which could have wider implications.

An adaptive methodology was developed and applied in Phnom Penh where available public sector data was sought from either the Municipality of Phnom Penh (MPP) or from line Ministries, to form a possible basis for the city assessment. This was then augmented or compared with data from other sources such as non-governmental organisations or multilateral organisations, which were also supported by a number of key informant interviews.

Challenges

The city assessment tool was found to be overly complicated and would require far more dedicated resources (time, effort, and financial) to comply and complete it. It potentially contains 93 data fields/questions; to which it seeks a response too, many of which (especially on policy implications) would and could be reports in their own right. Additionally in many

³ UNDESA (2014). World Urbanization Prospects

⁴ As defined by UN Habitat

instances little or no information was readily available, likely requiring further research and examination. The following were the findings where possible based on the template provided

1. Demographics & the Built Environment

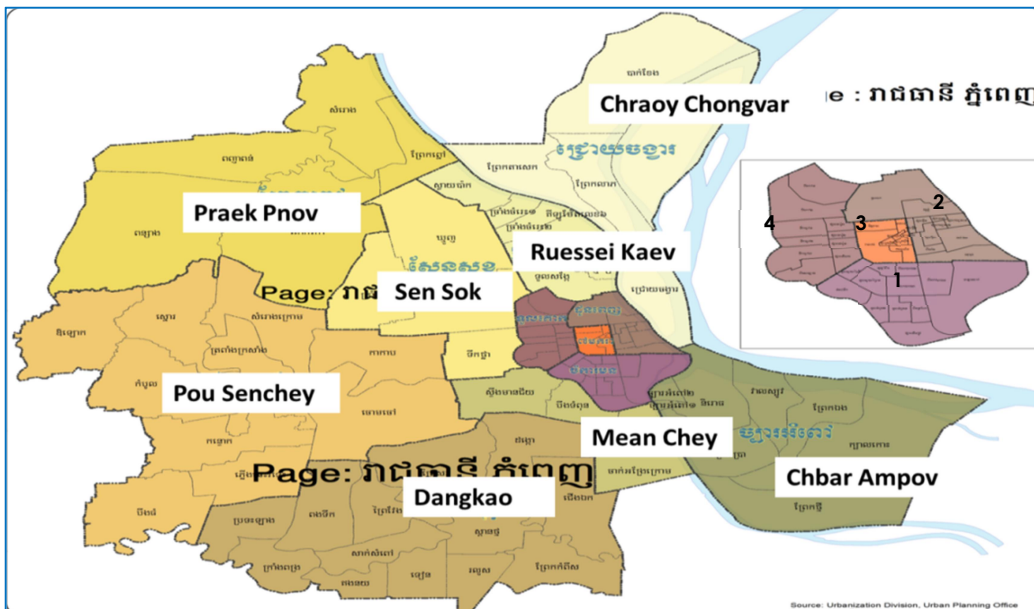
1.1. Population & Density

The Municipality of Phnom Penh has since December 2013 been subdivided into 12 Khans (urban districts) an increase of three newly established Khans (Chraoy Chongvar and Praek Pnov in the Northeast and North and Chbar Ampov to the south east) which came about through a combination of the division of Mean Chey, Ruessei Kaev, and Sen Sok as well as the integration of 20 other communes from Kandal province.

The 12 Khans are divided into 96 Sangkats (Urban Communes), which are further officially divided into ~912 villages (as per the 2012 Commune database). The officially reported population for the city for 2014 (MPP statistics, March 2014) was 1.39 million people dispersed in ~348,980 households (Economic Census of Cambodia-EC 2011) in at least 266,741 buildings/structures (MPP2014) across the 12 Khans as per the following table and chart.

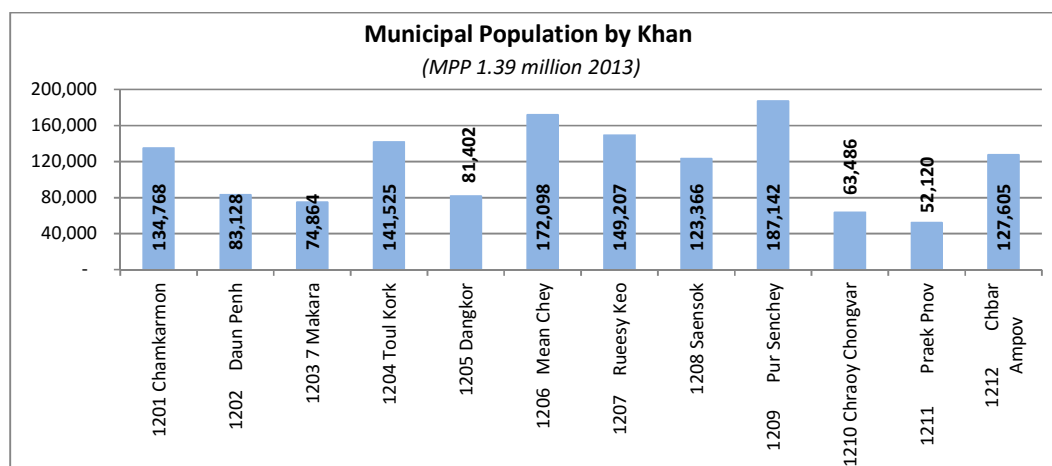
Khan/ District	1201 Chamkarmon	1202 Daun Penh	1203 7 Makara	1204 Toul Kork	1205 Dangkor	1206 Mean Chey	Total
Population	134,768	83,128	74,864	141,525	81,402	172,098	
%	10%	6%	5%	10%	6%	12%	
Khan/ District	1207 Ruessy Keo	1208 Saensok	1209 Pur Senchey	1210 Chraoy Chongvar	1211 Praek Pnov	1212 Chbar Ampov	1,390,711
Population	149,207	123,366	187,142	63,486	52,120	127,605	
%	11%	9%	13%	5%	4%	9%	

Municipal Map 2014



Source: Urbanization Division, Urban Planning Office
Prepared by: Urban 2014

City Assessment- Phnom Penh



However this is likely to be an under estimation of the city's population, as not all city resident may be officially reported/ recorded. In that many family members and relatives from rural areas may predominately reside in PP for the majority of the year for employment opportunities, apart for two main holiday periods during the years (Buddhist New Year in April and "Pchum Ben" usually in late September). These city residents may also maintain their officially recorded place of residence in their 'homelands' in rural areas, and thus may not be captured in the official reporting of the urban population.

This finding is partly substantiated by the results of the National Institute of Statistics National Census in 2008 which recorded 1,374,450 people (647,576 males/ 726,874 females) as living in Phnom Penh in 2008. While the Reclassification of Urban Areas 2011 (RC2011) reports an adjusted figure of at least 1.67 million residents in the city in 2008 including the population of 20 additional communes that were added to Phnom Penh in 2008 which were reported as a having a population of 342,426 people. While the NIS's Economic Census for Cambodia (NIS JICA) reported a projected population for Phnom Penh of 1,744,901 persons. While the NIS's Population Projections of Cambodia (2011) projects the 2014 population of the city to be 1,770,131, (831,668 male/ 938,463 females).

Overall, there would appear to be a lack of consensus on the actual resident population in Phnom Penh which does raise an issue of concern when dealing with poor and vulnerable groups in the city.

2008 National Census	NIS's Population Projections of Cambodia (2011)	Population projection 2008-2014 (linear @ 2.5% growth p.y., for five years)	Municipality figures /Statistics (Mar 2014)	Other Municipal Data Sources (Dept. Land Management)	Metropolitan Phnom Penh (within 30 km of Phnom Penh)
1,374,450 (original figure) 1,670,041 (adjusted post RC2011)	1,770,131	1,878,796	1,390,711	1,501,725	>2.5 Million People

Based on data from the Municipal Department of Land Management, Urban Planning and Construction (MDLMUPC) the following table was constructed which gives an indication of the range of population densities within the city, based on the reported areas of the new Khans and additional communes which were added.

#	Code District/Khan	# of Sangkats	Households	Population	Area (ha ²)	density (persons perKm ²)	R	K
1	Chamkar Mon	12	34,666	182,004	1,074	16,951		

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2	Doun Penh	11	24,201	126,550	738	17,153	OUTER KHANS
3	Prampir Meakkakra	8	18,513	91,895	222	41,441	
4	Tuol Kouk	10	33,096	171,200	839	20,399	
5	Dangkao	13	14,798	73,287	11,833	619	
6	Mean Chey	4	38,978	194,636	2,516	7,737	
7	Chbar Ampov	8	26,455	133,165	8,114	1,641	
8	Ruessei Kaev	6	26,488	135,470	2,480	5,463	
9	Chraoy Chongvar	5	12,452	61,214	8,393	729	
10	Sen Sok	4	25,142	125,536	5,186	2,421	
11	Pou Senchey	10	30,955	159,455	14,898	1,070	
12	Praek Pnov	5	9,614	47,313	11,508	411	
		96	295,358	1,501,725	67,800	2,215	

1.2. Age/Gender

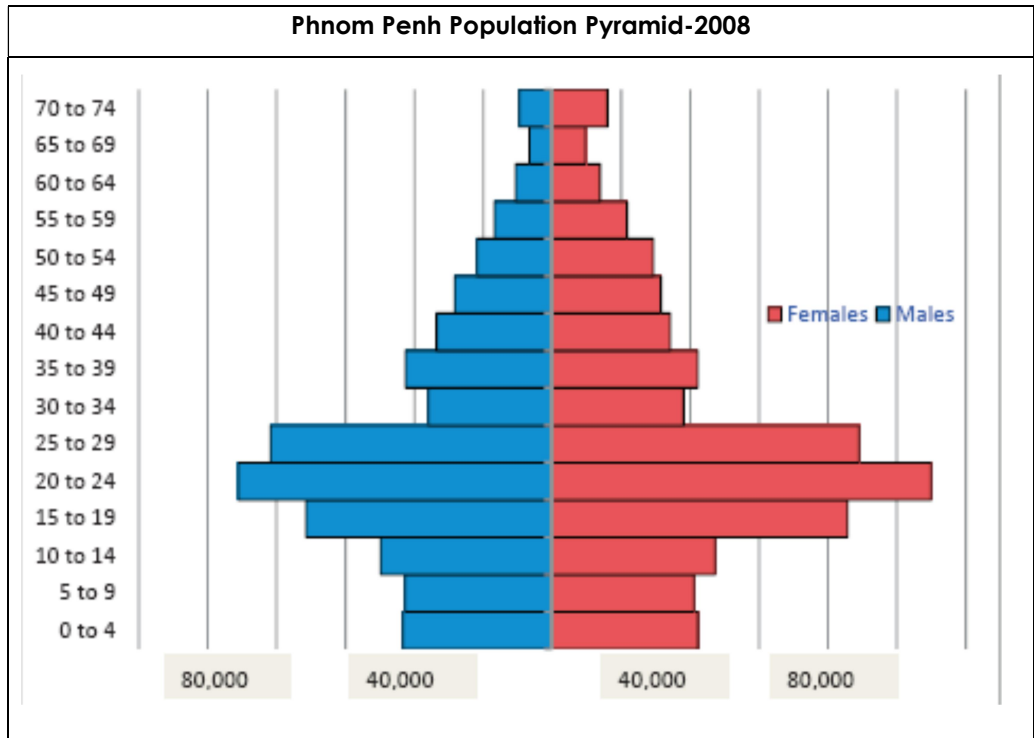
The NIS has published a population pyramid for the Capital, which breaks down the population by cohorts (five years blocks). It shows a bulge in the three cohorts making up 15-29 years of age grouping, indicating that it is the youth population that is most likely to have moved with more females to males moving.

This was and is likely due to the increased employment opportunities in the garment and apparel industrial sectors which have boomed around Phnom Penh. Based on the NIS project for 2014 this show a gender breakdown of 53:47 females to males, giving a sex ration of 89%

Defining Youth

The UN General Assembly defines 'youth' as individuals aged between 15 and 24 years, and young people between 10 and 24 years (UN General Assembly, 1995).

While Youth Department at the Ministry of Education, Youth and Sport (MoEYS) defines youth as those between the ages of 14 and 30.



Sources NIS 2009

Female Headed Households

It is reported (NIS CSES 2012) that while 22 per cent of households are headed by women (678,040 households) nationwide, that this percentage is higher in Phnom Penh, with 25 per cent against 21 per cent in rural areas.

While figures from the a number of “urban poor” assessments and studies (PPUPA 2012, STT 2013) of informal settlements indicate that the percentage of female headed households in households in settlements is evening greater in these areas, averaging at 36% of households.

1.3. Migration

Most of the information in the following section comes from the Cambodian Rural Urban Migration Project-CRUMP report published in 2012, which examined and compares factors and issues related to migration. A significant portion of the study and report focuses on Phnom Penh. CRUMP interview 1,000 migrants in Phnom Penh as well as 4,500 rural households to gain insight into the push and pull factors behind migration in Cambodia.

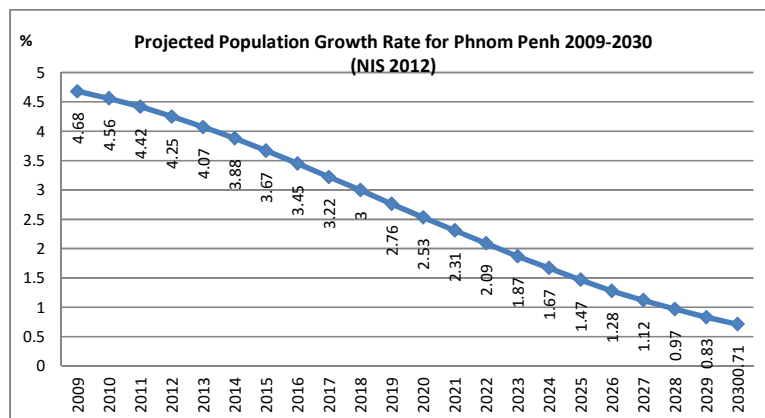
The Cambodian population has been identified as being on the move. While the country remains predominantly rural it is rapidly changing, people have been streaming mainly into Phnom Penh, the capital, from all over the country. While the percentage of people living in urban areas of Cambodia is still relatively low for countries in the region, it is increasing rapidly and from the direction things are going in is clear that Phnom Penh is the predominant destination of rural to urban migrants. In 1998 one in every 20 Cambodians lived in the city of Phnom Penh, by the time of the CRUMP (in 2012) it was about one in 10 people.

Economic factors, such as employment opportunities in the growing garment related industrial sector, a significant portion of which are located around Phnom Penh and are acting as significant “pull factors” for rural-urban migration, as is the growing tourism sector.

One only has to consider that, 60% of all the business establishments employing more than 100 persons (470/786, source ESC2012) and 44% of all those employing more than fifty employees (369/833) are located in Phnom Penh. Also that in 1999 the country saw a little over 350,000 tourists visit Cambodia generating under 200 million US dollars according to official tourism sources, (Ministry of Tourism, 2011). By 2011, close to 3 million tourists were visiting the country, an eight fold increase, spending at least 2 billion US dollars in official receipts being reported.

Phnom Penh

According to the last two National censuses, the population of Phnom Penh city has more than doubled between 1998 and 2008 from 567,860 to ~1.4 million residents, with the population of the city reported as doubling over a period of just eight years, from 1998 to 2006. This represented a possible average annual of growth rate of 8% per year!. Though report growth rates have slowed and are projected to continue slowing.



City Assessment- Phnom Penh

The NIS projection for the coming 15 years till 2030 indicates that Phnom Penh's population growth will slow, resulting in a projected provincial population by 2030 in the region of 2.5 million people.

Demographically speaking, there are generally two ways in which populations grow:

1. Natural Growth	2. Net Migration
The difference between the number of births and the number of deaths.	The difference between the number of in-migrants and the number of out-migrants.
Phnom Penh has the lowest fertility rate of any province, with a 2008 estimate of 2.0 children per woman (National Institute of Statistics/Ministry of Planning, 2010). <u>So, Natural growth is therefore not the reason for the massive increase in Phnom Penh's population.</u>	So the majority of the population growth of Phnom Penh has occurred through net migration. Calculations from the census data indicate that over 80% of the city's growth between census periods (1998-2008) was due to net-migration. One third of Phnom Penh's residents in 2008, over 400,000 people, have been living in the city for less than five years. Roughly a 100,000 people (in 2008) had been living in Phnom Penh for less than one year

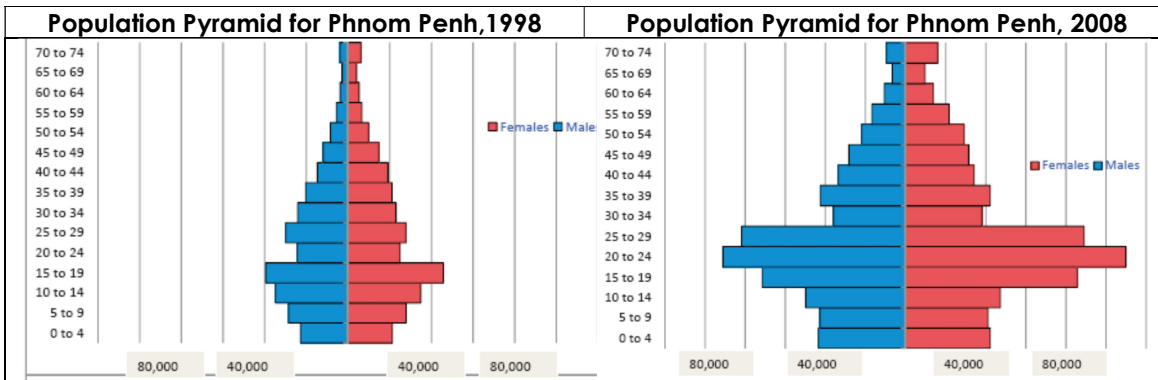
It is worth noting that migrants to urban areas generally come from younger age cohorts and may be dominated by either males or females depending on the nature of the migration and the "push-pull factors". Overall population distribution for Cambodia is young (with 32% of the population under the age of 14 years (UN 2011), owing to Cambodia's 'baby boom' and post-conflict fertility in the 1980's and early 1990's which has now started to slow.

Age grouping of Migrants	% of Migrants	Remarks
Under 15 years of age	~20%	mostly children of the primary mover in families
15-30 years of age	~55%	
>30 years	~25%	

The CRUMP reports that ~53% of migrants who moved into the city between 1998-2008 were female and this age concentration influences many aspects of life in Phnom Penh, but at the very least, it influence the demographics of the city.

The following two population pyramids show the population profiles for 1998 and 2008 for Phnom Penh, as can be seen, while growth has occurred in all age groups, the concentration of the population in young adult age groups is easily seen.

The population in their 20's grew more than three-fold over the ten year period between 1998-2008, from 107,000 to 372,000 people, while the population percentage in the three age cohorts ranging 15-29 year increased from 17% to 30% of the city's population.



The following table extracted from the CRUMP report shows the provinces of origin of Phnom Penh migrants, it used three sources, its own survey, and the findings from the two censuses. It generally finds that the top nine sending provinces are exactly the same, and while the order

changes a little from source to source, there have not been dramatic changes in origin provinces over time. For instance, the top four senders are Kampong Cham, Prey Veng, Kandal and Takeo in all cases. The percentage of migrants coming from these four provinces averages at 59% of all in-migrants.

CRUMP 2012	%	Census 2008	%	Census 1998	%
Kandal	20.2	Kampong Cham	20.3	Kampong Cham	18.6
Kampong Cham	15.6	Prey Veng	15.4	Prey Veng	14.6
Prey Veng	13	Kandal	14.7	Kandal	14.3
Takeo	9.9	Takeo	10.5	Takeo	8.3
Svay Rieng	7.2	Svay Rieng	8.1	Svay Rieng	6.5
Kampot	6.2	Kampot	4.8	Kampot	4.9
Kampong Thom	5.4	Kampong Speu	4.4	Battambang	4.8
Kampong Speu	4.9	Kampong Thom	4	Kampong Thom	2.9
Battambang	3.4	Battambang	2.7	Kampong Speu	2.3
Other provinces	13.3	Other provinces	11.1	Other provinces	11
Other countries	0.9	Other countries	4	Other countries	11.8
Total	100	Total	100	Total	100

From the rural perspective of the CRUMP over 50% of all the reported out migration was to Phnom Penh, while just under a third (30%) of out migration was reported to be international (predominately to Thailand at 80% of the international destinations).

Driving forces for out migration are mainly for work related 87% followed by education at 9.2%. Reasons for migration are complex, involving push factors such as limited employment/earning opportunities, insufficient land available, poor living conditions (the lack of access to basic services), and pull factors, employment/earning opportunities, access to services etc... CRUMP identified five factors and disaggregated the finding by sex and age it did allowed for multiple answers. What is clearly evident is that

Labour employment opportunities were the most frequently declared reasons for migration which also correlated with the findings from the two censuses where 64% and 53% of migrant in the 2008 and 1998 census respectively migrated for employment opportunities.

Reasons for migrating (CRUMP 2012)					
Reasons	Sex		Age Groupings (%)		
	Males	Females	15-24	25-34	35+
Labour	76	75	66	84	75
Education	23	10	30	13	2
Marriage	4	9	4	13	3
Calamities	4	4	3	3	7
Other	12	18	11	8	32

It is worth observing that the CRUMP findings showed that

- Two third of 15-24 years old age group named labour/ employment as the overall reason for migration,
- While the remainder were more likely to name the pursuit of education, with males naming education more than are females.
- Females are more likely to name marriage as a reason for migration, suggesting that wives were more likely to follow husbands to Phnom Penh than the other way around.
- Calamities and repatriation were mentioned more by 35 and older people than those in other age groups, as many have had direct experience or knowledge of this
- Finally, it is notable that a higher proportion of females and those 35 and older name 'other' reasons. Indicating that over time other family members (both immediate and extended member) may migrate to the city over time.

Access to and ownership of assets (durable goods⁵) was also assessed by the CRUMP study based on ownership of items from a list of 34 items as a proxy indicator for the wealth of households, with the items list the same as those asked in the Cambodian Socio-Economic Survey (2009 CSES). As expected “permanent Phnom Penh” households had the greatest percentage of ownership with 75% of Phnom Penh households having over 9 items from the list, while 48% migrant households in Phnom Penh had over nine items while only 20% of rural households had over nine items.

1.4. Number of City Households (formal and informal)

The reported number of formal households in Phnom Penh varies, indicating inconsistencies in the data with the range differing by ~69,000 households? The Municipality of Phnom Penh-MPP official statistics reports a current official resident population of 1.4 million people equivalent to about 280,000 households (based on an average of five people per families/ households). While the provincial report for the Economic Census of Cambodia-(ESC) 2011 Phnom Penh indicates 348,980 households in Phnom Penh. The MDLMUPC table above indicates possibly 295,358 households; averaging across these would give an indicative household population of ~330,511 households in the Municipal area

Source	# of HHs in Phnom Penh
MPP 2014	280,000
	397,707
ESC 2011	348,980
MDLMUPC 2014	295,358
Average across sources	330,511

In terms of informal households the local NGO (LNGO) Sahmakum Teang Tnaut-STT reports 33,605 families⁶ located in 340 identified informal settlements scattered across the city (STT 2014), which could equate to 159,944 people⁷. It is worth noting that the STT and the previous MPP survey of 2012 did not assess grouping of ten households or less, as these were not considered a settlement or communities meeting the study criteria. This may indicate a knowledge and information gap, as what number of households and families are possibly located in small clusters of shelters in and across the city.

Reported # of Families in Informal settlements 1997-2013						
Khan/ District	1997	2003	2009	2013	Pop ⁿ (Est.)	
1201 Chamkar Mon	6,479	8,574	2,421	2,270	11,350	INNER KHANS
1202 Doun Penh	2,970	7,188	2,337	614	3,070	
1203 Prampir Meakkakra	1,762	3,875	1,884	611	3,055	
1204 Tuol Kouk	3,411	4,540	4,920	2,288	11,440	
1205 Dangkao	903	19,690	7,242	3,976	19,880	OUTER KHANS
1206 Mean Chey	6,656	5,382	9,002	7,017	35,085	
1207 Ruessei Kaev	7,969	13,000	8,482	6,023	30,115	
1208 Sen Sok	N/A	N/A	4,260	6,255	31,275	

⁵ A broad listing of 30+ items including electronics (e.g., radios, televisions), transportation (e.g., car, bicycle), household equipment (e.g., refrigerator, batteries), furniture, etc....

⁶ An issue with the family figure is that one may find a number of related and generational families in a household,

⁷ Applying the average sized family figure from the NIS National Census 2008 of 4.7 persons per family

1209 Pou Senchey	N/A	N/A	N/A	4,551	22,755	
Totals	30,150	62,249	40,548	33,605	168,025	
Source: STT Phnom Penh Survey 2014						

Looking at these figures it is evident that there was a progressive translocation of informal settlements and households from the inner khans to the outer khans, beginning in the mid 2000s' as comparing the 2003 and the 2009 figures the number of households in informal settlements in the inner khans dropped by 12,615 households or 52% of the households in informal settlements in these areas, with the greatest changes in some of the Khans (for examples Khan Chamkar Mon saw a 72% decrease in households in informal settlements between 2003-2009 and Daun Penh decreased by 67%) reduction have continued to occur as the differences between the 2009 and 2013 surveys was as significant with a further reduction of households in informal settlements by 74% in Daun Penh and 68% in 7 Makara.

Conversely the numbers of households in informal settlements in the outer khan's jumped by 63% in Mean Chey between 2003-2009, while it is harder to ascertain what happened in the other outer Khans as a number of these were either established (Sen Sok 2005, Por Chen Chey 2011) or subdivided during this period. (As little comparative analysis of site changes has been undertaken possibly due to the lack of robust data).

There are likely more households out there isolated in small clusters of houses (<10) scattered around the city which have been missed and who are also likely lacking in access to some services. They may exist in the inner khans where they often cling on, so as to be close to sources of earning and employment and could be considered as particularly vulnerable as they are often not recognised and likely have little or no voice and representation.

1.5. Slum Characteristics

The use of the terms "slum" could be seen as problematic as the UNs official definition (see box) could encompass over 75% of all households in the country. It is reported by the UN that 79% of the urban population of Cambodia are considered to be living in slums⁹. As the majority of households in the country continue to lack access to secure tenure and land titles (as the proxy for security of tenure) are one of the five criteria for slums.

This is also evident by the continued number of land disputes reported throughout the country and in Phnom Penh with the MPP official statistics report (2014) stating that 350 land disputes cases were reported in Phnom Penh in 2013. It is acknowledged that the Government has made progress since formally beginning to issues land titles based on the 2001 Land Law.

In October 2014 The Ministry of Land Management Urban Planning and Construction (MLMUPC) issues a notice declaring that it had progressively issued 3.6 million (parcel) titles nationwide (including urban areas) over the last decade, while data made available from MLMUPC on the number of property/plot titles issued in Phnom Penh were that to date 128,279 property/plot titles had been issues in Phnom Penh over the last decade.

<p>UNHABITAT Definition of Slum Areas⁸</p> <p>The United Nations Human Settlements Programme-UNHABITAT defines slums as have one or more of the following five characteristics:</p> <ol style="list-style-type: none"> 1. Durable housing of a permanent nature that protects against extreme climate conditions 2. Sufficient living space which means not more than three people sharing the same room 3. Easy access to safe water in sufficient amounts at an affordable price 4. Access to adequate sanitation in the form of a private or public shared toilet by a reasonable number of people 5. Security of tenure that prevents forced evictions

⁸ [www2.unhabitat.org/media centre/documents/sowcr2006/SOWCR%205.pdf](http://www2.unhabitat.org/media%20centre/documents/sowcr2006/SOWCR%205.pdf)
⁹ <http://mdgs.un.org/unsd/mdg/Resources/Static/Products/Progress2014/Snapshots/KHM.pdf>, November 2014 update. Though it is worth noting that the CMDG system does not report on the forma UN MDG target 7.16 but rather on the "Increase the percentage of land parcels having titles in both urban and rural areas from 15% in 2000 to 65% in 2015" which was later reduced to 43%.

Systematic property registration in Phnom Penh 2003-2014:	
Systematic registration	
data collection:	201,877
land title certificates signed:	141,065
titles distributed:	127,321
Sporadic registration:	447
Additional subsequent registration:	511
<i>Source MLMUPC 2014)</i>	

The Municipality of Phnom Penh-MPP with UNICEF support, undertook the “Urban Poor Poverty Assessment 2012” (PPUPA) this mentions that (informal) “settlement areas (slums) were generally located along the infrastructural life lines of the city: beside main roads, along the railways and along sewage systems (in fact it was the combined drainage system), but also on lakes and on the flat roofs of buildings. Until recently there were few regulations to manage the influx of populations onto public land. Authorities tolerated the practice or did not enforce regulations (more often they did nothing to stop or notify people of the temporary nature of their occupation), giving people the chance to settle down”. However this may have been the case in the 1990s and early 2000s but by the mid 2000s eviction and resettlement have progressively removed settlements from inner city areas (both voluntarily and forced), even though some residents’ rights to claim ownership (a provision in the 2001 Land Law which allow the right to apply for ownership if residing for five years prior to the 2001 Land Law¹⁰) may have existing, but which appears to have been often simply ignored.

Of the 2,033 households surveyed by the PPUPA, 31% responded to questions about the locations of where they lived which indicated that

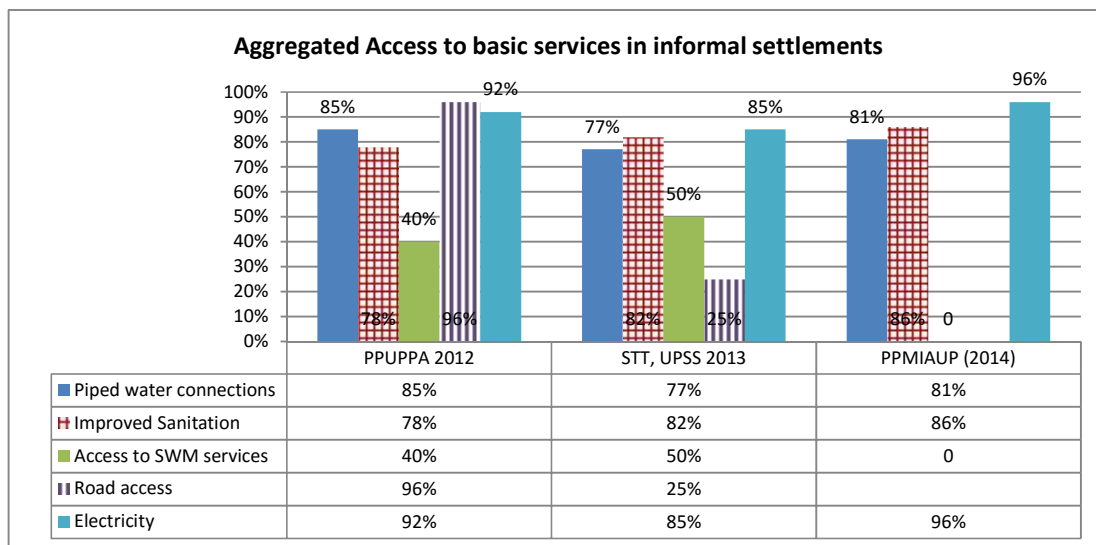
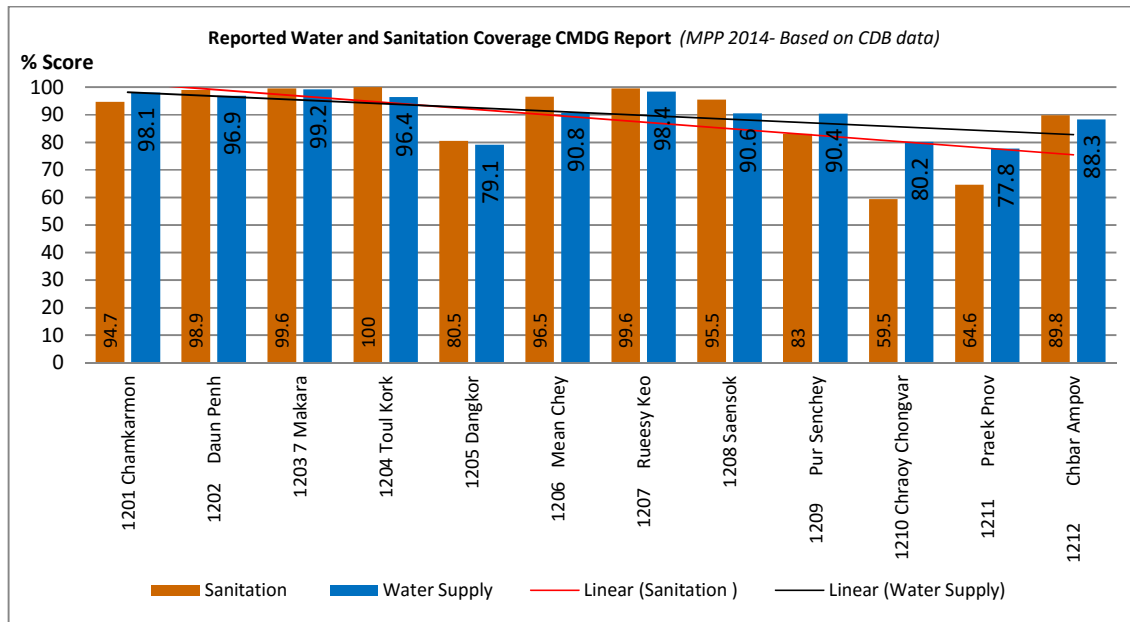
Reported Locations Settlement Area Phnom Penh (n=627/2,033, PPUPA 2012)	
Along city drainage system	26%
River banks	23%
Road sides	18%
Along the Railway	17%
Roof of buildings	5%
On a water body	4%
Pagoda/stupa	2%
Other locations	7%

Access to Services

In terms of access to basic services (water supply, sanitation, solid waste management, electricity and paved access etc..) different studies and assessments (PPUPA2012, STT2014, and PPMIAUP 2014) have reported a range of results for settlement coverage. The following charts attempts to combined and compare the different sources.

The first chart based on MPP data, indicates the reported percentage score from the Commune Database (CDB) for access to improved water supplies and sanitation services, while the second chart is the extrapolated information from various studies.

¹⁰ 2001 Land Law Article 30 states that “Any person who, for no less than five years prior to the promulgation of this law, enjoyed peaceful, uncontested possession of immovable property that can lawfully be privately possessed, has the right to request a definitive title of ownership”.



This chart aggregates the finding for the whole city, while it is highlighted in the STT2014 report that coverage for certain services in the outer Khan is lower than the inner Khans and in some instances is site specific.

Services	Averaged coverage	Remarks
Electricity	91%	<p>Access to electricity appears to be near universal with access in the three studies being relatively high.</p> <p>STT mentioned that 11% of settlement (39) in the outer khans lack access to electricity. The other issue for electricity is not having a connection but the per kilowatt cost, as some settlements are purchasing power not from the electricity company (EdC) but from private reseller who charge significantly higher (with a mean charge rate of 1,850 Riels (US\$0.46) per Kw/h against then the EdC charge of 620R (US\$0.16) so roughly three times as much.</p>

Water Supplies	81%	While the Phnom Penh Water Supply Authority (PPWSA) has been progressively expanding its services most inner khans settlement (86%) have connections and a significant number of those in outer khans too(67%). The same issue as above, in that intermediary resellers are often charging households significantly higher costs than those from PPWSA, so again affordability was an issue for some settlements
Household sanitation	82%	An interesting finding from all three studies was the coverage of household sanitation, with four fifths of households having access to some form of improved sanitation. With over a fifth of outer Khan settlements having issues with sanitation namely insufficient toilets and for 37 settlements reported as having no household sanitation at all! The 2012 assessment also highlighted the fact that over a third of the poorest households in communities were likely to lack access to household sanitation.
Solid waste management	45%	Poor access to and the lack of an effective systems for solid waste management was found to be a significant issue as levels of services varied by location, with inner Khan general having a higher levels of service against the outer khans which in some locations had no service at all at the sites were some distance from a paved road, where SWM services operate.
Paved access	61% (25%-96%)	This infrastructure was the one with the greatest divergence in that while the MPP 2012 assessment claimed that 96% of communities have access the STT2014 gave a different picture, in that access was far more variable with some settlements only accessible on dirt tracks that were impassable in the rainy season.

As can be seen the levels of some of the basic services were significantly higher than national levels of access, and are likely to be very site and even household specific so improved targeting of services may be required. It is worth noting that sanitation and hygiene related illnesses were found to be considerably higher in informal settlements than in the general urban population (based on the findings of the PPMIAUP 2014 by PiN).

Tenure Security

The majority of communities in settlements believed they were possibly on public land (both MPP2012 and STT2014), through officially two types of public land are recognised:

- state public land (roads waterways, schools, public buildings etc....) and
- state private land (other land owned by the state)

Transfers and transitioning of state public land to private which is then sold has been common place, with many government offices, buildings and land being sold/transferred to private companies. Additionally the Government reports that it still does not know what land it owns? As different Ministries held their own land even though permission is required from the Ministry of Finance for the transitioning of land between the two categories and for the disposal of state assets. The overall processes for these land transfers and transactions has been often criticised by donors due to its opaqueness.

Settlement Land Claims

An average of 35% of settlements (49% of those in outer Khans, 106 settlements; and 20% of inner Khan settlements (11) claiming to have some form of documentation "establishing their status" of ownership for the land they occupy. (sources STT 2014)

However it is now well recognised that arbitrary documentation even so called "soft titles" often endorsed by commune/Sangkat are (more often than not) not being recognised by Government authorities if disputes come up over land as is common in Phnom Penh

There is a difference in the understanding of "on what land settlements are located on" between the MPP undertaken PPUPA 2012 and the STT 2014 study. The 2012 assessment states that (what) "most urban poor communities have in common is that they developed (housing) on public land".

While the STT informal settlements survey 2014 survey states that "86% of all urban poor settlements respondent stated they know what kind of land they lived on", with most feeling that the land occupied by the settlement belong to them the residents. The STT report goes on to state that, 40% of settlements have been told (by authorities) that they live on some form of state land, namely

Settlements on state land by categories and location (Source STT2014)			
	STT identified Settlements	On state public land	On state private land
Inner Khan	80	20	13
Outer Khans	260	69	33
Total	340	89	46
		26%	14%

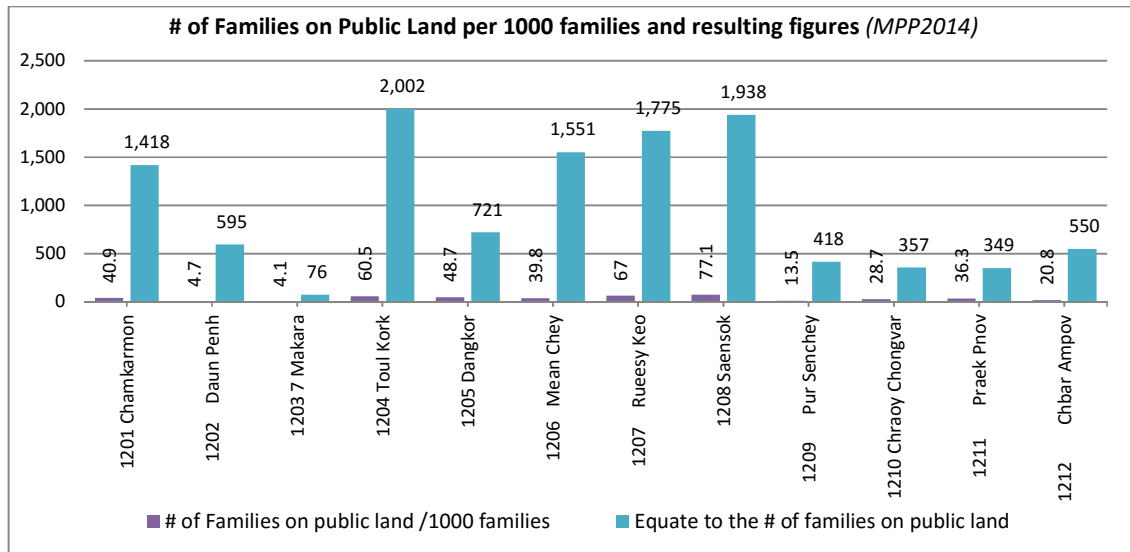
While it would appear that ~68% of settlements indicated that they might be on state land of some form (see figure 4 STT 2014), so at least 30% of settlements appear to be unsure what type of land they occupy.

Regardless of the expressions of ownership by residents, the STT report goes on to state that “given the history of evictions in Phnom Penh where communities who had legal claims to their land were evicted from their homes without any chance for their claims to be assessed, an eye should be kept out for the 40% of settlements that were told that they were on “state land”.

Regardless of the expressions of ownership by residents, the STT report

In terms of gaining secure tenure for the settlements, STT reported that only 18% of the 340 settlements (61) identified have gained access to the systematic land titling process and only 27 settlements have actually received their titles so only 8% of the total or 44% of those gaining access. This significantly lower than the average where 63% of households who have been involved in systematic land registration have received their titles (see table on land titles above). It is also worth noting that the survey report stated that roughly 10% of the identified settlements (35/340) have also been official informed that they are to be excluded from the systematic land registration process. An alternative view could be that the informal settlements are being treated no better or worse than other households in the city if one takes the average number of households reported in sec 1.4 (formal and informal numbers) 301,113 and the total number of parcel titles reported issued above (128,279) then only 42% of household may have received a property title in Phnom Penh. So there are clearly gaps in information and knowledge on who has claims to land occupied by informal settlements.

In its official statistics of March 2014, MPP states that there are 10,725 families on public land throughout the city compared with possibly a significant portion of the 34,000 families reported by STT. The MPP report then provides a Khan breakdown of the number of families per 1000 families in each Khan which when applied to the number provided (MDLMUPC sources) (in terms of households not families) the figure of families on public land is at least 11,750 families, the following chart based on this calculation shows the possible Khan distribution of families living on public land.



5.1. Informal settlements (slums) – size and location maps

The PPUPA reports that MPP has progressively identifying “516 areas of urban poor communities” between 1980¹¹ to 2011. Of these 342 are recognised and 174 “are yet to be acknowledged and organized”. The survey component covered 281 settlements in 52 of the 96 Sangkats in the city. The Assessment does recognise that “there were a large numbers of small communities, (usually) with 130 inhabitants (28 families) or less” which were not covered by the survey.

Settlement identified by the PPUPA 2012						Settlement # 1997-2013 STT2014				
Khans/ Urban districts	# of Sangkats with Communities	# of Communities	Surveyed Communities	Reported Populations	Avg. Popn per Community	Khan/ District	1997	2003	2009	2013
Chamkar Mon	5	34	32	5,391	168	1201 Chamkar Mon	67	68	29	25
Doun Penh	8	41	24	18,460	769	1202 Doun Penh	72	81	32	17
7 Meakkakra	2	13	5	571	114	1203 7Meakkakra	57	58	30	17
Tuol Kouk	5	26	26	12,372	476	1204 Tuol Kouk	60	48	38	21
Dangkao	6	11	10	8,278	828	1205 Dangkao	16	141	54	25
Mean Chey	9	72	65	26,049	401	1206 Mean Chey	46	94	93	89
Ruessei Kaev	10	82	68	20,078	295	1207 Ruessei Kaev	61	79	96	87
Sen Sok	3	24	19	11,017	580	1208 Sen Sok	N/A	N/A	38	31
Pou Senchey	4	32	32	23,904	747	1209 Pou Senchey	N/A	N/A	N/A	28
	52	335	281	126,120	449		379	569	410	340
Sources PPUPA 2012						Source: STT Phnom Penh Settlement Survey 2014				

More recently (2013) the LNGO Sahmakum Teang Tnaut-STT undertook one of their periodic surveys, the previous ones was undertaken in 2009, while other organisations and networks had previously undertaken similar assessments in 1997 and 2003 of informal settlements. A review of the available information on informal settlements showed changing characteristics

Khan/ District	1997	2003	2009	2013	Pop ⁿ (Est.)	
1201 Chamkar Mon	6,479	8,574	2,421	2,270	11,350	INNER KHANS
1202 Doun Penh	2,970	7,188	2,337	614	3,070	
1203 Prampir Meakkakra	1,762	3,875	1,884	611	3,055	
1204 Tuol Kouk	3,411	4,540	4,920	2,288	11,440	
1205 Dangkao	903	19,690	7,242	3,976	19,880	OUTER KHANS
1206 Mean Chey	6,656	5,382	9,002	7,017	35,085	
1207 Ruessei Kaev	7,969	13,000	8,482	6,023	30,115	
1208 Sen Sok	N/A	N/A	4,260	6,255	31,275	
1209 Pou Senchey	N/A	N/A	N/A	4,551	22,755	
Totals	30,150	62,249	40,548	33,605	168,025	
Source: STT Phnom Penh Survey 2014						

¹¹ Though the first identified settlements were actually only in the early 1990's

The 2013 survey identified 340 informal poor settlements scattered throughout the city¹², (and following clarifications with the city assessment team that the identified settlements may not correspond to the number of communities in that one settlement may be made up of a number of communities).The greater number of settlements are now located in the outer Khans (76%) as inner city location have been progressively developed. The following two maps summarise the locations and density of settlements (see annex for individual nine khan maps)

¹² The STT report initial mentions "466 settlements, 340 of which were considered urban poor and included in the final analysis".It goes on to state that 36 settlements were not considered poor, 19 had less than 10 HHs, and 17 were upgraded, 41 were now considered to be part of larger settlements compared to 2009

Figure 1 Overview of the concentration of informal settlements by Sangkat (source STT 2014)

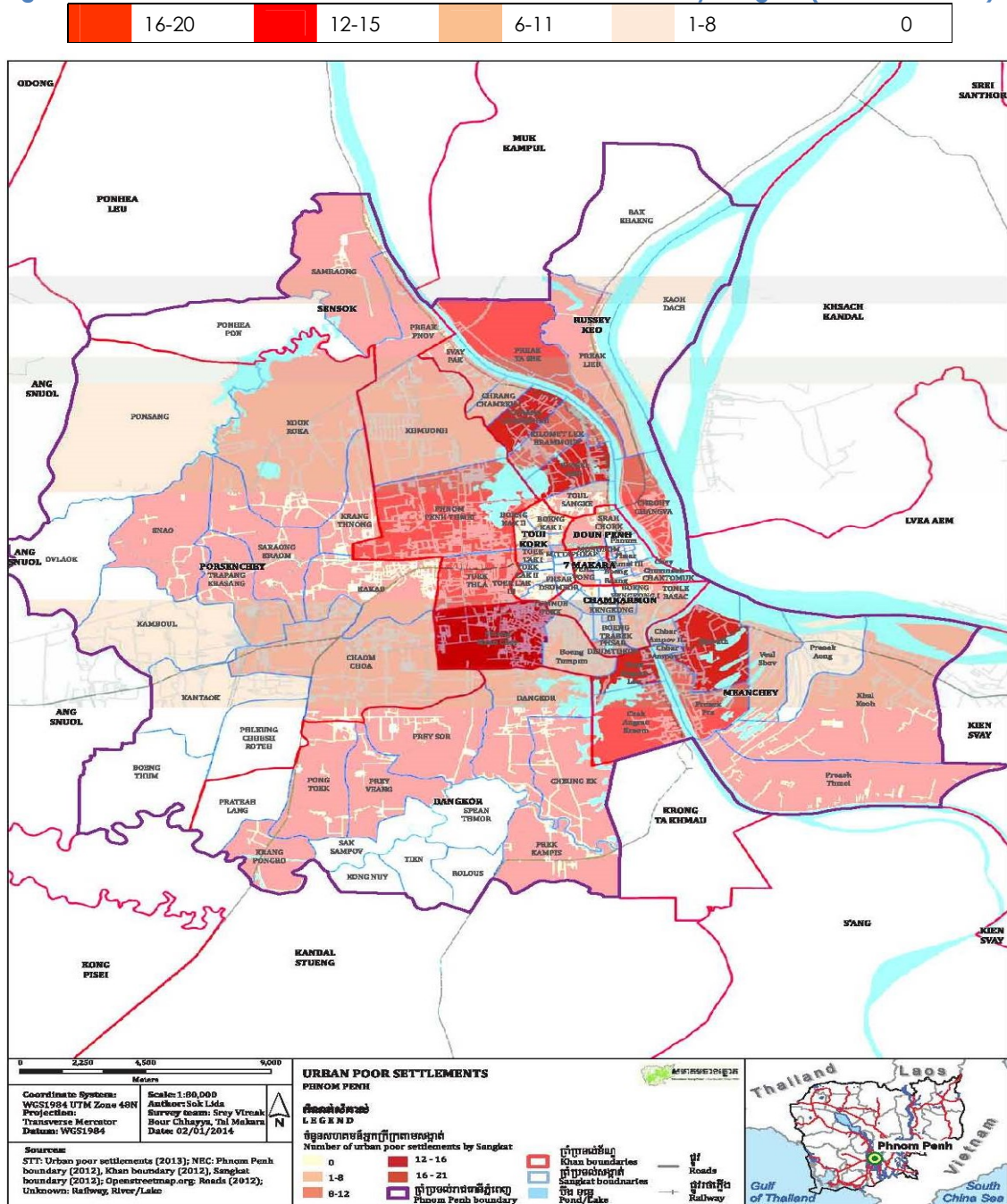
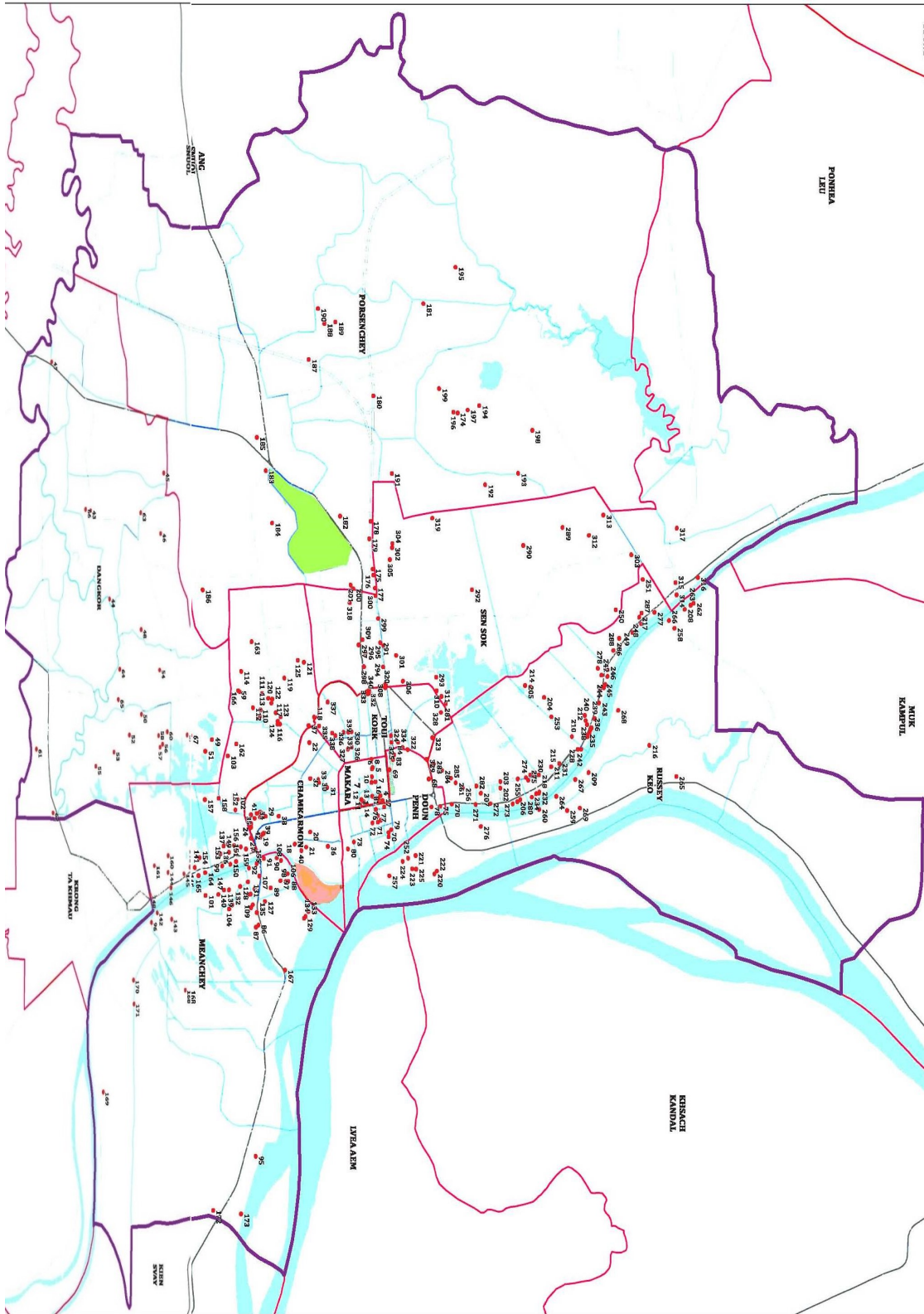


Figure 2 Location of Informal Settlements (source STT 2014)



While a decision was made to only consider 340 “poor” settlements based on a range of criteria there may be an issue with those settlements that were excluded. However the mapping and GPSing of the settlements was a significant progress on previous assessments where when settlements were often only physically marked on maps. And provides a reasonable good starting point for potential target based on the possible concentration of settlements in Khan.

5.2. ID Poor Assessment

Associated with identify poor and vulnerable groups will be the need to consider and harmonise with the *Identification of the Poor Households* (IDPoor). This is the programmatic approach of the Royal Government adopted qualitative methodology to identify and register poor households. It was initially developed with the assistance and support of Deutsche Gesellschaft für Internationale Zusammenarbeit-GIZ and the programme later became a multi-donor initiative including support from AusAID. IDPoor has been progressively rolled out across the country since 2006. By 2012 five rounds of poor mapping were undertaken, with most of the country (20 of the then 24 provinces¹³) covered again in rounds four and five with 155 districts and 10,668 villages reviewed, which allowed for identification and or updating of poor households. The IDPoor approach identifies two categories of poor

- Poor Level 1 (very poor)
- Poor Level 2 (poor)

The poverty category assigned is based on an interview scores (relying on household questionnaires) and consideration of the special circumstances of each households. Up to the fifth round (in 2011) the Identification of Poor Households approach only covered rural areas; with the Ministry of Planning-MoP stating (in 2012) it “planned to develop a tool and process for identifying poor households in urban areas in the near future”. As well as developing plans to update poor households’ information for all administrative areas every three years and the position appear to remain the same with GIZ reporting (December 2014) support for the development of an urban approach.

In terms of the Phnom Penh, only parts of the Municipal area were covered in round six (in 2012), namely the five outer Khans of nine in the city at that time. As these were considered partly rural at the time, which was later changed in 2012 following the findings of the Reclassification of Urban Areas by the National Institute of Statistics of MoP, which now considers all Khans as urban. There are also the 20 formerly rural communes that have been merged into the city areas (since 2008) which are progressively changing into peri-urban areas

Coverage	Districts (Khan)	Communes Sangkat	Villages
Areas covered	5	50	306
Out of total existing	9	103**	1009**
**The reported number of Commune/Sangkats and Villages for Phnom Penh at 103 and 1,009 appear to differ from other municipal sources, which only list 96 Sangkats and ~903 villages (though noting that the number of villages in one Sangkat appears to be missing but likely only 5-10 villages only)			

Source MoP IDPoor Programme¹⁴

The findings to date of IDPoor's partial application for Phnom Penh were that a total of 11,556 households (out of a reported 93,693 households in the five assessed Khans) were identified as being poor equating to 12% of the households across the five districts. With the total number of persons identified as poor were 51,787. Though this seem at odd with the ~180,000 households (184,882) that are reported to be in the outer khans in 2013.

¹³ Three of the four provinces had been covered during rounds 1-3 between 2007-2009 and were to be updated in round 6 in 2012

¹⁴ IDPoor Programme 2014, Report 10: Summary Statistics, MoP

City Assessment- Phnom Penh

Geographical Code	District	Poor Level 1 HHs	Poor Level 1 Persons	Poor Level 2 HHs	Poor Level 2 Persons	Poor Level 1 HHs %	Poor Level 2 HHs %	Total # of Poor Households Identified	Total Poor Level 1&2 HHs %	Total # of Poor People (Level 1&2)
1205	Dangkao	742	2,608	1,151	4,876	5.6%	8.6%	1,893	14.2%	7,484
1206	Mean Chey	1,630	7,793	3,270	15,592	No data	6.8%	4,900	10.2%	23,385
1207	Ruessei Kaev	547	2,363	1,572	7,297	4.9%	13.9%	2,119	18.8%	9,660
1208	Saen Sokh	424	1,705	357	1,560	6.1%	5.1%	781	11.2%	3,265
1209	Pur Sen Chey	757	3,115	1,106	4,878	5.3%	7.8%	1,863	13.1%	7,993
Total		4,100	17,584	7,456	34,203	4.4%	8%	11,556	12.3%	51,787

Source: MoP Report 14: Poverty Rate Comparison Report

In terms of a gender disaggregation by heads of households the following were the findings from the assessments in Phnom Penh (during round 6)

Poor Level 1		Poor Level 2	
Female-Headed	Male-Headed	Female-Headed	Male-Headed
1,844	2,254	2,828	4,627
45%	55%	38%	62%

BOX: On the IDPoor Process

ID-Poor has been incorporated into the national development process through its recognition in the **National Social Protection Strategy for the Poor and Vulnerable (2011–2015)** which see the IDPoor Programme as an integral part of the Government's efforts to reduce poverty.

An additional government **Sub-Decree on the Identification of the Poor Households** (#291 ANKr. BK dated 27/12/2011) is intended to manage implementation of identification of poor households as well as the utilisation of poor household data in the country. It tasks the 'Ministry of Planning with coordinating and monitoring implementation of identification of poor households, and providing technical guidance to relevant government institutions, non-governmental organisations and local communities taking part in identification of poor households' as well as with collected and analysed information and disseminating data.

The Sub-Decree states that procedures and methodologies for IDPoor in rural and urban areas will use different approaches which are to be established by a Ministerial prakas and guidelines.

However up to 2012 only the rural methodology had been developed, and must include a consideration of the following poverty indicators (if applicable).

- a. Housing condition, including roof, wall, area, house quality (and specification of whether it is the household's owned property or is rented).
- b. Size of legally owned residential land and productive agricultural land.
- c. Main source of income from growing crops or fishing, or other activities.
- d. Animal raising (such as raising fish for sale).
- e. Ability to meet food requirements.
- f. Number of household members unable to earn an income, relative to the total number of household members.
- g. Material goods and equipment.
- h. Means of transportation.
- i. Unexpected problems or serious crises which cause the households to lose income, experience food shortages, sell property, or go into debt.
- j. Number of children aged 6 to 11 years who missed school, and the reasons.
- k. Situations which cause deterioration of the household's living conditions, such as the head of household (husband or wife) suffering from serious disability or chronic disease, households consisting exclusively of elderly members, households with orphans living with them, female-headed households with many young children, or households with no members with the capacity to work.
- l. Situations which improve the households' living conditions, such as assistance from relatives or other income sources.

As of December 2014, as yet the criteria for identification of the urban poor have not been finalised through the administrative process for identification has been put in place aligned with the 2011 sub-decree. In that designated Sub-national administration levels will be actively engaged in the process, namely:

- IDPoor Capital/Provincial Working Group
- IDPoor Municipal/District/Khan Working Group
- IDPoor Commune/ Sangkat Working Group
- Village Representative Group

There has also been a commitment for better engagement with representatives of local organisations or representatives of specific groups for more effective consultations , as well as a need to be more flexible in identifying locations and interviewing families without a residence

Remarks

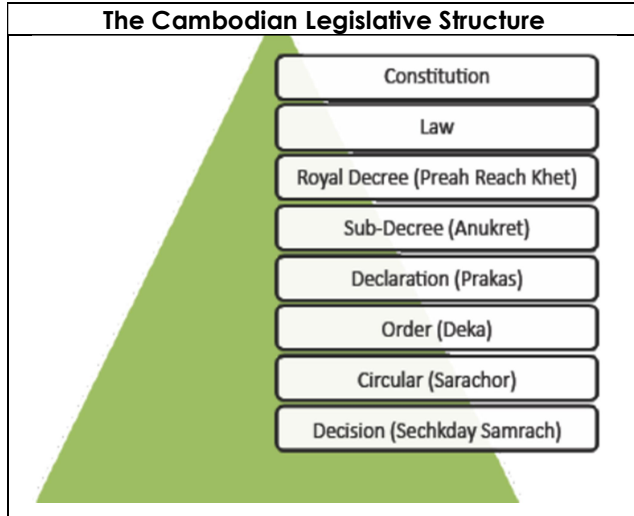
In fact on rapidly checking the IDPoor database it was observed and evident that quite a few villages and Sangkats were reported to have no poor households? An area that may need further following up with the Department of Planning at MPP and in the Khans. The current IDPoor data does providing a starting point for further analysis and for possible targeting

6. Policy and Institutional Context (Healthy, Safer, Prosperous and Resilient Cities)

6.1. Governance:

6.1.1. Government structure and levels of responsibility, authority and power (municipality, khan, sangkat)

The Constitution of the Kingdom of Cambodia is the overarching piece of legislation which was intended to protect the Rights of and ensure fair treatment of all the citizens of Cambodia. It also enabled the formation and functioning of an elected Government. Over the years since the adoption of the Constitution in 1993, the Royal Government has progressively built up an evolving comprehensive multi-sectoral legal framework which is aligned with the following structural hierarchy.



In terms of local government and governance: the 2008, Law on Administrative Management of the Capital, Provinces, Municipalities, Districts and Khans (Royal Kram No. NS/RKM/0508/017), colloquially known as "The Organic Law" redefined the nature of sub-national administration in the country. It established a hierarchy for responsibilities and authoritative powers and in theory, it put in place a structure for deconcentration and decentralisation (D&D). The purpose of the law was to define the administrative management of the Capital, Provinces, Municipalities, Districts and Khans (art.1). It states that they shall be governed in accordance with the principles of unified administration in order to establish, promote and sustain democratic development through the policy of decentralization and deconcentration.

It also established indirectly elected local Councils for each level, with each Council mandated for five years. The councils shall have roles in undertaking "activities necessary to achieve the purpose of establishing, promoting and sustaining democratic development and to perform functions and duties that have been assigned and delegated to it through specific Laws or in accordance with the organic Law".

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The Organic Law	
Is made up of eight chapters, 30 sections, and 286 articles, structured along the following lines	
Chapter 1 General Provisions	Chapter 5 Implementation Process
Chapter 2 The Councils	Chapter 6 Punishment
Chapter 3 Committees of the Councils & Board of Governors	Chapter 7 Transitional Provisions
Chapter 4 Personnel and Units of the Council	Chapter 8 Final Provisions

The follow are some extract sections in terms of the governance issue in the Organic Law

Each legal entity (Council) shall "establish, promote and sustain democratic development" (Art 11) where democratic development shall include:

a. Public representation;	e. Promotion of quality of life of the local residents;
b. Local autonomy;	f. Promotion of equity;
c. Consultation and participation;	g. Transparency and integrity;
d. Responsiveness and accountability;	h. Measures to fight corruption and

	abuse of power, (art12)
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- The council shall apply its legislative power through the issuance of bylaws (Deika) in accordance with the laws and regulations of the kingdom (art 32).
- The council shall also apply its executive power through the issuance of decisions in the council meetings (art 33), and
- The council shall be accountable directly to all citizens for making decisions on priorities and for ensuring democratic development within its jurisdiction. (art 34)

In terms of planning, the Organic Law states that the council shall formulate and approve a five-year (5) development plan to be updated annually through a three (3) year rolling investment program. (Article 37). So in the formulation and implementation of its development plan, the council shall consult with:

- The citizens within its jurisdiction;
- Other categories of council within its jurisdiction;
- Relevant ministries, institutions and units of the Royal Government;
- Relevant stakeholders.

Procedures for consultations in the development planning process of the sub-national administrations shall be defined by a sub-decree based on a request of the Minister of the Ministry of Interior following consultation with the Ministry of Planning and other relevant ministries and institutions. (art 38)

The councils shall formulate a development plan that shall include:

- The vision of the council which indicates the goals and objectives for development within its jurisdiction;
- Assessment of the level of existing development status within its jurisdiction and the assessment of the priority development needs in respect to the following:
 - + Needs of the council in preparing to receive the transfer of new functions, duties and resources;
 - + Basic and necessary services, facilities, materials and public infrastructure;
 - + Reduction of poverty;
 - + Other needs of women, men, youth, children and vulnerable groups including poor people and indigenous people.
- A development framework which describes basic principles for the use and management of land and natural resources in that area;
- A disaster management plan;
- A financial plan which includes a capital development plan, a twelve-month (12) budget plan from the time of formulating the plan and a three-year (3) budget plan from the time of formulating the plan which will be updated annually;
- A strategy for the implementation of the council's development plan to ensure transparency and accountability to all citizens within its jurisdiction;
- Key performance indicators and targets related to development objectives and priorities within the development plan.

The council shall separate their permissive and obligatory functions in the development and budget plan. (Art 39)

The council shall manage public financial affairs for the promotion of democratic development and focus on the most important development needs that include:

- Needs of the sub-national administrations in preparing to receive the transfer of new functions, duties and resources;
- Basic and necessary services, facilities, materials and public infrastructures;
- Reduction of poverty;
- Other needs of women, youth, children and vulnerable groups including poor people and indigenous people. (art. 43).

The Organic Law contains numerous worthy and appropriate articles to encourage and support good democratic development and encourage good governance, but it has been remarked that the actual implementation has not be so open. Frequently 'template' approaches are used which limited the opportunities for what can be done, possibly limiting local authorities to options in what to do, One frequently observed issue of Cambodia subnational administration have been the over-emphasis on hardware investments (infrastructure) over efforts to try and address social issues, poverty, exclusion, inequity etc.... It has been recognised and efforts made (by NCDD) through the development of social services mapping component to try and encourage greater consideration and investment in social issues.

Opportunities for participation in the process are mentioned but are often limited. To date the implementation of the Organic Law and some of the support legislation has taken longer than expected with it being noted that the proposed financial system to enable Khans and districts to operate was only rolled out in the 2013/14 financial year.

Law on Administrative Management of the Commune/Sangkat

The "Commune Law" was the first legislative attempt at de-concentrating of responsibilities when it was enacted in 2001. Prior to that programmatic and project approaches had been supported and applied in parts of the country through (through the UN supported Cambodia Reintegration and Rehabilitation -CARERE programme¹⁵ phases one and two (1991-2000) which evolved into supporting and expanding the Royal Government's SEILA programme during phase two 1996-2000.

The Commune Law established (art9) for the first time directly elected Commune / Sangkat Councils (Art #10) in whom responsibilities would be progressive transferred and which had a five years mandate. Article #5 states that "a commune/Sangkat shall govern local affairs of its territory in accordance with the Constitution, laws, Royal decrees, sub-decrees, proclamations (Prakas)". The law allows Sangkat chiefs to establish committees to provide advice and to assist affairs as it is necessary (Art#27). It also formalised the appointment of village leaders and assistants following village elections (Art #30).

Under the Commune Sangkat Law and the Organic Law communities and villagers are to be consulted about development activities and their needs. This is undertaken through a number of channels. Articles #41 and #42 of the Commune Law set out the roles and functions of the Councils in that:

"A Commune /Sangkat administration shall have roles to uphold and support good governance by using all available resources to address the basic needs of its Commune/Sangkat to serve the common interests of citizens and respect the national in accordance with general policy of the State" and these shall include:

- ❖ Maintaining security and public order;
- ❖ Managing necessary public services ensuring that these services work well;
- ❖ Encourage the creation of contentment and well-being of the citizens;
- ❖ Promote social and economic development and upgrade the living standard of the citizens;
- ❖ Protect and preserve the environment and natural resources;

¹⁵ The acronym stayed the same across the two phases but its meaning was different for phase 1 (1992-1996) it was the "Cambodia Resettlement and Rehabilitation Programme" and for phase two (1996-2000) it was "Cambodian Rehabilitation and Regeneration Programme"

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- ❖ Reconcile people's concepts for the sake of mutual understanding and tolerance.
- ❖ Perform general affairs to respond to people's needs.

While art #42 lists two functions for Sangkat Councils, namely

- To serve local affairs for the interests of Commune/Sangkat and of citizens in its Commune/Sangkat.
- To be the functional agency representing the State under designation or delegation of power of the State authority

Each Sangkat shall prepare a five years development plan reviewed annually and an investment plan to guide it during its mandate. The Plans should

- Evaluate the existing level of development and development activities within its area
- Assemble all the needs in the Commune/Sangkat and prioritize those needs basing on available resources of the commune/ Sangkat and resources that already received,
- Prepare programs which may respond to the needs through providing services and Development and there programs must be included in the annual budget of the Sangkat.
- Deliver services and development in accordance with its budget.
- Monitor, follow up and evaluate the result of implementation of development plan,
- Report the results of implementation of the commune/Sangkat development plans to citizens in its commune/Sangkat. Commune/Sangkat Council shall perform in consistence with its commune/Sangkat development plans.

As defined in the legal framework, the sangkat is the lowest administrative unit in an urban area. The 2001 Law on Commune/Sangkat Administration requires that a council elected by general election lead the sangkat administration. The number of councillors that make up a council varies from one sangkat to another; on average, councils have seven members (NCDD 2010a). As defined in the 2009 Organic Law, the sangkats' immediate upper authority is the Khan, which is run by a council elected by sangkat councillors. Commune/Sangkats are allocated an annual budget per year, however unlike rural communes the Sangkat budgets are managed through the Municipality; where again over investment in infrastructure has been the practiced priority.

Since the late commune elections were 2012 all the Sangkat should have had a plan approved by 2013. The Sangkat Planning process provides an important entry points and means to influence and engaged with Sangkat Councils to better coordinate and address inventions and support. In terms of available budget for the their operations and activities the Sangkats in Phnom Penh (in 2013) were allocated a budget up to 13.25 Billion Riels each (~US\$34,500) of which a maximum equivalent of \$8,600 was available for administration and salaries and ~US\$25,900 was available for all other activities and projects to be implemented. As mentioned however unlike communes in rural areas who are directly allocated their budgets, the Sangkat budgets are held and managed by the Municipality.

A recent study in 2014 by the Cambodian Development Research Institute –CDRI titled Impact of Decentralisation on Cambodia's Urban Governance. The study sought to fill the knowledge gap by examining how the decentralisation and deconcentration reforms were affecting local urban governance, especially related to people's participation in local planning, and the sangkats' roles and ability to respond to local demands and its downward accountability. It highlighted that 'decentralisation has been (promoted and) pursued as a mechanism to strengthen local democracy and enhance service delivery (through enhanced) local government. There (were and are) high expectations that its promises can be realised through local citizens' engagement in local decision-making processes that deal specifically with issues of local importance. Instituting local-level participatory processes empowers citizens and communities to voice their opinions on local issues, demand

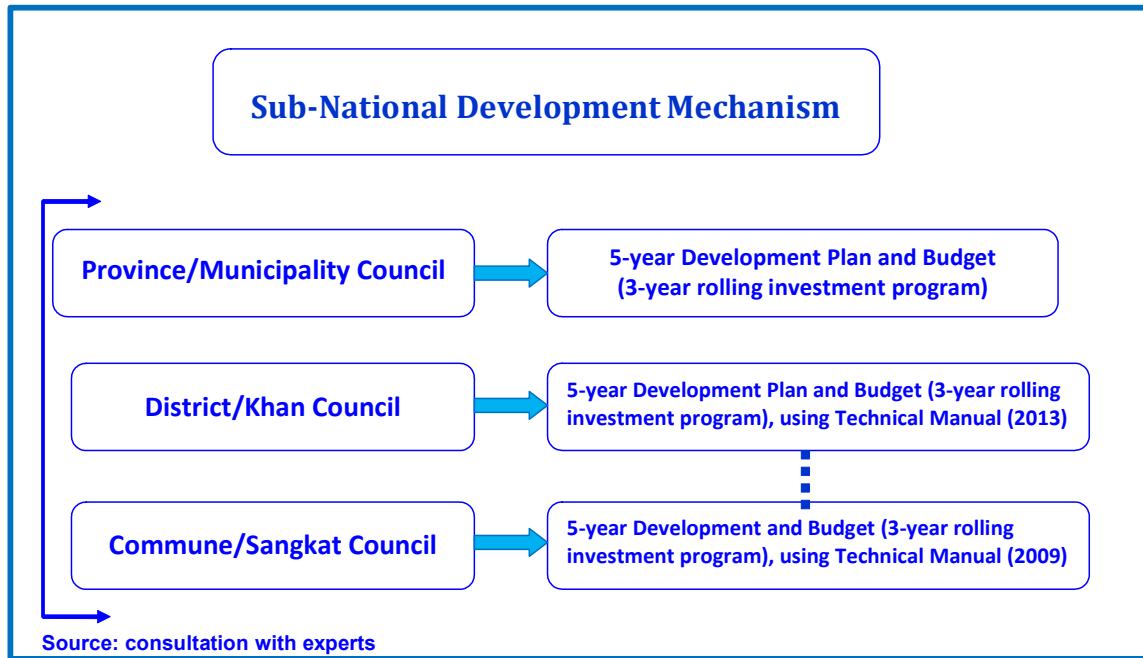
responses from local governments, and hold local authorities accountable for the decisions they make.

It goes on to state that while “modest resources of a few administrative staff and a meagre budget, sangkats have played an important role in the development of small-scale infrastructure in their localities which is remarkable considering that projects can take several years to complete, as the cost often exceeds the sangkats’ (total) annual budget. Public officials make determined efforts to engage local people in planning processes.

However, the study noted that “it was commonly observed that participation was quite high at the beginning of the reforms” (in the early 2000s)...but “as the reform matured and the capacity of the local government remained too weak to respond to (increasing) local demands, popular enthusiasm to engage in local planning subsided”. It reported that the common perception held by many urban Sangkat councillors that “urban people are too busy to take part in local meetings and planning”. Some councillors claimed that their inability to deliver development and reconcile people’s expectations is a leading cause of declining citizen participation. Similarly, (the) lack of resources and power has limited their ability to be accountable to their citizens; (and they) sometimes only paid lip service to their responsibility for mobilising resources to support local development. (Also the Sangkats felt that) basic services provision such as water supply, electricity, sanitation, and slum upgrading are beyond their control. Therefore, there is very little that sangkats can practically do to improve the delivery of these services apart from de facto intervention, though they are keenly aware that people tend to hold them accountable”.

In concluding the study found that “Sangkats’ current powers and human and financial resources do not correspond to the scope of work, outputs and services expected of them. Without vested authority and adequate resources, civic participation in local policymaking and thus the legitimacy of sangkats will be weakened. The current challenges are intrinsically linked to and may be addressed by the ongoing discussion on functional assignments to various sub-national governments including the sangkat”.

An Overview of Current Subnational administrative, planning and budgeting structure.



6.1.2. Decision making mechanism from city to community level,

Looking at it from the bottom up, decisions are primarily requested through and communicated through the village leaders (and their assistants). There are meant to be village representatives on the Sangkat Planning and Budgeting Committees (PBCs) where given guidance/ requirements are that the village representative positions are to be equally divided between men and women. These representatives should engage with other villagers and ensure that they are informed and consulted, identifying and or update villagers on issues either to support the formulation of the Sangkat Development Plan (once every five years) or on its progress annually. However the idealised mechanism for the public participation in urban areas are often not used, as frequently few people attend the meetings as Sangkat offices are too small for such meetings and or the scheduling is not communicated to residents in a timely manner. Also as time has progressed, demands for improvements have in some cases been slow in coming (often due to the costs of the improvements and the competing demands for the limited budget) and people have become tired of waiting and no longer actively participate but frequently contribute (financial) when asked based on a decision being made by the Sangkat or other authorities.

Officially Decisions from the top down are generally through Deikas (instructions) issued and stamped with the decisions made which are sent down through the system to the intended recipient or location.

Within villages and communities there may also exist a range of formal and informal community based organisation (CBO) or groups who have an influence on and over local decisions? The STT 2014 study states that for their study "Settlements are defined as a group of 10 or more adjacent households. The term community on the other hand, will be used to refer to household organization within settlements thus with a community leader and often with community committees. This organisation may be for example, through saving groups. NGOs, local government authorities or communities themselves may have organized households into communities. Some settlements may consist of one or more communities while other settlements may contain no communities"

Previously the Urban Poor Development Fund (UPDF) since retitled the Community Development Foundation-CDF, associated with the now LINGO Solidarity for the Urban Poor Federation-SUPF reported that saving groups existed in 222 communities out of 529 communities in Phnom Penh (Phonphakdee, 2008)? These saving groups often form the basis of organised communities The recent PPUPA 2102 reported that Phnom Penh municipality (has) identified 516 areas of urban poor communities between 1998-2011. Out of those, 342 are recognized and organised communities and 174 are yet to be acknowledged and organized. It goes to state that most of those surveyed (86 per cent/ 235) had an appointed representative, who may function as focal persons for interventions and community consultation, and who may influence and affect community based decision making and engagement with communities and or authorities in terms of decision making.

However the STT 2014 study reported that the settlement "survey (only) found 125 organized communities within the 340 urban poor settlements in city. With the majority of settlements (71%) are (still) not organized as communities¹⁶. meaning that the households have not been organized into a community through means such as saving groups. In total, 125 communities were identified in 98 settlements, indicating that some settlements contain more than one community". Saving schemes are often the starting point for community organization, and communities with saving schemes are often stronger and better organized than those without them.

This divergence in community based organisations/structures in settlements and poor communities raises concerns about (i) how communities have been organised (ii) by whom, and (iii) with what levels of household participation has been involved in their formation. This is likely to be reflected in community participation and governance, about who makes what

¹⁶ One has to consider that urban poor community organising has been ongoing for nearly 20 years in Phnom Penh?, starting in 1994 through the now defunct Urban Sector Group-USG and supposedly greatly expanded upon by the organisation but previously a CBO Solidarity with the Urban Poor Federation -SUPF

decisions for a community, an issues of some concern due to previous observations and comments made by urban stakeholders, in that in some instance communities have relocated to remote location with "community leaders/ representative" often been rewarded by authorities for facilitating/enabling the relocations.

6.1.3. Total spending on health and services and who is responsible

The National Strategic Development Plans 2014-2018 contains information on the proposed budget allocation per sector or subsector. The following table gives an indication of the amounts nationally available for some of the sectors of interest. This does not include the financial support from donors and or from loans/credit applied for or being used by the Royal Government

Sector Budget Allocations (Nationally)	% of Total National Budget	Billions of Riel	US\$ (millions)	Estimated ~annual budget allocation (US\$ millions)
Education (Basic Education will get 60%)	12	3,733	910	182.08
Technical and Vocational Training	4	1,244	304	60.7
Health	12	3,733	910	182.08
Mitigating impact of global financial crisis on the vulnerable and the poor	4	1,244	304	60.7
Water and Sanitation (Urban only)	4	1,244	304	60.7
Community and Social Services	4	1,244.30	303.5	60.7

Source NSDP 2014-2018

The following table extracted from the Cambodian Budget Watch website looks at the reported expenditure by the Ministries and departments of interest and is likely to include funds provided through loans and credits to the Government, and as can be seen two different approaches appear to be applied.

- It would appear that the Ministry of Health is highly centralised with the majority of the health expenditure either going through the Ministry or being account for at the Ministry;
- while the Ministry of Education appears to be far more decentralised with the bulk of their expenditure being spend in the provinces

	2012		2013		2012	2013
	Total Current Expenditure		Total Current Expenditure			
	In Million Riels	In Thousand USD	In Million riel	In Thousand USD	%	%
Ministry of Health	794,213.5	193,710.6	901,500.8	219,878.2		
Central Administration	559,039.0	136,351.0	649,738.3	158,472.8	70%	72%
Provinces/Cities	235,174.5	57,359.6	251,762.5	61,405.5	30%	28%
Ministry of Education, Youth, and Sport	1,007,626.4	245,762.5	1,119,565.5	273,064.8		
Education	229,509.6	55,978.0	252,339.8	61,546.3	23%	23%
High Education	42,562.4	10,381.1	48,568.2	11,845.9	4%	4%
Youth & Sport	24,977.4	6,092.0	31,945.5	7,791.6	2%	3%
Provinces/Cities	710,577.0	173,311.5	786,712.0	191,881.0	71%	70%

On analysis it would appear that the two sectors (health and education) may be having or had their budget allocations cut, with an estimated US\$182 million being allocated per year for the next five year, while the reported expenditures for 2012 and 2013 were US\$193.7

Million and US\$219 Million for health, and US\$245.7 Million and US\$273 Million for education respectively.

6.1.4. Political Situation & Power Structures

The political landscape in Cambodia has changed somewhat following the 2013 National Elections, which saw the long term governing party lose a significant number of seats in the National Assembly but still retaining the majority position and power. It also led to a near year-long embargo of the National Assembly by the main opposition party until mid-years 2014. Cambodia remains very hierarchical and centralised in terms of the concentration of power in small groups. These and others are generally able to manipulate the country or geographical areas for their own and others benefit.

While the political opposition has increased in its position in the country it currently does not have sufficient ability to demand effective reforms, political process are frequently side-lined through the legislative majority held by one political party. At subnational levels the appointment of the Board of Governors to municipalities and provinces by the Ministry of Interior enable effective control over what can be attempted and done.

Additionally while numerous civil society groups have been established and supported over the years and which could be seen as being increasingly seen as been effective through the use of social media where videos etc.. Of activities or abuses are rapidly spread and seen across media and a number of group are active in Phnom Penh such as "urban voice".

6.1.5. Cycle of Elections

National Elections are on a five year cycle with a universal franchise for those over 18 years old, the last elections were mid-year 2013.

Provincial and district council elections are also on a five year cycle but are through a restricted electoral college, made up of elected Commune Sangkat Councillors, the last elections were May 2014.

The next series of elections for the Commune/Sangkat Councils, again on a five year cycle are scheduled for 2017, with the last elections in 2012.

6.2. Policies Impacting on Healthy, Safer Prosperous and Resilient Cities:

6.2.1. Legislative & Policy Context

Introduction

Cambodia has progressively developed an impressive legislative and policy framework, as it has been able to garner support and assistance from numerous development partners and agencies for this. Many of the relevant and related policy and legal instruments developed to the Cities for Children Framework (CfCF) emanate from and are grounded in the country's National Constitution 1993.

Each elected government (now into the fifth mandate) has begun by set out its political agenda for their mandate which have now been linked to the evolving Rectangular Strategy which is now in its third manifestation. These then act as the overarching policy and direction for each government and their guidance and policy inputs are further elaborated in the National Strategic Development Plans (NSDP) which both build upon existing policies and or set goals and targets for what needs to be addressed. One of the possible deficiencies is that the process for the development of these key policy documents has generally been internalised inside the government with limited consultation during their preparation, anecdotally senior government officials have stated that they are generated through the ongoing learning and interaction processes with actors, the people and the internationally development community.

The following section endeavours to give an overview of key and current country development policy document which will guide and direct the government in the coming years. It will also list the main identified sector policies, strategies and actions developed which are considered relevant for the Cities for Children Framework.

The National Constitution

The 1993 **Constitution of the Kingdom of Cambodia** as amended guarantees and protects the rights of Cambodian citizens, Article 31 of Chapter III--The Rights and Obligations of Khmer Citizens, states that

"The Kingdom of Cambodia shall recognize and respect human rights as stipulated in the United Nations Charter, the Universal Declaration of Human rights, the covenants and conventions related to human rights, women's and children's rights".

It goes on to say that "Every Khmer citizens shall be equal before the law, enjoying the same rights, freedom and fulfilling the same obligations regardless of race, colour, sex, language, religious belief, political tendency, birth origin, social status, wealth or other status. The exercising of personal rights and freedom by any individual shall not adversely affect the rights and freedom of others. The exercising of such rights and freedom shall be in accordance with the law".

Other provision which are relevant for the Cities for Children Framework include

- Article 47: Parents shall have the duty to take care of and educate their children to become good citizens.
- Article 48: The State shall protect the rights of children as stipulated in the Convention on Children, in particular, the right to life, education, protection during wartime, and from economic or sexual exploitation. The State shall protect children from acts that are injurious to their educational opportunities, health and welfare.

In Chapter VI -- Education, Culture, Social Affairs

- Article 65: The State shall protect and upgrade citizens' rights to quality education at all levels and shall take necessary steps for quality education to reach all citizens.
- Article 66: The state shall establish a comprehensive and standardized educational system throughout the country that shall guarantee the principles of educational freedom and quality to ensure that all citizens have equal opportunity to earn a living.
- Article 68: The State shall provide free primary and secondary education to all citizens in public schools. Citizens shall receive education for at least 9 years.
- Article 72: The health of the people shall be guaranteed. The State shall give full consideration to disease prevention and medical treatment. Poor citizens shall receive free medical consultation in public hospitals, infirmaries and maternities
- Article 73: The State shall give full consideration to children and mothers. The State shall establish nurseries, and help support women and children who have inadequate support.

Jointly these provide the boundaries and requirements of both the state and its citizen, it clearly indicates the responsibilities that the state has to protect and improve the position of children and mother with regards to education, health and welfare.

Key and Overarching Government Policy Documents

The Constitution also mandates the Royal Government of the Kingdom of Cambodia (RGC) which is currently into its fifth mandate (2013 - 2018). The current Government has jointly adopted its Political Platform" for the Fifth Legislature of the National Assembly, and its continuation and evolution of its "Rectangular Strategy now in Phase III" for Growth,

Employment, Equity and Efficiency, which is in fact the "Socio-Economic Policy Agenda" for the Royal Government. The Royal Government has jointly put forward and is committed to persevering in the implementation of its' Political and Socio-Economic Policy Agendas, they jointly set the tone for the governments' mandate and are intended to guide the governments' and other actors decisions and achieve the desired outcomes (see NSDP, 2014-2018),

So looking more closely

The "**Political Platform**" for the Fifth Legislature" expresses and sets out some of the key principles and areas to be addressed during the Fifth mandate between 2013 2018, those relevant to the CfCF including under the 25 Core Principles of the Political Platform,

- ❖ Strengthening and expanding social safety net systems for the vulnerable, enhancing gender equity; promoting the role and status of women in the society; protecting and promoting the four basic rights of children; protecting and promoting the rights of the disabled; and paying attention to health conditions of the aged population

It outlines four main sector policies for (i) Defence, (ii) Strengthening Public Administration, Decentralization and Deconcentration; Strengthening Legal and Judicial System and Fighting Corruption (iii) Economic Development (iv) Development of Education, Health, Labour, Culture and Social Affairs, and it worth noting their order?

So under Development of Education, Health, Labour, Culture and Social Affairs, the Political Platform states the following highlighting those with relevance to children that are under subsections for;

4.1 Education and Sports

- ❖ Promoting the "Education for All" principle by way of ensuring equitable access to education that provides all children and youth with equal opportunity to receive basic formal and informal education. The realization of such principle must be linked with educating people on the value of patriotism, history, culture of peace, respect for human rights and dignity, respect for freedom, democracy and social justice principles, elimination of violence, drug use, and discrimination of all kinds.

4.2 Health –

- ❖ Continuing to give priority to the development of the health sector in order to improve people's health conditions, a key foundation for human resources and socio-economic development, through effective, quality, equitable and sustainable health service delivery, especially that of rural and vulnerable people. - Making maximum efforts to reduce maternal, infant and children mortality rates to the lowest possible level; reduce mortality and sickness caused by communicable diseases and chronic non-communicable diseases, and strengthen and expand the health system. In order to achieve this objective, the Royal Government will focus its attention on the effective implementation of some important programs including:

(1) Reproductive and maternal health, infant/children health, nutrition and health education programs and by expanding the coverage of general and infant vaccinations, including the introduction of new vaccines, and elimination of infant measles and tetanus;

(2) Programmes for countering communicable diseases such as HIV/AIDS, tuberculosis, malaria, dengue fever, and non-chronic communicable diseases by striving to eradicate dengue fever by 2025 along with attention on treating drug addicts; and

(3) Programmes for enhancing professionalism in the health sector

4.3 Labour and Vocational Training

- ❖ Focusing attention on preventing the employment of underage children in enterprises.

4.6 Women, Children and Soldiers

- ❖ Placing added priority on advancing child well-being through promoting and vigorously implementing the International Convention on the Rights of the Child, in particular to ensure that children have their four basic rights: “the right to life; the right to development; the right to protection; and the right to participation”;
- ❖ Intensifying efforts to achieve the CMDGs' targets related to children through: strengthening the implementation of policy on children substitute care, children care in family and society; enhancing management and quality of children care at both government and NGOs run centre's; implementing vigorously international conventions and existing regulations to find good families for children within the country and in other countries; and preventing of all kinds of child exploitation.

Box on RGC's Commitments on Youth

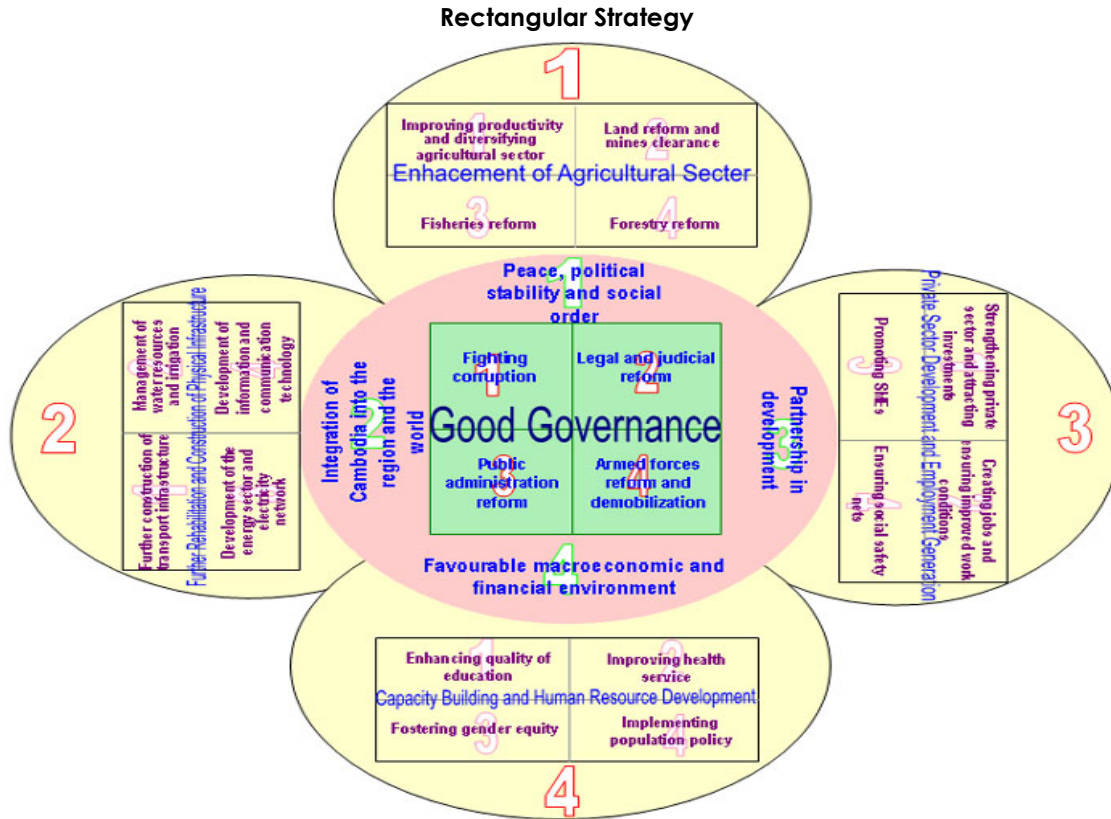
It is also worth mentioning the Governments commitments to Youth in the country in

- ❖ 4.7. Youth - Fostering the youth development in all aspects, by advancing their knowledge, know-how, health, physical fitness and living ethics to enable them to escape the vices and violent acts and to support them to assume successfully their responsibility by way of:
 - (1) upgrading education and training of vocational skills, scientific and technical knowledge, and life skills for young people, in particular for the economically disadvantaged and vulnerable youth, youth with disabilities so that they are equipped with the capacity to capture the opportunity to start businesses or find employment in the evolving labour market;
 - (2) improving education, care and health services to ensure equitable access to high quality standard of services; expanding cultural, sport and creational activities aimed at strengthening physical conditions, health and friendship among youth;
 - (3) continuing to maintain security, safety and justice for youth; focusing attention on the inclusion of their needs at all levels of development plan; equipping them with leadership skills along with gradual transfer of responsibilities at various levels in order to provide them with more opportunity and capacity in developing the country;
 - (4) encouraging youth volunteer movement in promoting social justice; discouraging all sort of negative behaviours in the community in order to better serve the interest of the community and the public as a whole;
 - (5) promoting Scouts Movement at primary, secondary and tertiary levels to enable scout members: to become good citizens endowed with physical, educational and intellectual characteristics; to be accountable to themselves, to their families and society; and to participate in activities beneficial for the national and international communities; and
 - (6) promoting Red Cross Youth movement, which can strengthen and expand humanitarian spirit among people according to the Red Cross and Red Crescent principles, and which can contribute in some social activities such as educating the youth on health issues, traffic safety and hygiene

In conjunction with the political platform the RGC has developed and endorsed the Rectangular Strategy for Growth, Employment, Equity and Efficiency” now in Phase III this sets out the broad areas and approaches which are to be tackled in the coming five years and against which progress is to be made. On reviewing the RSIII the following relevant sections and paragraphs have been highlights as the have bearing and influence on areas of interest for the CfCF.

“Rectangular Strategy- for Growth, Employment, Equity and Efficiency Phase III” (RSIII)

The developed Rectangular Strategy set out to address four broad areas represented by the sides and has been visualised as



The RSIII continues and evolves the Royal Governments development agenda; its current incarnation is designed to respond to two major missions for the nation:

- (i) Further progress with firm conviction to fully accomplish the Cambodia Millennium Development Goals (CMDGs) by 2015 (and now beyond into the era of the 17 proposed Sustainable Development Goals-SDGs and 169 proposed targets), while achieving the lower-middle income status;

and

- (ii) Creating the necessary pre-conditions and a favourable environment for a profound transformation of Cambodia and to set the stage for the drive to the next higher level development of becoming a higher-middle income country by 2030 and a high income country by 2050.

The RSIII clearly defines Cambodia's socio-economic policy agenda for the next 5 years, targeting four strategic objectives and four priority areas based on the four mutually supportive sides The RSIII acknowledges' the major achievements of the Royal Government during the fourth mandate (2008-2103) especially the considerable progress achieved in reaching the targets for the Cambodia Millennium Development Goals CMDG). RSIII policy guidance intends to:

Strengthening and Enhancing Education, Science and Technology, and Technical Training

RGC commits to further promote the implementation of "Education for All" policy aimed at ensuring equal access to education services, further promoting improvement in the quality and effectiveness of education services at all levels, as well as further developing the capacity of educational institutions and staff. (para. 118.)

Promotion of Health and Nutrition

RGC will continue implementing and updating the Health Sector Strategic Plan (2008-2015) to promote sustainable development of the health sector, aimed at improved sanitation, health, nutrition and well-being of Cambodian people particularly of the poor and the

vulnerable including women and children. (para. 122). RGC has identified 10 Health related priorities, (para.123) two of which explicitly mention children

#7, which will further improving reproductive, maternal and infant/children health including their nutrition status through enhancing quality and effectiveness of reproductive, maternal, infant and children healthcare services by focusing on: expanded coverage of child delivery by professional mid-wives and physicians, maternal emergency and new-born baby care services, and consultation services on birth spacing options; increased coverage of children's vaccination especially vaccinations against measles and tetanus; provision of mineral supplements and proteins to infants during the initial 1,000 days after birth and special care services for those with severe malnutrition; and provision of reproductive education and healthcare services to the youth

10. Further strengthening cooperation with development partners and other concerned stakeholders aimed at enhancing public health services, particularly for important health programs such as reproductive healthcare and women and children nutrition programs.

Development of a Social Protection System

Under social protection, RGC intend to (1) Introduce a food assistance program for the poor, food for work program, protection programs to enable poor children to go to school and programs to support the vulnerable, during and after natural disasters; (2) Provided support to workers and employees during the global financial crisis (para. 125.). for social protection reforms, RGC have identified 13 priorities, (para 128.) of which the following consider children

8. Making further interventions in the health sector aimed at improving the sanitary conditions, enhancing prevention of epidemics and other health risks, promoting wellbeing of mothers, infants and children by paying attention to correcting malnutrition, expanded coverage of the equity fund, provision of health insurance to local communities and extending voluntary health insurance schemes targeting those in the informal economy.

Enhanced Implementation of Population Policy and Gender Equity

For this thematic area, RGC will focus on 9 priorities, of which the following reference children

6. Further strengthening law enforcement to be more effective in measures against human trafficking and sexual exploitation of women and children, (para 133.)

7. Further promoting welfare and rights of children as stipulated in the International Convention on Children's Rights including their right to life, development, protection, and participation.

"RSIII" reaffirmed RGC's "mission and its strong commitment to sustainable development and poverty reduction that respond to the peoples' will and emerging contexts of national and international developments" and RS III will become the blueprint to guide the activities of all stakeholders to further pursue and strengthen long-term sustainable development aimed at promoting economic growth, creating jobs, equitable distribution of the fruits of growth, and ensuring the effectiveness of public institutions and management of resources.

Jointly the "Political Platform of the Fifth Legislature" and the "Rectangular Strategy-Phase III" which were adopted in September 2013 give guidance to and set direction for the current mandate for the Royal Government as well as providing a comprehensive policy framework for the formulation and implementation of National Strategic Development Plan 2014-2018 which was adopted in July 2014.

RGC has also made efforts to ensure consistency of priorities and sequencing of implementation between the "Political Platform", the "Rectangular Strategy" and the "National Strategic Development Plan" as well as with other sectoral development strategies including policy documents, strategies, programs and action plans already in use.

National Strategic Development Plan 2014-2018

The National Strategic Development Plan (NSDP) is the leading "second tier of important policy documents of the RGC". It is intended to be the roadmap for the implementation of the Political Platforms of the Royal Government as well as the Rectangular Strategy. It builds on the political platform and has been formulated for the implementation of these.

It identifies the priorities, indicators and a timeframe for their implementation as well as proposing a mechanism for the Monitoring and Evaluation of the proposed result Framework, especially setting the responsibilities of the line ministries and agencies within each area. It is also intended to contribute to the synergistic benefits from the coming ASEAN Economic Integration proposed for 2015 and to move the country out of the Least Developed Countries category to become an Upper-Middle-Income Country by 2030.

The NSDP is a comprehensive national development document running to over 230 pages in length and is far too detailed to be adequately covered for the city assessment, the NSDP references children over 200 times in the narrative text.

Strengthening and Enhancing Education, Science and Technology and Technical Training

Education Strategic Plan (ESP), putting emphasis on ensuring that all Cambodian children and youth have equal opportunity for access to basic education, both formal and informal, without discrimination, (para. 4.161)

Ministry of Education, Youth and Sports (MOEYS) has responded to the outcomes expected in the NSDP 2014-2018 by preparing the ESP 2014-2018, aiming at providing quality education to more children in all levels. MOEYS has prepared a sub-sector plan based ESP (Early

Childhood Education (ECE), primary, secondary, higher, non-formal, youth and sports) that will allow for a focus on the access, relevance and quality needs at each level of a child's learning. There is strong focus on building a quality assurance framework and providing more opportunity to build relevant skills (para. 4.162). To achieve the goals in the education sector, MOEYS has put forward three policies in the ESP 2014-2018

- Policy 1: Ensuring equitable access for all to education services: All children have access to preschool, primary school and lower secondary school and then opportunities to continue learning. For children who do not access formal education alternatives will be provided. To achieve all these, MOEYS needs to build more schools and provision of adequate teachers.
 - Ensure that all children entering grade 1 have completed kindergarten.
 - Increase the number of children and youth that have access to all education levels with a focused attention on equity and access for the most disadvantaged areas and groups of children.
 - Increase opportunities for children to finish 12 years education with a good knowledge and reasoning and logic skills, who can further build on these skills (and knowledge) through technical training, higher education and other means.
- Policy 2: Enhancing the quality and relevance of learning: with a number of general goals (4) on educational quality
- Policy 3: Ensuring effective leadership and management of education staff: (para.4.163)

To achieve the three policies, MOEYS intends to continue to carry out its 12 priority programmes, with those of more interest to the City Assessment being

- Early childhood care and education (ECCE) expansion program as the foundation for providing the next generation of healthy, skilled and knowledgeable citizens able to contribute to the social and economic development. Building and expanding access to quality home-based, community and pre-school education for at least 80% of children.
- School establishment and development program, assuring all children access primary learning and significantly increasing access to secondary education.

- School quality system and quality assurance program for preschool, primary and secondary schools. Developing quality framework and tools, building capacities to help schools and teachers to meet service standards, where quality and relevance are guaranteed through a responsive curriculum, adequate learning materials, and excellence in teaching.
- Literacy and Lifelong learning program– MOEYS's innovative non-formal education equivalency programs, and defined mechanisms for literacy and lifelong learning, will continue to be offered and developed.

Promotion of Health & Nutrition

RGC is continuing to implement and updating the existing Health Sector Strategic Plan (2008-2015) to promote sustainable development of the health sector, aimed at improved sanitation, health, nutrition and well-being of the people particularly the poor and vulnerable (including women and children). It will focus on 10 priorities, (para. 4.167) with the following of interest to the CA;

#7. Further improving reproductive, maternal and infant/children health including their nutrition status through enhancing quality and effectiveness of reproductive, maternal, infant and children healthcare services by focusing on: expanded coverage of child delivery by professional mid-wives and physicians, maternal emergency and new-born baby care services, and consultation services on birth spacing options; increased coverage of children's vaccination especially vaccinations against measles and tetanus; provision of mineral supplements and proteins to infants during the initial 1,000 days after birth and special care services for those with severe malnutrition; and provision of reproductive education and healthcare services to the youth.

10. Further strengthening cooperation with development partners and other concerned stakeholders aimed at enhancing public health services, particularly for important health programs such as reproductive healthcare and women and children nutrition programmes.

And to achieve these, the RGC and the MoH will focus on four priority policies:

1. Improving sexual, reproductive, maternal, new-born, infant, child health and nutrition.
2. Reducing morbidity and mortality of main communicable diseases, such as HIV/AIDS, tuberculosis, malaria, dengue, neglected tropical diseases, emerging and re-emerging infectious diseases.
3. Reducing morbidity and mortality of non-communicable/chronic diseases and other public health problems related to substance use, alcohol and tobacco, traffic accident, injury, food safety, disaster, environmental health and climate change.
4. Ensuring equitable access to quality health services by all Cambodians, (para.4.168)

To implement these policies the NSDP then lists a wide range of actions/ activities including

- Improve quality, accessibility and coverage of immunization and integrated management of childhood illness (pneumonia and diarrhoeal diseases).
- Improve quality, assess and coverage of nutrition services to reduce insufficiency of protein-energy and micronutrient among women and infants
- Increase accessibility and coverage of sexual and reproductive health services for all including young women, men and adolescents.
- Improve quality, accessibility and coverage of antenatal care, delivery, postnatal care, baby care and emergency obstetric and neonatal services, and prevention of HIV transmission from mother to child. (para 4.169)

Key Intervention Groupings	# of Listed interventions
Improving sexual, reproductive, maternal, new-borns, infant and child:	
Sexual and reproductive health:	2
Maternal and new-born health:	4
Immunization and child health:	4

Crosscutting interventions:	3
Reducing mortality and morbidity from major communicable diseases: HIV/AIDS, TB, Malaria, Dengue, tropical diseases, and emerging/re-emerging diseases:	5
Communicable Diseases (para. 4.171)	
HIV/AIDS/Sexually Transmitted Infections:	10
Tuberculosis:	7
Malaria:	4
Dengue and Helminthiasis:	5
Communicable diseases control:	5
Reducing mortality and morbidity from non-communicable / chronic diseases and problems related to addictive substance, alcohol, tobacco, road traffic accident, food safety, disaster, environmental health and climate change,	9
Non-communicable, chronic diseases and other health problems (para. 4.172)	17
Ensure equitable access to quality health services through strengthening health system	5
Health service delivery:	10
Health System Financing	8
HRD	6
HMIS	7
Health System Governance	7

The NSDP also sets out the priorities approaches for

Food Security & Nutrition- FSN

Where the Council for Agricultural and Rural Development –CARD is the lead coordinating agencies which has recently developed the National Strategy on Food Security and Nutrition (NSFSN 2014-2018) , and the NSDP outlines 11 priority areas of which the following are likely of interest:

- Improve child and maternal nutrition through increasing the extent to which women and their new baby born are covered along the first 1000 days of life through scaling up existing delivery mechanisms, improving the quality of nutrition care and counselling in the health system, increasing access to safe and nutritious complementary foods, and expanding nutrition education through media campaigns and community based programs.
- Expand fortification of staples and condiments with micronutrients, including making fish and soy sauce with iron mandatory to counteract the high levels of child and maternal anaemia.
- Improve food access for the poor and vulnerable, including people living with HIV/AIDS; enhance demand for nutrition services through social protection instruments.
- Improve access to sanitation, promote safe hygiene practices and increase knowledge of the importance of good sanitation and hygiene.
- Enhance sustainable and secure access to land for the poor and food-insecure.
- Enhance employment and income opportunities for the food-insecure, targeting vulnerable populations.
- Reduce vulnerability of the food insecure population and protect them against risk by improving disaster preparedness and mitigation and enhance resilience of households against effects of climate change.
- Mainstream access to food security and improved nutrition as an objective for the social protection strategy

It then outlines, the need for the enhancement of institutional and policy environment for FSN through 21 initiatives (para.4.179,) including:

- Developing a nutrition action plan and investment plan to improve child and maternal nutrition.

- Designing a community based nutrition program across sectors and implement through sub-national government levels.
- Commit to scaling up integrated interventions that promoting optimal use of nutrition 'specific' services, ultimately leading to enhanced maternal and child nutrition status (management of acute malnutrition, micronutrient supplementation, complementary feeding campaign, nutrition message during ANC and PNC).
- Support joint-collaboration WASH/Nutrition, early childhood education/Nutrition, maternity in the workplace/Nutrition

Social Protection System & Policy Priorities for the Fifth Legislature

RGC intends to continue strengthening the social protection system to be more interconnected, coordinated and consolidated as an integrated, consistent, and efficient system covering both the public and private sectors, including a clear cut division of roles distinguishing between policymaking, regulation and operations. The NSDP identifies 13 priority areas (para. 4.182) including

#1 Improving the social protection policy framework and strategy, including the update of "National Social Protection Strategy for the Poor and Vulnerable 2011-2015" (NSPS) and other related documents such as "Financial Sector Development Strategy 2011-2020" so as to be more consistent and responsive to the above objective.

8. Making further interventions in the health sector aimed at improving the sanitary conditions, enhancing prevention of epidemics and other health risks, promoting wellbeing of mothers, infants and children by paying attention to correcting malnutrition, expanded coverage of the equity fund, provision of health insurance to local communities and extending voluntary health insurance schemes targeting those in the informal economy.

The NSDP also lists a range of social protections sector interventions to be achieved over the NSDP 2014-2018 period (para 4.183) including

- Implement and scale-up programs proposed under the NSPS to start putting in place a comprehensive, effective and affordable social protection system. Social protection programs for the poor and vulnerable currently being designed, implemented and/or piloted (cash transfers, public works, nutrition, Health Equity Fund, school feeding, and poverty-targeted scholarships) under which five interventions are listed for scaling up
- Building an efficient and effective Social Protection (SP) system requires harmonizing across the existing and new programs and strengthening delivery systems. Such this social protection system will enable the identification of beneficiaries, the type of beneficiaries, and the monitoring on services and benefits, under which six interventions are listed for scaling up, including
 - Strengthening the existing national targeting mechanism (ID-Poor) is a priority in the coming years. ID-Poor should cover all rural and urban areas in Cambodia and be regularly updated. Enhancing targeting efficiency (reducing inclusion and exclusion errors, particularly of ethnic minorities) and expanding it to cover migrant labour and its family is also critical developing a grievance mechanism.
 - Increasing urbanization means that an urban SP targeting tool needs designing, to allow social protection programs to be targeted on to the urban poor, including the mobile poor who are often the most excluded.
 - Incorporating climate vulnerability in the existing targeting system so that the most vulnerable to climate hazards can get social assistance.
 - Localizing Social Protection planning and delivery so that assistance could be tailored to local needs. This should include building capacity of the sub-national authorities in design and implementation of social protection

measures. Commune/Sangkat funds should be increasingly used for predictable and regular social protection measures

- o Mechanisms for efficient and timely social protection service delivery need to be put in place. The social service delivery mechanism using the One Window Service Office will be tested and applied to ensure coordination between different components of social protection at the sub-national level in rural areas. In order to effectively implement the above priority areas
- Strengthening and expanding the coverage of the existing contributory social security programs and developing a strategic framework for expansion to the informal sector. The dynamic of the demographic pattern and urban ID-Poor can provide a solid basis for expansion of the social security system to the informal sector

It lists a number of state actors coordinated by CARD who have specific roles for social protection as they are all mandated to deliver social services to the population, and to protect specific vulnerable groups against risks. So to coordinate RGC’s priority policies to strengthen social protection and safety nets, three strategies are put forth:

- (1) Increase the effectiveness of social services;
- (2) Promote the social security system; and
- (3) Strengthen institutional capacity and resource-raising.

While eight strategic and supporting interventions are also proposed

Strategies	# of Interventions Proposed	Proposed supporting Intervention activities of Interest to the CfCF
Enhance social welfare and family affairs:	7	<ul style="list-style-type: none"> ▪ Increase social intervention to help the poor and vulnerable victims of natural disasters. ▪ Continue expanding the program to help the poor and vulnerable and prevent the vulnerability of poor people. ▪ Continue to strengthen problem-solving for street folk, provide services to street folk based on the principle of respect for human rights, and give a chance for them to get a livelihood and integration into the society ▪ Prepare and implement policies for the betterment of the poor communities.

<p>Develop child welfare and youth rehabilitation:</p>	<p>8</p>	<ul style="list-style-type: none"> ▪ Continue to implement the International Convention on the Rights of the Child; in particular, the survival rights, development rights, protection rights, and participation rights, prepared report the 4th to 6th on the implementation of the convention on the rights of the child and report on the implementation of other relevant protocol to the UN on time and quality. ▪ Develop National Plan for Child Development 2015-2025; laws and policy related to Child Rights, to promote implementation of the National Plan on the elimination of child labour; and continue to plan activities for social budget analysis focused on the children. ▪ Continue to strengthen the Cambodia National Council of Children, both at the national and sub-national levels and increase cooperation with partner organizations to promote children's rights. ▪ Continue to promote the Millennium Development Goals related to the child. ▪ Continue to implement the child welfare system, promote alternative care policy for children, set minimum standards on alternative care, and strengthen the role of the sub-national institutions in children's affairs. ▪ Continue strengthening the quality of the residential care centres through inspection; seek legal standards and mechanism to find families for children; and implement the Hague Convention on cooperation related to inter-country adoption. ▪ Promote youth rehabilitation and implement the juvenile justice program, and continue providing legal services to protect the rights of juveniles who have violated the law. ▪ Continue to implement the policy on rehabilitation treatment centres to help victims of addictive substances.
<p>Enhance welfare for people with disability:</p>	<p>8</p>	<ul style="list-style-type: none"> ▪ Continue providing services to blind and deaf children and children with mental deficiency through creation of a centre to provide special services.
<p>Enhance elderly welfare:</p>	<p>10</p>	
<p>Enhance former civil servants</p>	<p>3</p>	
<p>Enhance the veterans:</p>	<p>7</p>	
<p>Establish Social security for General people:</p>	<p>1</p>	
<p>Enhance institutional capacity and strengthen partnership:</p>	<p>4</p>	

Gender Equity Policy Priorities

RGC commits to continue to enhance its commitments and progress toward its gender equity goals as it has been successfully implementing the Gender Strategic Plan “*Neary Rattanak III*”, which has contributed to reducing the gender gap across a number of sectors including;

- The education sector, through increasing enrolment rates for girls.
- In terms of health services, the RGC has improved the overall access to primary and reproductive health, prevention of malaria and HIV/AIDS.

- While in the economic sector, RGC has advocated for the rights of women workers through advocacy and policy interventions (para. 4.190).

The NSDP list six gender priorities areas of which

#5. Further promoting welfare and rights of children as stipulated in the International Convention on Children's Rights, including the right to life, development, protection, and participation.

The following table lists the strategic approaches being advocated, as well as the number of interventions being proposed and elaborates on some more relevant to the CfCF and children.

Strategies	# of Interventions Proposed	Proposed supporting Invention activities of Interest to the CfCF
Women's Economic Empowerment	3	
Legal Protection for Women and Girls	4	
Women in Decision-Making in Public Sector and Politics	6	
Gender and Health	4	<ul style="list-style-type: none"> Reduce maternal mortality rate. Increase the proportion of pregnant women visiting Antenatal Care (ANC) four times and above. Reduce HIV prevalence rate. Increase nutrition for women and girls.
Gender and Education	5	<ul style="list-style-type: none"> Reduce girls' drop-out rates in primary school and lower secondary school. Increase scholarship for girls in upper secondary and higher educations. Raise awareness of parents in order increase girls' access to education. Increase the participation of women in all areas of education service delivery and management, and promote gender responsive social behaviour. Promote social accountability measures
Gender and Climate Change and Green Growth	5	<p>Ensuring the relevant policies and strategies on climate change, green growth, and disaster risk management are gender responsive.</p> <ul style="list-style-type: none"> _ Increasing climate change resilience for the community, especially for women and girls. _ Reducing the impacts on women's and children's health, especially during flood and drought

As can be seen, issues covered by the Cities for Children Framework are reasonably well enunciated in the higher order policy and guiding documents of the Royal Government which should provide space and opportunity to engage with the Government at different levels. What may be lacking are elaborated and costed strategies and action plans to deliver on, or at least make progress on the desired results and impacts, which could also potentially provide area(s) for intervention on and agreement with other stakeholders to contribute to and ensure synergies of actions by

Additionally there is also a wide body of developed sector based policies and instruments which elaborate and support some of the key development priorities for the

country, which are summarised (identified in the table below), and we briefly elaborate on some in the following sub-sections

6.2.2. Health policies

The Ministry of Health has developed and adopted a comprehensive set of policies practices and guidelines to address various health and nutrition related issues. Which are delivered by its sub-ordinated entities in the provinces, capital (Phnom Penh) Municipalities and districts. The health sector's mission is "to provide stewardship for the entire health sector and to ensure supportive environment for increased demand and equitable access to quality health services in order that all the peoples of Cambodia are able to achieve the highest level of health and well-being".

The current *Health Sector Strategic Plan-HSP 2008-2015* is the guiding document (in support of the National Strategic Development Plan) to develop health services, allocate financial and human resources, and ensure that population health needs are met in an equitable way through coverage of the whole population. The Health Strategic Plan focuses on three health program areas:

- Reproductive, maternal, new-born and child health;
- Communicable diseases; and
- Non Communicable Diseases (NCDS).

It is supported by the rolling *Strategic Framework for Health Financing 2008-15* which emphasises the need to remove financial and other barriers to access to health services and outlined steps towards achieving universal coverage in the longer term. The *Health Workforce Development Plan 2006-2015* emphasised the importance of workforce regulation to drive up clinical quality and the importance of management of recruitment and deployment for universal coverage.

The proposed Policy direction was informed by the review of the first Health Sector Strategic Plan 2003-2007 (HSP1), and mainly focuses on:

1. Implement decentralized service delivery and management functions
2. Strengthen sector-wide governance
3. Scale up access to and coverage of health services
4. Implement pro-poor health financing systems
5. Reinforce health legislation, professional ethics and code of conduct, and strengthen regulatory mechanisms
6. Improve quality in service delivery and management
7. Increase competency and skills, including allied technical skills, of health workforce
8. Strengthen and invest in health information system and health research
9. Increase investment in physical infrastructures and medical care equipment and advanced technology with improvement of non-medical support services
10. Promote quality of life and healthy lifestyles of the population
11. Prevent and control communicable and chronic and non-communicable diseases, and strengthen disease surveillance systems
12. Strengthen public health interventions to deal with cross-cutting challenges
13. Promote effective public and private partnerships in service provision
14. Encourage community engagement in health service delivery and quality improvement
15. Systematically strengthen institutions at all levels

6.2.3. Children and social services policies

The National Social Protection Strategy for the Poor and Vulnerable (NSPS) (2011) is based on a country-specific contextual analysis, and is intended to contribute to the ongoing rehabilitation and stability of the as well as the enhancement of human capital through inputs and guidance on education, health and livelihood development, to make progress on achieving the Cambodia Millennium Development Goals (CMDGs) It follows and builds on the policy direction set out in the Rectangular Strategy for Growth, Employment, Equity and Efficiency Phase II. The NSPS sets out the Royal Governments approach for advancing social protection for the formal sector while prioritising expanding interventions aimed specially at reducing poverty, vulnerability and risks for the poor and vulnerable. It provides a vision of comprehensive, integrated and sustainable social protection in Cambodia, in particularly for the poor and vulnerable.) It sets out the vision (sec.5.1) mission (sec.5.2) and Common Strategic Steps for Achieving the Goal (5.3) and objectives (with five objectives listed) (5.4.), namely:

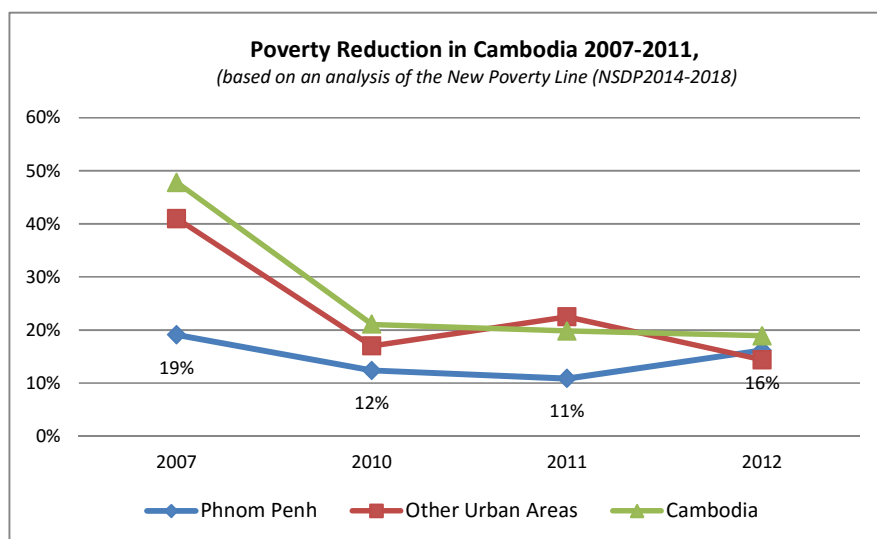
1. The poor and vulnerable receive support, including food, sanitation, water and shelter, etc., to meet their basic needs in times of emergency and crisis.
2. Poor and vulnerable children and mothers benefit from social safety nets to reduce poverty and food insecurity and enhance the development of human capital by improving nutrition, maternal and child health, promoting education and eliminating child labour, especially its worst forms.
3. The working-age poor and vulnerable benefit from work opportunities to secure income, food and livelihoods, while contributing to the creation of sustainable physical and social infrastructure assets.
4. The poor and vulnerable have effective access to affordable quality health care and financial protection in case of illness.
5. Special vulnerable groups, including orphans, the elderly, single women with children, people with disabilities, people living with HIV, patients of tuberculosis (TB) and other chronic illness, etc., receive income, in-kind and psychosocial support and adequate social care.

The NSPS is intended to guide and support the provision of social protection for the poor and vulnerable. It also defines the poor and vulnerable as:

- People living below the national poverty line; and
- People who cannot cope with shocks and/or have a high level of exposure to shocks (of these, people living under or near the poverty line tend to be most vulnerable).

Box on the National Poverty Line

The Royal Government initially established a poverty line in the late 1990s, which has been periodically adjusted. According to this (old) poverty line, the poverty rate was 14.6 % in 2009. The government later set about adjusting and redefined the poverty line in 2011, raising the bar. At the same time, the government decided that the target for reducing the poverty rate will continue to be 19.5% by 2015, despite an (upward) revision in the poverty line. Based on the new poverty line, it would appear that the CMDG the target of halving the proportion of people below the national poverty line between the early 1990s and 2015 has almost been met,



A recent MoP report 2014 on *Poverty Alleviation an Approach to an Action Plan for CMDG-1* indicated a rise in urban poverty in Phnom Penh possibly to 16%, while there is virtually no food poverty in urban areas, overall poverty does exist, suggesting that many of the recent migrants (un/underemployed, or employed in low or even not so low income jobs) are not able to meet the costs of non-food items: housing, health, others, as many of these items are monetised and/or more expensive in urban areas compared to rural areas. In larger cities like Phnom Penh, land prices are rather high. Since in-migration is a continuous process and the migrants do not usually plug into better paying jobs immediately on their arrival urban poverty rates will continue showing fluctuating trends and patterns.

The following tables from the Ministry of Planning's *Poverty in Cambodia- A New Approach- redefining the poverty line* (April 2013) provides the updated poverty line (in Cambodian Riels) in use by the Royal Government as well as the disaggregated value for sub-national categories

Household (Monthly Per Capita) Consumption Expenditure in Current Riels, 2009 (Food based on 20 food groupings and non-food based on 19 items; all items are at 2009 prices) MoP 2013								
Region	Food		Non-food		Total		Daily Rate (4000 Riel=US\$1)	
	Riels	US\$	Riels	US\$	Riels	US\$	Riels	US\$
Phnom Penh	194,510	\$ 49	188,820	\$ 47	383,330	\$ 96	12,778	\$3.19
Other urban areas	152,730	\$ 38	121,270	\$ 30	274,010	\$ 69	9,134	\$2.28
Rural areas	107,380	\$ 27	68,934	\$ 17	176,314	\$ 44	5,877	\$1.47
Cambodia	120,632	\$ 30	86,141	\$ 22	206,773	\$ 52	6,892	\$1.72

New poverty lines (expenditure per person per month and day, 2009 prices) based on CSES 2009								
Phnom Penh	94,945	\$ 24	98,106	\$ 25	193,051	\$ 48	6,435	\$1.61
Other urban areas	79,293	\$ 20	53,032	\$ 13	132,386	\$ 33	4,413	\$1.10
Rural areas	69,963	\$ 17	36,597	\$ 9	106,560	\$ 27	3,552	\$0.89
Cambodia							3,871	\$0.97

Based on the following components

- The food poverty line is defined as the cost of purchasing food equivalent to 2,200 Kilocalories in a Reference Food Basket (RFB) designed to reflect food consumption patterns in the lowest quintiles, by consumption distribution from the bottom. There is one single nutritional norm for the whole country.
- The allowance for non-food items is the average value of non-food items consumed in the 20-30 % (per capita) consumption brackets, separately calculated for rural areas, other urban areas and Phnom Penh.
- A small token allowance for clean water has been made, for the first time anywhere in developing countries.

The NSPS prioritises the development of effective and sustainable social safety nets targeted at the poor and vulnerable, with complementary social welfare services for identified vulnerable groups and special vulnerable groups (*orphans, the elderly, single women with children, PLWA, patients of TB and other chronic illnesses,*)

The main approaches of NSPS are to 1) protect the poorest and most disadvantaged who cannot help themselves; 2) mitigate risks that could lead to negative coping strategies and further impoverishment; and 3) promote the poor to move out of poverty by building human capital and expanding opportunities, including access to health, nutrition and education services for poor households, so they can move above the poverty line. With the intension of transforming poor and vulnerable people as well as communities for improved socioeconomic development.

The NSPS focuses on social protection for the poor and vulnerable. The poor and vulnerable are defined as:

- ❖ People living below the national poverty line; and
- ❖ People who cannot cope with shocks and/or have a high level of exposure to shocks (of these, people living under or near the poverty line tend to be most vulnerable).

The NSPS prioritises the development of effective and sustainable social safety nets targeting the poor and vulnerable groups including

- ❖ Infants and children
- ❖ Girls and Women at Reproductive Age
- ❖ Households Vulnerable to Food Insecurity and Unemployment
- ❖ Other Special Vulnerable Groups (groups include people living with HIV and their families; homeless people; people with disabilities; orphan children and at-risk children and youth; victims of violence, abuse and exploitation; indigenous and ethnic minorities; families of migrants; veterans; and the elderly)

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Note: The Following table gives some insight of the broad policy and regulatory framework in Cambodian, but it should not be considered as being comprehensive in nature

Education	Health	Child Protection	Climate Change and Resilience
<p>The current legislative and policy structure and framework are set out in;</p> <ul style="list-style-type: none"> ▪ the 2007 Law on Education, ▪ the Education Strategic Plan (ESP) 2014-18, <p>Policy on Non-Formal Education Equivalency Programme 2008</p> <p>National Policy on Early Childhood Care and Development 2010</p> <p>National Action Plan on Early Childhood Development 2014-2018</p> <p>Policy Of Non Formal Education</p> <p>Child Friendly School Policy</p> <p>Policy on Education for Children with disabilities, 2009</p> <p style="padding-left: 20px;">Master Plan for Education for Children with Disabilities 2009</p> <p>Policy on HIV AIDS</p> <p>School Health Policy 2006</p> <p>The Policy on Higher Education Vision 2030</p> <p>National Qualifications Framework (NQF) March 2014</p>	<p>MoH (2008) Health Strategic Plan 2008-2015 lists the Vision, Mission, and Goals and Working Principles for MOH and its operations for 15 policy</p> <p>MoH (2008) National Nutrition Strategy 2009-2015</p> <p>The Strategic Framework for Health Financing 2008-15</p> <p>Master Plan for Quality Improvement in Health</p> <p>MoH (2010) Master Plan on Social Health Protection</p> <p>Law on the Management of Private Medical, Paramedical and Medical Aid Services (2000),</p> <p>The Policy on Public Service Delivery (2006)</p> <p>National Policy Prevention of Mother-to-Child Transmission (PMTCT) of HIV</p> <p>Sub-Decree on Marketing of Products for Infant and Young Child Feeding</p> <p>Law on the prevention and Control of HIV / AIDS 2003</p> <p>National Strategy For Food Security And Nutrition 2014-2018, Com/CARD (04/2014)</p> <p>National Nutrition Strategy 2009-2015, National Nutrition Program Ministry Of Health Of Cambodia</p> <p>National Guidelines on Minimum Package of Activities for Health Centre Development from 2008 to 2015</p> <p>Guideline for Implementation of Health Equity Funds and Government Subsidy Schemes</p> <p>National Guidelines on Complementary Package of Activities for Referral Hospital</p>	<p>The National Social Protection Strategy for the Poor and Vulnerable (NSPS, 2011)</p> <p>MoSVY Strategic Plan 2014-2018</p> <p>National Plan of Action on the Elimination of the Worst Forms of Child Labour</p> <p>National Legislation</p> <p>Labour Law</p> <p>Law on the Protection and the Promotion of the Rights of Persons with Disabilities,</p> <p>the Law on the Prevention of Domestic Violence and the Protection of Victims,</p> <p>Law on Inter-country Adoption, the Law on Suppression of Trafficking in Humans and Sexual Exploitation</p> <p>the implementation of the "Safe Village/Commune" policy which contributed to substantial reduction in crime in both urban and rural areas;</p> <p>The RGC is signatory to a number of international conventions which provide a legal framework for the realisation of the right to social protection and the reinforcement of the scope of social protection provision to citizens. These include, among others:</p> <ul style="list-style-type: none"> - The Universal Declaration of Human Rights; - The United Nations Convention on the Rights of the Child; - The Convention on the Elimination of All Forms of Discrimination Against Women; - The International Covenant on Economic, Social and Cultural Rights; - The Convention on the Rights of Persons with Disabilities; and 	<p>"National Action Plan for Disaster Risk Reduction 2014-2018"</p> <p>Continuing to mainstream disaster risk reduction into policies, plans, and sustainable development programs at all levels. The main focus will be on disaster prevention risk reduction, preparedness, and mitigation the vulnerability, with specific attention on women and children. (para.495)</p> <p>Building on the Strategic National Action Plan For Disaster Risk Reduction (SNAP 2008 ~ 2013)</p>

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Education	Health	Child Protection	Climate Change and Resilience
	<p>Development from 2006 to 2010</p> <p>WHO Guidelines on Optimal feeding of low birth weight infants in low-and middle-income countries (2011)</p> <p>National Communication Strategy for the Promotion of Vitamin A in Cambodia</p> <p>National Vitamin A Policy Guidelines 2007</p> <p>National Communication Strategy to Promote the Use of Iron/Folic Acid Supplementation for Pregnant and Post-Partum Women 2007</p> <p>Cambodia Child Survival Strategy 2006 (CARD) Strategic Framework for Food Security and Nutrition 2008-2012 (SFFSN)</p> <p>National Policy on Infant and Young Child Feeding (IYCF), updated 2008]</p> <p>National Nutrition Strategy 2009-2015, 2009</p> <p>National Guidelines for the Management of Acute Malnutrition, 2012</p> <p>National Policy and Guidelines for the Micronutrient Supplementation to Prevent and Control Deficiencies in Cambodia, 2012</p> <p>Communication for Behavioural Impact (COMBI) Campaign to Promote Complementary Feeding in Cambodia: 2012- 2014</p> <p>Joint Prakas on the Implementation of the Sub-decree on Marketing of Products for IYCF, approved 2007</p> <p>Ministry of Health Guidelines on the Implementation and Enforcement Sub-decree on Marketing of Products for Infant and Young Child Feeding and the Joint Prakas in Health Facilities, 2009</p>	<p>- The Madrid International Plan of Action on Ageing.</p> <p>RGC has also ratified all International Labour Organization (ILO) core labour standards and conventions, including Convention No. 138 on the Minimum Age for Admission to Employment and Convention No. 182 on the Elimination of the Worst Forms of Child Labour</p>	

6.2.4. Policy gaps in relation to healthy, safe prosperous and resilient cities

6.3. Legal Framework:

While the developed national legal and policy framework is reasonable comprehensive and in some instances innovative and potentially contributing to making progress. The challenge is not with gaps in the current framework but rather in the actual implementation, compliance with the desired outcomes, objectives and requirements as a significant part of policy framework is simply "paper law" existing only on paper with limited efforts to evolve or implement the desired policies and make charges, often due to the lack of sufficient resources and capacities.

6.3.1. Impacting healthy cities

Later sections in this report highlight issues with health and nutrition in Phnom Penh, some of issues are linked to higher than reported incidences of stunting and underweight children in "informal settlements in the city, as well as for sanitary related symptoms from illnesses. This has likely come about due to the fact the some of the resident populations in these settlements are not recognised by local authorities and are possibly excluded from accessing available health care services.

Additionally the issues of informal fees payments for public health services remains a factor for some with families often relying more on private sector providers usually pharmacies for first treatment and if inconclusive (most likely) attending one of the Kantha Bopha hospitals in the city, perceived to be the best (no- fees) hospitals in the country

What could be seen as lacking are implementable effective strategies and action plans to progressively target communities and settlements throughout the cities, which requires improved targeting and monitoring of potential beneficiaries and against which resources can be allocated and applied.

6.3.2. Impacting Safer Cities

While the Royal Government has been promoting "safer villages" throughout the country including urban areas, there remain risks associate with living in urban areas, including from trafficking, abuse (particularly from the presence of "bong thom" (gangs)) who intimidate and extort poor and vulnerable individuals and communities, as well as the prevalence and accessibility to drugs and alcohol in in the city.

The risk may be heightened due to the lack of "community" and cohesions in many areas with households and families frequently isolated in the city, because of the pressures particularly for poor sections of society to earn a living with little or no time to establish, building up or participated in community interactions. As mentioned families and communities located in informal settlements are often excluded from village related as they are considered as outsiders but are tolerated by local authorities and other residence as in many societies the poor are often unfairly blamed for societal problems (particularly crime) in areas

There is already a civil society campaign "Safe Cities for Women¹⁷" initiated in Phnom Penh to start to bring pressure on Government and local authorities where 11 organisations have started to draw attention to safety (particularly for women)

The "Cambodia Violence Against Children" Survey 2013 (CVAC 2013) aggregates the risks to children in the country and inn theory would be representative of the overall situation in the city. It indicates that violence against children is a serious problem in Cambodia, with more than half of all children (60%) experiencing physical against them prior to 18 years of age with 80+% of those aged 13-17 being a victim in the preceding 12 months. Additionally 80% of the victims reported physical violence first occurring prior to age 12. Nearly a quarter of all respondents (24%) reported being a victim of emotional violence prior to 18 years of age. While 5% of both boys and girls had reported an incidence of sexual abuse! Though these figures are nationally aggregated figures, one must assume similar levels of violence against children in the city.

¹⁷ <http://cambodia.safecitiesforwomen.org/>

While consideration of child protection may be effectively recognised and expressed in higher level policy documents in terms of the adoption of international charters and protocols etc... This report, point out that the official recognition/reported threats and risks to children in the city is inadequate and unrealistic. In that the reported numbers of children living and being on the street is significantly higher than those reported, as are the numbers of working and at risk children involved in hazardous work.

There is likely a need to develop a clear urban associated policy and guidelines for local authorities and other stakeholders (such as youth groups etc..) to better identify who and where children are at risk , as well as improving appropriate targeting strategies and action plans, as well as providing resources to better identify and engaged with vulnerable children their families and groups in the city to initiate a process to initially raise understanding of the threat and risks to children and to jointly identify opportunities and other remedial actions which can be considered to remove children from risk.

The street children's snapshot survey (2014) indicated at over 2,000 children "on the street" some children and youth who have been a number of years on the street before being identified. Additionally the figures from the ILO labour force survey report indicates a considerable number of working children (28,000) in Phnom Penh but of greater concern are those in child labour related conditions (14,922) and particularly those in hazardous activities (5,395) which need to identified and remove from such hazardous activities

6.3.3. As Impacting Prosperous Cities

As highlighted above, and later in this report, the Government is committed to and has been progressively improving access to education, though the overall impact has been fragmented. It would appear that an over emphasis has been made on increasing entrance to and completion of the primary cycle in education grades one to six) while possibly overlooking the Constitutional requirement (art 68) that citizen shall receive at least nine years of education. As this report points out the dropout rate at junior high school grades 7- are significant. This challenge is recognised by the government, but is enough been done. A further though often un-quantified issue is the continue practice of supplemental fee seeking and payments for education in public schools which can be a significant burden on low income families if supporting children higher levels of education (post primary) and may be a (one of many) contributory factors for the drop-out rate. Limited education completion and attainment rates significantly hinders the future opportunities for youth and young people in obtaining gainful and remunerated employment

The city's demographic profile also poses challenges, often with 'intense competition' for employment, which possibly contributes to a low pay economy. The City and country is also challenged by "the lacks a robust technical and vocational education and training (TVET) system that works closely with employers and the private sector to identify, build up and target pools of qualified labour with relevant skill needs are met.

Further the reported low incomes of households remain a significant contributing factor to vulnerability in urban areas. Where wages have been mandatorily increased in the last couple of years by the Government these increases have usually been immediately eased because of the knock on increases in accommodation and services costs particularly if households are utilising service agents to obtain water, electricity etc... The Government is committed to improving the overall situation of the people in the country

There is likely a need for the development of a focus urban policy and qualifiable action plan(s) to better target and address educational completion rates as well as engaging with other stakeholders and the private sector to explore expanding access to improved education and vocational training, and reducing and or eliminating informal fees at all levels of education, such an approach probably needs to be built around improved institutional and public accountability mechanisms.

6.3.4. Resilient Cities

While the Royal Government and NCDM are committed to "strengthening disaster management and responsiveness by further strengthening mechanisms to respond to disasters, focusing on protection of victims during and after disasters through further strengthened relevant institutions (NCDM, Cambodian Red Cross) and mechanisms, by

increasing collaboration, cooperation and coordination with related stakeholders such as the Cambodian Red Cross, various international humanitarian aid agencies, private sector, donors and other partners”.

At the city level it would appear that the effective implementation of such may be lacking. They different administrative levels from Sangkats to the Municipality are all meant to have disaster preparedness plans available but on inquiring at a number of different level Municipality and Khans levels the city assessment was told they don't have one! So there be an opportunity to engage with local authorities and other stakeholders at different levels to initiate a process to jointly develop practical disaster and climate resilience policies and plans that mitigate adverse impact on children and others.

7. Key non-governmental actors

Other Actors and Stakeholders

An effort was made to identify who was doing what and where in Phnom Penh, as it would appear no significant research has been done on trying to identify what development organisations and groups are actually working in different sectors and where they are work in the city. This would appear to be a serious deficiency for aid coordination, management and networking.

At present the Municipality of Phnom Penh does not maintain a list of development actors in the city, what they have is usually based on some official's personal knowledge. The same can be said for the subordinate levels of the public administration in terms of the Khans and Sangkats, though these sometimes have better knowledge being closer to the ground. While development organisations frequently huddle together in working groups and self-established networks with it would appear very limited effort to engage with other sector actors and stakeholders

Development Organisations Overview

A total of 3,490 civil society organizations (CSO) were reported as registered in Cambodia in 2011 (CCC 2012). With Local groups (LNGOs, Associations and Community Based Organisations-CBOs) generally registering with the Ministry of Interior (Mol) while International Organisation are generally registered through the Ministry of Foreign Affairs' Department of International Cooperation

Types of Civil Society Entities (2011)	# of entities
Local NGO (Mol)	1,591
Associations (Mol)	1,382
INGOs (MoFA)	508
CBO (MOI)	9
Reported Total	3,490

Of these entities registered at Mol, over half were Local Non-Governmental Organisations (53%), with the remainder mainly associations (46%). The difference between these registrations is unclear “as there is crossover between entities titled NGOs and associations as some organizations registered as associations, functioning more like NGOs and vice versa”. Of the total number of CSO entities identified for the 2011 CSO census, only 35% were reported active in some form with the remaining 65% generally un-contactable and considered inactive after a number approaches based on a described process and verification with local authorities in the place of registration (by the CCC study).

Of those entities registered a disproportionate number were listed in Phnom Penh (420 active 1,334 inactive), this was not reflective of the actual distribution of their activities and was due to many organizations registering in Phnom Penh as the location of their head offices, while many of their activities took and take place in other provinces. Further analysis by the CSO census indicated that between ~135-150 organisations were possibly working in Phnom Penh at the time (figure 16, CCC, 2012).

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The Royal Government also maintains a separate ODA database, one component of which is an NGO database the declared aims of this database are to:

- Record all development finance to Cambodia from all sources
- Promote the effective planning, budgeting and management of external resources
- Provide public access to information on aid provided to Cambodia
- Support empirical analysis and the provision of practical policy-relevant advice and contribute to aid effectiveness reporting

The NGO database also used by the Civil Society Census in 2011 overall the ODA database currently (2015) lists

- 278 International NGO actively implementing 478 programmes and project throughout the country
- 252 National NGOs actively implementing 436 programmes and projects in the country

So significantly lower than the figure registered with MoI and MoFA, This is probably due to the fact that while the ODA Database is Government owned and managed, the responsibility for entering data lies with development partner organisations, and this is apparently one of the challenges as completing the database is not mandatory but voluntary.

Non-participation and deficiencies in completing the data entry tools result, because many organisations either (i) do not enter the information either on the organisation or projects they are undertaking, (ii) only enter partial data on aspect of programmes and project being implemented. There are also limitations in the database, in that integrated or multi-sectoral development approaches are not effectively considered or captured by the database and unless data is entered per sector programmatic approaches may only appear aligned with one sector.

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To try and bridge this all too obvious gap the consultant attempted to undertake a NGO mapping exercise which a two track approach, namely:

1. An initial identification of NGOs and others delivering project and inputs in Phnom Penh, based on the Royal Government of Cambodia's Overseas Development Assistance-ODA database maintained by the Cambodian Rehabilitation and Development Board (CRDB) of the Council for the Development of Cambodia (CDC)
 - a. Efforts were then made to contact the organisations (using the email address provided on the NGO database) and seek their inputs in completing a NGO activities mapping tool; in terms of identifying which of the 12 Khans and 96 Sangkats they were actually working in and ideally how many villages within each Sangkat and what sectors they were active in
2. Using the data contained in the ODA database –NGOs component, attempting to sector map who was working in what sectors in Phnom Penh

However the levels of responsiveness was feeble to worth mentioning, in fact a significant number of the contacted NGOs had entered non-operating email addresses etc... while efforts were made to correct these response rates were low. So the analysis was more reliant on the government NGO database.

Phnom Penh

For Phnom Penh the ODA NGO database initially lists 239 ongoing programmes and projects being implemented by 198 national and international NGOs under Phnom Penh. The CA has attempted to break the reported projects down into a number of relevant groupings summarised below. It has also create simple spread-sheet of the implementer, projects by the groupings

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Location	Health	Education	Community & Social Welfare	Gender	Environment & climate	HIV/AIDS	Rights and Governance	Livelihoods/ Watsan & (urban) agriculture	Subtotal
Phnom Penh									
# of NGOs active in Phnom Penh	34	56	81	3	2	51	4	8	239
#of Projects active in Phnom Penh	38	66	92	3	3	66	4	9	281
% of nationally reported Projects	26%	31%	39%	27%	6%	100%	10%	6%	
Nationwide									
#of Projects active	147	212	238	11	47	66	39	159	919

The analysis did throw up some anomalies;

- In that there would appear to be more projects in the database being implemented in Phnom Penh than are reported by the provincial search query. As mentioned this is likely due to some projects being reported under a number of sector heading.
- Some sectors seem to be poorly represented (Gender, Rights and Governance, Environmental etc..). This is likely due to the fact that while activities for these are undertaken they were not identified as the key project sector activity when reporting.

Conclusions

While the NGO database has the potential to be a useful tool it is currently hindered by not being specific enough as well as being in-complete. As mentioned it is likely only capturing information on less than half of the NGOs active in Cambodia. A quick brainstorming exercise identified at least 17 other NGOs active in Phnom Penh, some of whom could be major players in urban issues who are not mentioned in the database? For some of national NGOs it is likely that they lacked the English linguistic skills to complete the database.

While it is unclear why the prominent organisation are not participating, those identified included

1. ADHOC
2. Sahmakum Teang Tnaut
3. Community Sanitation and Recycling Organisation CSARO
4. Urban Poor Development Fund-UPDF/ Community Development Foundation
5. LICADHO Cambodian League for the Defence and Promotion of Human Rights
6. CORD
7. Danchurch Aid Christian Aid DCA/CA
8. Habitat for Humanity
9. Community Managed Development Partners
10. Solidarity with the Urban Poor Federation
11. Community Empowerment and Development Team
12. Human Rights Vigilance of Cambodia ("HRVC" or "VIGILANCE")
13. Centre for Development
14. CAFOD
15. Woman Development Association
16. KHEMARA
17. People for Care and Learning (PCL)

Cities for Children Framework

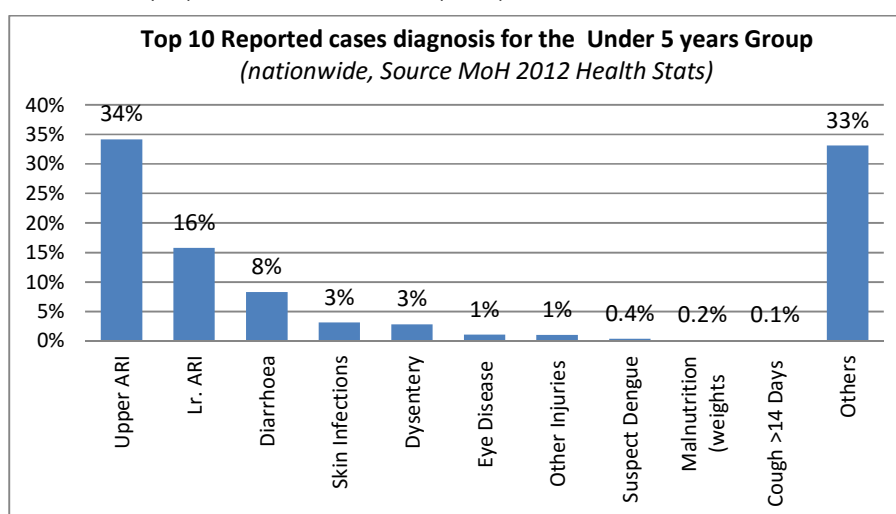
7.1. Healthy Cities - Children enjoy good health

7.1.1. What are the current identified health issues related to adolescents, mothers and children under 5, in urban areas and in particular Phnom Penh, their scale and where do they occur?

It remains difficult to obtain disaggregated data on the prevalence and incidence of illnesses for Phnom Penh. National level figure are available from the Ministry of Health with the last publically available data, the 2012 health statistics.

The following chart shows the top ten case diagnoses reported in the public health sector (based on the official statistics from the Health Management Information System) for the vulnerable under five years of age group in 2012. As can be seen acute respiratory infection (ARI) make up the largest number of cases (~50% of cases) treated in the public health system (nationwide) in 2012.

It is also worth noting that many of the under-five cases related to sanitation and hygiene related/ influenced symptoms which make up 15 per cent of the case loads



The following table disaggregates by age and sex groupings the reported cases of illnesses through the public health system for 2012. As can be seen acute respiratory infection remains the highest dealt with case symptoms regardless of age group. Again sanitation and hygiene influenced symptoms are the next highest grouping.

Diseases	0-4 Yrs		5-14 Yrs		15-49 Yrs		≥ 50 Yrs		Total	
	M	F	M	F	M	F	M	F	M	F
Upper ARI	34.0%	33.7%	34.6%	33.0%	22.9%	20.3%	19.1%	18.2%	27.74%	24.62%
Lower ARI	16.0%	15.2%	9.8%	9.5%	7.3%	5.2%	10.3%	8.6%	10.87%	8.56%
Diarrhoea	8.6%	7.9%	4.1%	3.8%	3.2%	2.2%	3.1%	2.7%	4.95%	3.73%
Skin Infection	3.1%	3.2%	4.0%	4.1%	3.3%	2.5%	3.1%	2.7%	3.33%	2.93%
Dysentery	2.8%	2.7%	2.6%	2.7%	2.6%	1.9%	2.6%	2.2%	2.66%	2.22%
Eye Diseases	1.0%	1.1%	1.5%	1.5%	2.3%	1.6%	3.9%	3.6%	2.03%	1.82%
Cough > 14 days	0.1%	0.1%	0.4%	0.4%	2.1%	1.3%	4.1%	3.2%	1.51%	1.24%
All Road traffic accidents (Head injuries excluded)	0.1%	0.1%	0.3%	0.3%	1.1%	0.3%	0.5%	0.3%	0.57%	0.24%
Mental Health	0.0%	0.0%	0.1%	0.1%	0.8%	0.8%	0.6%	1.0%	0.41%	0.58%
Suspected Dengue	0.4%	0.4%	0.9%	0.9%	0.0%	0.0%	0.0%	0.0%	0.30%	0.21%

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Road traffic accidents affecting head	0.0%	0.0%	0.1%	0.1%	0.4%	0.1%	0.1%	0.1%	0.19%	0.08%
Malnutrition (Weight/age)	0.2%	0.2%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.05%	0.04%
Substance Abuse	0.0%	0.0%	0.0%	0.0%	0.1%	0.0%	0.0%	0.0%	0.03%	0.01%
Suspected Cholera	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.03%	0.02%
Measles	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.0%	0.00%	0.00%
Other Problems	32.5%	34.3%	38.2%	41.2%	45.9%	54.1%	44.6%	49.0%	40.25%	47.13%
	98.9%	99.0%	96.5%	97.5%	92.0%	90.4%	92.1%	91.5%	94.91%	93.43%
Total number of cases	1,135,712	1,146,336	713,560	801,264	1,328,719	2,515,259	648,700	978,218	3,826,691	5,441,077
	100%	100%	100%	100%	100%	100%	100%	100%	100%	100%

Another source of data would be the Cambodian Demographic Health Survey (CDHS) of which four have been undertaken 2000, 2005, 2010 and most recently 2014. Data from the other CDHS is available, while only the first round of preliminary data is available from the 2014 CDHS.

The CDHS collects a rolling dataset to enable the monitoring of trends and progress on specific issues. Some of the key areas monitored are maternal and child mortality rates, as can be seen by the disaggregated 2010 data, mortal rates in Phnom Penh were significantly lower than the national average and for some of the other urban areas, particularly the under-five mortality rate

Indicator	Defined as	2005	2010			2014
		National	National	Urban	Phnom Penh	National
Maternal mortality rate	deaths per 100,000 live births	472	206			170
Infant mortality rate	deaths per 1,000 live births between birth and the first birthday	66	45	22	13	28
child mortality rate	deaths per 1,000 live births between the first and fifth birthday	19	9	7	5	7
Under-five mortality:	deaths per 1,000 live births between birth and the fifth birthday	83	54	29	18	35

Efforts were made to compared these with the 2014 Official Statistics issued by MPP, in some instance this is complicated by the use of different indicator levels for example;

- **for maternal mortality rates** MPP uses deaths per 1,000 live births and for 2012 (and reports 0.6, Table 5.1 Official Statistics 2013) while the CDHS 2010 reports deaths per 100,000 live births (206) so adjusting figures for Phnom Penh it would appear that the MPP is reporting a maternal mortality rate per 10,000 Live births of 8 women dying per 10,000 live births while the CDHS figures would be 21 deaths per 10,000 live births.
- **For child related mortality** MPP (2013) reports on
 - **Neo natal mortality** (child deaths within the first month of life) at 97 with 14,146 births being reported in 2013 in table 5.1 which equates to a neo natal mortality rate (deaths per 1,000 live births) of 7, while in table 5.2 it reports 3 at the neonatal mortality rate (deaths per 1,000 live births), The CDHS for 2010 report for Phnom Penh neonatal mortality rate of 8 and for urban areas 11.
 - **Child Mortality rate (# of death by age five /1000 live births)** MPP reports a figure of 2.5 for 2013 while the CDHS reports a figure of 18 in 2010.

Charts of locations by district are distracting as the Health data refers to the Health operational district and not the administrative district though it is worth noting that in 2013 the highest number of child deaths in the districts are covered by the administrative district and OD which overlap in the Chbar Ampov district.

Fever, Diarrhoeal and Acute Respiratory Infection-ARI symptoms

One of the dataset collected by CDHS has been the incidence of symptoms of selected illnesses in the vulnerable under five age groups in particular for diarrhoeal illnesses and fever symptoms. The following give a breakdown of the reported incidence if these by aggregated locations in 2010 as well as the preliminary findings of the 2014 CDHS. As expected figures for Phnom Penh are generally better than other locations

Reported Incidence of symptoms in Under Fever years of age groups (CDHS 2010 and Preliminary Findings for 2014)			
CDHS Locations	Diarrhoea	Fever	ARI
Phnom Penh	12%	24%	1.3%
Urban	11%	25%	3.2%
National	15%	28%	6.4%
Preliminary Findings for CDHS 2014 (assumed to be national levels)	13%	28%	6%

Nutrition

Poor nutrition places children at increased risk of morbidity and mortality and has also been shown to be related to impaired mental development. Malnutrition has been a persistent challenge for child development in Cambodia with progress slowly being made to reduce the prevalence of stunting and wasting etc. in children. In 2010 40% of all children in the country were considered stunted with another 11% being wasted (with reduce weight for height), this has fallen to 32% and 9% respectively based on the preliminary finding of the CDHS in 2014. These undernourished children have an increased risk of mortality, illness and infections, delayed development, cognitive deficits, possible poorer school performance, and fewer years in school. While the greater burden for malnutrition continued to persist in rural areas increased migration and urbanisation also makes it an urban problem, while the CDHS has shown positive improvement the pace of these has been slow and further action and interventions to reduce and reduce malnutrition for all children.

The recently completed Multiple Indicator Assessment for the Urban Poor in Phnom Penh has red flagged the issue of the concentration of malnutrition of children in communities in informal settlements scattered throughout Phnom Penh, with these settlements increasingly being located in the outer khans of the city. This assessment found the stunting wasting and 'underweightness' in children under five years were significantly higher than indicative rates for Phnom Penh and Urban areas rates reported by the CDHS. With the identified levels of underweight children at 36% over double the aggregated CDHS rates of 13%, while stunting figures were six percentage point greater than the most recent figures (2014) for Phnom Penh, while wasting figure were similar.

Category	Defined by	CDHS 2010						CDHS2014						PPMIAUP/ PiN	
		National		Urban		Phnom Penh		National		Urban		Phnom Penh		Chronic/ acute	Severe
		Chronic/ acute	Severe	Chronic/ acute	Severe	Chronic/ acute	Severe	Chronic/ acute	Severe	Chronic/ acute	Severe	Chronic/ acute	Severe		
Underweight	weight-for-age (WFA)	28%	7%	19%	4%	19%	3%	24%	5%	15%	3%	13%	2%	32%	4%
Stunting	height-for-age (HFA)	40%	14%	28%	9.5%	25%	12%	32%	10%	24%	6%	18%	5%	22%	7%
Wasting	weight-for-height (WFH)	11%	3%	12%	3%	11%	3%	10%	2%	8%	2%	9%	1%	11%	

This indicates that malnutrition is persistent and may be entrenched in informal communities and settlement throughout the city reducing the life opportunities for these children to develop and advance. The results of the assessment which had been commissioned by UNICEF resulted in them commissioning an additional more in-depth study of 1,000 children in informal settlements, the finding of which have as yet not been released.

It is worth noting that the CDHS methodology is a broader more inclusive study of all socio-economic groups in the country and city while the PPMICUP only targeted informal settlements. So the CDHS is at risk of aggregating and overlooking vulnerable sub-groups.

Anaemia

Anaemia represents a severe public health problem for women and children in Cambodia, with serious consequences for human health and well-being. Available data on the aetiology of anaemia in Cambodia points to iron deficiency as an important cause of anaemia, and this is in keeping with global trends. Other nutritional disorders, such as vitamin A deficiency, haemoglobinopathy, helminths, malaria, and other non-nutritional factors likely contribute to the overall prevalence.

The adverse effects of anaemia on mortality, morbidity and development are abundantly clear. Anaemia affects how individuals participate in all areas of life, including work, school and social activities, and this limits the ability to generate income and afford iron-rich sources of food, medical treatment, and school fees. In turn, this leads to constrained social and economic development, ultimately contributing to a vicious cycle of poverty that is difficult to overcome. The overall magnitude of the problem in Cambodia is therefore cause for great concern and an immediate, sustained and holistic intervention is needed (Charles et.al , 2012)

In 2010 the CDHS found that anaemia affects 55% of children under 5 nationwide, more than three-quarters of children under 2, and more than half of pregnant women in the country. The prevalence of anaemia is recognised as a critical public health problem, affecting more than 3 in 4 children under 2 and more than half of children under 5 and pregnant women. From a study published in 2012, determinants of anaemia among Cambodian children 6–59 months of age include iron deficiency, vitamin A deficiency, genetic haemoglobin disorders (which affected 60% of rural children), and general infection/inflammation (George et al. 2012).

Extrapolating the data for Phnom Penh and urban areas it is evident that anaemia continues to be an health issue both for young children and women in Phnom Penh with over 40% of all children under five suffering from anaemia, the causes of which and the treatment require inquiry, while it incidence in Phnom Penh has come down somewhat it appears the reduction in the country as a whole is stagnating. Conversely the incidence among women in Phnom Penh and the country appear to have increased, this has implication for pregnancy and foetal development as it can result in a preterm or low-birth-weight baby a risk of the need for a blood transfusion (if you lose a significant amount of blood during delivery), Postpartum depression, A baby with anaemia as well as possible a child with developmental delays

	CDHS2010					CDHS 2014			
	Any anaemia	Mild	Moderate	Severe		Any anaemia	Mild	Moderate	Severe
Children Under 5 Yrs of Age									
Phnom Penh	48%	31%	16%	0%	41%	25%	17%	0%	
Urban	45%	26%	18%	1%	43%	26%	18%	0%	
National	55%	28%	26%	1%	56%	30%	25%	1%	
Women of Reproductive Age (15-49)									

Phnom Penh	34%	30%	4%	0%		42%	37%	4%	0%
Urban	35%	31%	4%	0%		39%	35%	4%	1%
National	44%	37%	7%	0%		45%	38%	7%	0%

7.1.2. Are there any groups that are more affected by those issues? If yes, please specify those groups

A recent UNICEF commissioned (2014) assessment undertaken by People in Need titled *Phnom Penh Multiple Indicator Assessment of the Urban Poor-PPMIAUP* which focused just on identified 'poor settlements' based on the STT urban poor settlement survey (2013). This found that under five years of age residents in communities in these settlements were generally worse off and had a higher incidence of illness symptoms in the two week prior to the survey. For example the reported rates for ARI diarrhoeal and fevers symptoms were significantly higher! than the rates from the CDHS 2010 and 2014 figure.

Health Status Of Children 6-59 Months	%
children reporting difficult or rapid breathing with a cough, as an indicator of Acute Respiratory Infections -ARI	61%
Diarrhoeal symptoms	40%
Fever symptoms	73%.

It is worth bearing in mind the PPMIAUP only examined households and communities in identified informal settlements, while the CDHS take a holistic view and looks and endeavours to collect data from all economic quintiles in the country and city so its aggregated results may conceal inequity and inequality issues that impact on the poorer sections of society, especially in a single province.

The PPMIAUP identified that 27% of households in informal settlement lacked access to improved sanitation (with 15% using an unimproved means while 12% completely lacked sanitation and were possibly practicing open defecation These posed serious implications for public health; particularly in the rainy season as such many communities were prone to flooding. It also had implication for nutrition's (see subsection above). The assessment analysis postulated that "since the data was collected during the dry season and the associations between acute malnutrition and diarrhoea were not observed. There was a two and a half-fold increase in risk of diarrhoea for children in households without improved sanitation and a two-fold increase in risk for children to be stunted" (PIN 2014).

7.1.3. Are there any active individuals or networks currently addressing the needs of the above mentioned groups? These individuals or networks could be either from within the affected group or external to it

A number of coordination mechanism exist which specifically focus on health issues,

Levels	Mechanisms
National Level	<p>Technical Working Group on Health TWGH chaired by MoH and facilitated by WHO, made up of the main health technical working group (TWG-H) and its secretariat, a set of technical sub-working groups, and most recently a set of provincial technical working groups. Previously the TWG-H has a membership of 74 (47 MoH members and 27 Development partners members)</p> <p>Up to 11 technical sub-working groups have been formed that focus on specific health-related programmatic and cross clinical working groups that at the provincial and a set of provincial TWGs which bring together all actors active in health care delivery at provincial levels.</p> <p>MEDiCAM which is the primary networking mechanism that seeks to link all stakeholders in the health sector by coordinating and representing voices of civil society organizations, promoting evidence-based policy development and program designs, building capacity of its NGO members, strengthening social accountability, and sharing relevant health information.</p>
City Level	The Capitals Women's and Children's Affairs Committee. One of the three

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	<p>coordinating committees established at different levels by the Organic Law of 2008. Whose roles is to provide suggestions and recommendations to the municipal and district councils, board of governors, governor, and other committees of the council on issues related to gender equity, and women's and children's issues within the authority, function, and duties of the council, including the health and welfare of women and children</p>
	<p>The Phnom Penh Technical Working Group on Health hosted by the Municipal Department of Health it supposedly meets once a month with an objective to coordinated and facilitate health sector support in the municipal areas</p>
	<p>The more recently formally established (2014) Basic Social Services & Economic Development Sub Working Group (SWG- BSS&ED) intended to focus on the urban poor's limited access to education, public health facilities, information, protection, nutrition and WASH services (particularly household and environmental sanitation) as well as limited opportunities for livelihoods</p> <p>The SWG- BSS aims to coordinate the stakeholders, both government and non-government actors in the planning and implementation of effective responses related to Basic Social Services in Urban Poor Settlements in Phnom Penh, with focus on:</p> <ul style="list-style-type: none"> ▪ Access to health care ▪ Protection of children and most vulnerable ▪ Access to information related to identification status (e.g. ID Poor status), health, hygiene, family planning, nutrition, etc ▪ Access to sustainable and affordable safe water supply and sanitation ▪ Empowerment of youth through engagement in social projects, vocational trainings, prevention programs, etc. ▪ Access to formal and informal education ▪ Access to vocational training and microfinance <p>(source the SWG- BSS&ED ToR 2014)</p>
District Level	<p>The Khan Women's and Children's Affairs Committee same roles as above but at Khan levels</p>
Sangkat Level	<p>The Sangkat Council are meant to effectively consider health issues within their areas and to coordinate with other stakeholder for the provision of services and inputs. If the Sangkat has a health centre in theory the Sangkat leader is one of the members of the Health Centre Management Committee.</p> <p>The Sangkat Councils are responsibility for public services is delegated them under Article 43 of the Commune Administration Law, which states that the councils have a duty to "manage public services as necessary" and "perform general affairs in response to the needs of the citizens." Currently the central government assumes responsibility for public services such as health and education. Commune/ Sangkat councils have a responsibility to ensure that their constituents have adequate access to such services and to seek to establish local services that the national government is not in a position to provide</p> <p>The Sangkat (Commune) also has a Committees for Women and Children who roles is to facilitated and coordinate interventions and issues affecting women and children in the Sangkat</p>
Village Levels	<p>Village Health Support Group (VHSG) in theory 2 people per village one male and one female), whose roles are :</p> <ul style="list-style-type: none"> ▪ Data collection, , Reporting, feedback ▪ Health Education Dissemination ▪ Consultation and Referral ▪ Coordination, Intervention <p>The 2012 PPUPA reports that 53% (143) of 269 "poor communities" have VHSG structures at community level, it goes on to state that "VHSG are the most decentralized official health structure of the Ministry of Health. VHSG staff (one man/one woman) are usually elected or selected by the community and thus have their trust and mandate. They have important responsibilities such as: health education, referral of patients to public health facilities and cooperating with outside partners. Many VHSG are also members of Health Centre Management Committees</p>

	<p>who advocate community needs, suggestions and urgent issues to the public health service. This very optimistic statement seem hard to believe considering that reported issues with health in urban poor communities are frequently reported as being so great, and may require further follow up.</p>
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7.1.4. What are the current and future health plans in place to address the known identified issues? – mainly limited to national level – city level documentation?

For the Health sector there are a significant number of sub sector action plans and policies to address a medical health issue, which may actually overload the public health sector in that they all require attention. Frequently attention is given to the most current and demands, until the next directive arrives from the Ministry to refocus the often limited available resource onto that issue. While a Phnom Penh Health TWG is active it may not be effectively coordinating the public private and NGO actors and stakeholders to better address health issues of the poor and vulnerable.

7.1.5. What government health policies are effective in addressing those issues? Which policies are not effective in doing so and the gaps?

In terms of nutrition RGC has adopted a *National Strategy for Food Security and Nutrition (NSFSN)* which applies a multi-dimensional and integrated approach over a large range of development themes. The NSFSN builds on and complements the existing sector strategies and plans, it fill some of the identified gaps and is intended to serve as a platform for joint inter-sectorial action to enhance food security and nutrition.

The NSFSN 2014-2018 contains: a long term vision, a goal and three objectives.

Long term vision: "All Cambodians have physical, social and economic access to sufficient, safe, and nutritious food, at all times, to meet their dietary needs and food preferences and optimize the utilization of this food for a healthy and productive life."

The **overall goal:** "By 2018, Cambodians will have substantially improved physical, social and economic access to sufficient, safe, and nutritious food to meet their dietary needs and food preferences and optimize the utilization of this food to keep a healthy and productive life." The NSFSN contains three objectives as well as priority key interventions and instruments to achieve them.

Objective 1: Increase availability and access to food through more productive and diversified agriculture and livestock production, sustainable forestry and fisheries, and from non-agricultural employment and income opportunities.

Objective 2: Improve use and utilization of their food resulting in reduced child and maternal malnutrition and enhanced human and economic development.

Objective 3: Improve food security related social protection and enhanced capacities of poor and vulnerable households to cope with risks and shocks increase the stability of their food supply.

7.1.6. How do the current or future policies take into consideration people with special needs? Who are the major organization's addressing the above mentioned health issues currently and expected to do so

In theory everyone is reported to be treated equally by the public health system, which strives to provide universal health coverage as endorsed by the United Nations with realistic consideration for poor and vulnerable groups through health equity systems in term of health equity cards and voucher payment systems. These have been in use for some years in certain health operational districts but have as yet not been mainstreamed throughout the health system. Additionally the ID Poor system and identity card can also be used but again this has not been fully applied across Phnom Penh and some other urban areas in the country.

In 2012, health services used with fee exemption nationally totalled 2,112,973 cases (38% used by male and 62% by female patients), and the cost of the fee-exempted cases was approximately USD 9.4 million (HSFR2012).

7.1.7. Who are the major donors funding this health development currently and expected in future?

In Cambodia a multiple donor basket fund has been established which is partially used to fund a sector wide approach for the health sector which is label; the Health Sector Support Programme 2 (HSSP2). This includes funds from the World Bank European Union, USAID, JICA Australia and numerous others. Additionally a number of multilateral interventions are also been supported such as Global Fund for HIV/AIDS, TB and Malaria, and the Global Alliance for Vaccines and Immunization as well as a number of other initiatives. Support from the World Health Organisation is also present.

Financed for the health sector comes from three main sources – development partners, Government, and household out-of-pocket spending (user charges), Total Health Expenditure (THE) has substantially increased over the last five years, from USD 564 Million in 2008 to USD 763 Million in 2012, representing more than 5% of the GDP).

Total Health Expenditure in 2012 was approximately USD 52 per capita, 24% of which came from Government spending, 15% from development partners, and the remaining 61% from out-of-pocket spending (HSFR 2012).

7.1.8. What are the major approaches (primary, secondary, tertiary, prevention, awareness...) used to address the health issues now?

Cambodia applies broad approaches depending on the health sub-sector. Overall it utilises a health referral system from Health centres providing a Minimum Package of Activities, for primary health care which refer patients upwards to referral hospitals providing secondary or tertiary line health services (Complementary Package of Activities) if required.

It also undertakes and support considerable awareness raising (e.g. nutrition, mother and child health) and prevention based activities (HIV/AIDS/ TB etc...).

The PPUPA 2012 reports that Phnom Penh different from rural health provision in that urban health centres do not undertaken regular community outreach (compared to rural areas where villages should be visited by public health care workers once a month) and where outreach is undertaken it is usually by third parties (NGOs)

8. Safer Cities: Children cared for and protected

8.1. What are the current issues affecting the safety and security of children and youth in Phnom Penh, their scale and where do they occur?

MPP Official Figures 2014

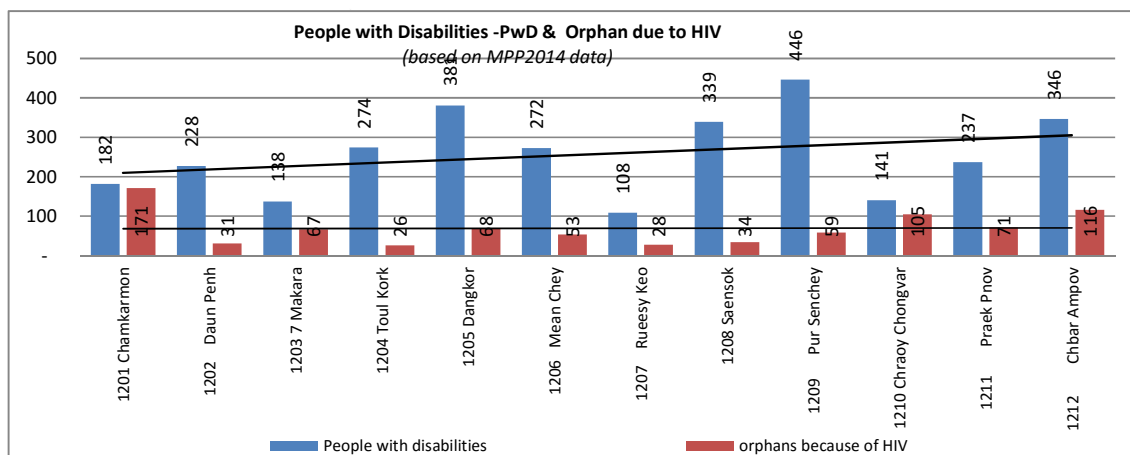
The Official Municipal Statistic (March 2014) list the following under the section six Vulnerable Groups for 2013. They initially list (table 6.1) a total of 3,940 vulnerable people

Source MPP Official statistics (March 2014)	# of Vulnerable People	Total # of orphans	Orphans with support	Orphan with support (unclear)?	Orphans living alone	Child orphans because of HIV	People with Disabilities-PwD (>18yrs of age) earning	People with Disabilities-PwD (>18yrs of age) not earning	People with Disabilities-PwD (<18 years of age)	Elderly without support	Homeless people
table 6.1	3,940		149		45		1,398	1,076	591	501	180
table 6.2		1,295	1,101	149	45	646					
Note It appears that orphans because of HIV are not included in the stated sub-total of orphans but treated separately?											

However, it appears that this is an incomplete total as the following table (6.2) appear to add additional categories of vulnerable people, and one curious aspect, is the separation of orphans because of HIV/AIDS, who do not appear to be considered equally under the category of orphans as they are not included in the orphans sub-total? So combining these two figures (for people with disabilities and orphans) as well as adjusting for duplication it would appear that for some vulnerable groups MPP is reporting a figure of 6,982 people.

A fifth of the 3,065 people with disabilities (19%) were identified as children, the stats also indicated two other groups of vulnerable people; (i) unsupported elderly people (>61 years of age) and homeless people 501 and 180 in these categories respectfully.

The following chart extrapolates the data from the official statistics in terms of the ratio per 1000 families and applies the ratio to the number of households reported (MDLMPC), which give a slightly increased figures (for PwD=3,093 against 3,063 in the MPP stats and 828 orphans against 646) but may allow for some insight into the geographical distributions.

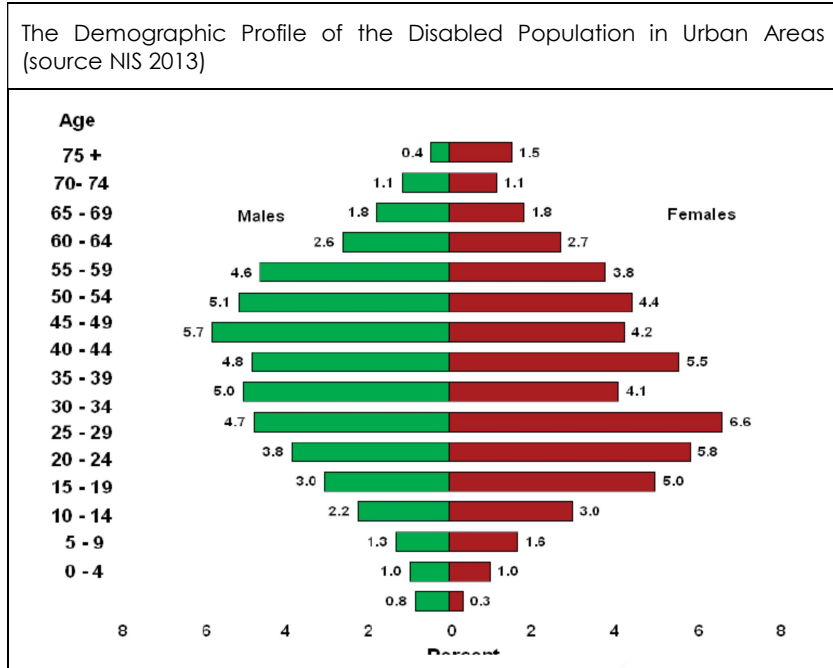


A linear trend lines have been added to highlight the higher concentration by districts

One of the reports of the Cambodia Inter censal survey (2013 focused on disability it indicates that of the 301,629 disabled persons in Cambodia that 4.67% of them are resident

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in Phnom Penh which would equate to ~14,086 persons with at about a third of these children, so ~4,000 disabled children (in lines with the overall demographic for the country)

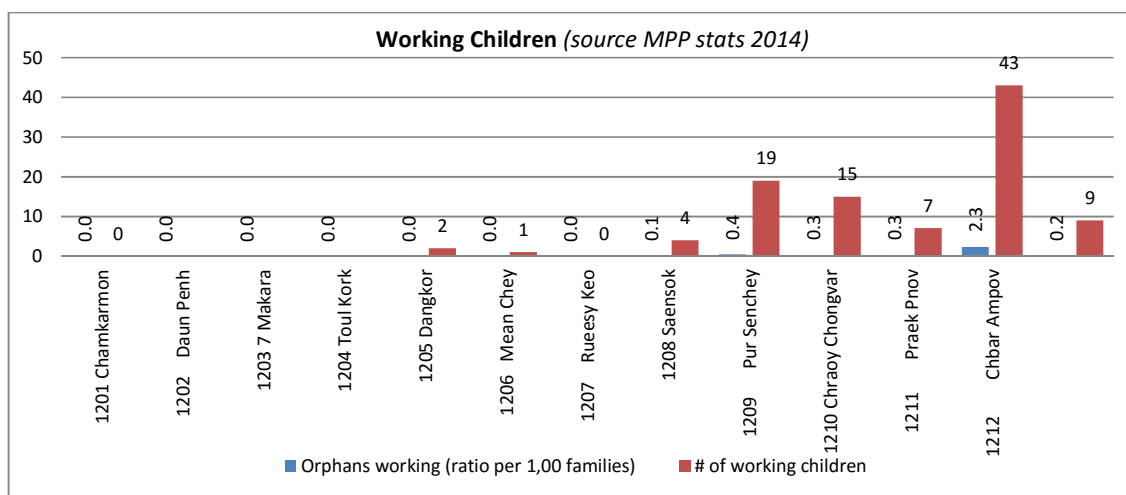


The PPUPA 2012 collected data on orphans and other vulnerable groups in the 288 communities/settlements they surveyed and found that that:

- ❖ One in six families (18% of those surveyed) had at least one vulnerable family member in terms of an orphan or abandon child.
- ❖ 17% of surveyed households in the communities reported a child with a disability a far greater percentage than the often expressed one in ten people has some form of disability,
- ❖ while over a quarter of households (25%) had a member with a chronic illness, (page 14).

Child Labour

The MPP2014 statistics reports that 100 orphans under 18 were working in 2013 a significant drop from the report 413 listed as working in 2011(table 6.3). It then provides charts of the ratio of working children reported per 1,000 families distribution by khans another indicating the location of working children, which have been combined here with over 40% of working children being reported in one district alone (#6.7 & 6.8).



Comparative Findings with the Cambodian Labour Force and Child Labour Survey 2012

An alternative source of information on child labour was analysed through a detailed review of the Cambodian Labour Force and Child Labour Survey (CLF/CLS) which indicated that ~35% of the projected national population (of 14,899,129 persons) for 2012 were under 18 years of age, which equated to 5,171,555 children as defined by the UN Convention on the Rights of the Child.

Of these 3,956,751 people were aged between 5–17 years old; with 1,931,494 (49%) being female. The following table provides an overview of the overall population disaggregated by sex and whether living in an urban area (NIS/ILO2012).

Overall Population Breakdown (Source NIS/ILO2012).				
Age groups	#	%	#	%
Female			Urban	
0-4 years	585,188	7.7%	120,842	6.7%
5-17 years	1,931,494	25.4%	387,454	21.6%
18-64 years	4,672,777	61.4%	1,183,701	65.8%
65+years	422,650	5.6%	105,863	5.9%
Sub Total	7,612,109	100.0%	1,797,860	100.0%
Male				
0-4 years	629,615	8.6%	121,904	7.1%
5-17 years	2,025,257	27.8%	415,573	24.2%
18-64 years	4,312,508	59.2%	1,105,951	64.4%
65+years	319,640	4.4%	72,844	4.2%
Sub Total	7,287,020	100.0%	1,716,272	100.0%
TOTAL POPULATION				
0-4 years	1,214,803	8.2%	242,746	6.9%
5-17 years	3,956,751	26.6%	803,027	22.9%
18-64 years	8,985,285	60.3%	2,289,652	65.2%
65+years	742,290	5.0%	178,707	5.1%
Total	14,899,129	100.0%	3,514,132	100.0%

The 3.96 million children aged over five years of age make up the potential child labour force, of which 20% (803,027 5-17 years olds) were identified as living in urban areas. Before going further into issues of child labour for the city assessment we need to contextualise the current setting of what child labour etc. means.

Child & Labour Rights for Children

The Royal Government is a signatory of a number of important child protection and child labour conventions, namely

#	Convention	Main provisions
1	the UN Convention on the Rights of the Child (CRC). <i>(Cambodia's signatory years 1992)</i>	This recognises the child's right to be protected from economic exploitation and from performing any work that is likely to be hazardous or to interfere with the child's education, or to be harmful to the child's health or physical, mental, spiritual, moral or social development (Art. 32.1). In order to achieve this goal, the CRC calls on States Parties to set minimum ages' for admission to employment, having regard to other international instruments (Art. 32.2).
2	ILO Convention No. 138 (Minimum Age) <i>(Cambodia's signatory years 1999)</i>	Represents the most comprehensive and authoritative international definition of minimum age for admission to work or employment. C138 calls on Member States to set a general minimum age for admission to work or employment of at least 15 years of age (Art. 2.3) (14 years of age in less developed countries), and a higher minimum age of not less than 18 years for employment or work which by its nature or the circumstances in which it is carried out is likely to jeopardise the health, safety or morals of young persons, i.e., hazardous work (Art. 3.1). The Convention states that national laws or regulations may permit the employment or work of persons from 13 years of age (12 years in less developed countries) on light work which is (a) not likely to be harmful to their health or development; and (b) not such as to prejudice their attendance at school, their participation in vocational orientation or training programmes approved by the competent authority or their capacity to benefit from the instruction received (Art. 7).
3	ILO Convention No. 182 (Worst Forms) <i>(Cambodia's signatory years 2005)</i>	This supplements C138 by emphasising the subset of worst forms of child labour requiring immediate action. For the purposes of the Convention, worst forms of child labour comprise: (a) All forms of slavery or practices similar to slavery, such as the sale and trafficking of children, debt bondage and serfdom, as well as forced or compulsory labour, including forced or compulsory recruitment of children for use in armed conflict; (b) The use, procuring or offering of a child for prostitution, for the production of pornography or for pornographic performances; (c) The use, procurement or offering of a child for illicit activities, in particular for the production and trafficking of drugs as defined in relevant international treaties; and (d) Work which, by its nature or the circumstances in which it is carried out, is likely to harm the health, safety or morals of children (Art. 3).

Even prior to signing some of these, the Royal Government had incorporated child labour provisions in the 1997 Labour Law, which set the allowable minimum age for wage employment at 15 years. The Law also set the minimum allowable age for any kind of employment or work that by its nature could be hazardous to the health, safety or morals of a person under 18 years.

A number of terms are frequently used which are explained below:

Terms	Explanation
Economically Active Children	All children aged 5–17 years who were engaged in one or more economic activities (based on the for one hour or more are considered an economically active child in terms of current activity status
Child labourer	The operational definition of child labour is based on one of the following five criteria <ol style="list-style-type: none"> 1. Children aged 5–11 years engaged in any economic activity for one hour or more in the reference week. 2. Children aged 12–14 years engaged in permissible (non-hazardous) economic activity for more than 12 hours in the reference week. 3. Children aged 12–14 years engaged in work for fewer than 12 hours in the reference week but working in designated hazardous industries and occupations. 4. Children aged 15–17 years engaged in economic activity for more than 48 hours in the reference week.

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	5. Children aged 15–17 years engaged in economic activity for 48 or fewer hours in the reference week but engaged in designated hazardous industries and occupations.
Children in hazardous labour	This is based on whether a. Any children aged 5–17 years are engaged in designated hazardous industries, where designated hazardous occupations (and other criteria are specified in the national legislation, excluding regulations on weekly working hours). b. All children aged 5–17 years engaged in non-hazardous industries, non-hazardous occupations (working under non-hazardous conditions, as defined by national legislation) but working for more than 48 hours in the reference week.
	Hazardous working conditions are defined by the Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation promulgated Prakas No. 106 on the Prohibition of Children Working in Hazardous Places (in April 2004); where article 2 lists occupations and activities that are considered hazardous work.

Working and Child Labour

Of the nearly 4 million children aged 5–17 years, the majority (81 per cent) were not considered working in 2012. Of those who were working in 2012 (19 per cent), were in unacceptable conditions – 6 per cent in hazardous work and 4.9 per cent in some other form of child labour – than those working in acceptable conditions, at 8.2 per cent.

43 per cent of non-economically active children as defined above had household chores responsibilities which are not counted, with very little difference between the boys and girls. While for economically active children, around 78 per cent having household chores responsibilities as well as earning/ activities to contribute to household incomes. The three most common household chores among the economically active children were washing clothes (70.8 per cent), washing dishes (49.1 per cent) and cooking (37.5 per cent). These three types of household chores were most common in both urban and rural areas.

On average, the economically active children spent nearly seven hours per week performing household chores. The economically active females aged 12 or older in both urban and rural areas spent more time on household chores than the boys of the same age. Combined, the hours spent working and managing household chores left female children with a much larger burden than their male counterparts. While the majority of children aged 5-17 may not be economically active they are mainly helping out with household chores.

The CLF/CLS identified that 19 per cent (755,245) of children nationally were identified as working, and 57% of these working children were either doing so in unacceptable working conditions or activities. In fact nearly a third (31%) of working children were undertaking hazardous activities as proscribed by national legislation, the following table provides national breakdown of child labour figure in 2012/3 by age groupings, sex as well classifications of work types

	Numbers of Children			Types of Working Children				Types of nonworking Children	
				Child Labourers					
	Total	Working	Considered Non-Working	Total Child labourers	Children in Hazardous Labour	Other child labourers	Working Children who are not child labourers	Children Seeking Work	Others
Cambodia	3,956,751	755,245	3,201,506	429,380	236,498	192,882	325,865	5,947	3,195,559
Sex									
Male	2,025,257	372,208	1,653,049	213,716	116,673	97,043	158,492	2,946	1,650,104
Female	1,931,494	383,037	1,548,457	215,663	119,825	95,838	167,374	3,002	1,545,455
Age groups									
5–11 years	1,946,551	77,764	1,868,787	77,764	4,118	73,646	-	514	1,868,273

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12–14 years	987,828	198,819	789,009	150,692	31,457	119,235	48,127	508	788,501
15–17 years	1,022,372	478,662	543,710	200,924	200,924	-	277,738	4,926	538,784
Location									
Urban	803,027	100,801	702,226	45,772	25,182	20,590	55,029	390	701,836
Rural	3,153,724	654,444	2,499,280	383,608	211,316	172,292	270,836	5,557	2,493,723

Of interest to the city assessment are the 100,801 working children in urban areas, a significant portion of whom may be working in and around Phnom Penh. Of particular concern would be the portion of child labourers considered working in hazardous labour.

The following extracted table shows the number of all economically active children, child labourers and children in hazardous labour, by sex nationally and in Phnom Penh in 2012. As can be seen, it indicates that 28,000 children aged 5-17 are working in Phnom Penh of whom just under 15,000 (14,922) are considered child labourers and 5,395 are undertaking hazardous work in the city. It is worth noting that a higher percentage of the child labourers and those in hazardous work in Phnom Penh are female! with 60% and 57% respectively

	Total Children		Total Working Children			Total Child Labourers			Children in Hazardous labour		
	Total	Female	Total	Male	Female	Total	Male	Female	Total	Male	Female
Cambodia	3,956,751	1,931,494	755,245	372,208	383,037	429,380	213,716	215,663	236,498	116,673	119,825
Phnom Penh #	341,512	167,637	28,103	11,810	16,294	14,922	6,037	8,886	5,395	2,336	3,059
Phnom Penh % of national	8.6%	8.7%	3.7%	3.2%	4.3%	3.5%	2.8%	4.1%	2.3%	2.0%	2.6%

One of the issues of child labour is the amount of time consumed in work related activities unfortunately this is not disaggregated by urban areas but shown as a national profile.

Number of hours worked by economically active children aged 5–17 by sex, 2012

Number of hours worked in a previous week	TOTAL		Female		Male	
	#	%	#	%	#	%
Total	755,245	100	383,037	51	372,208	49
1–7 hours	64,996		34,078	52	30,918	48
8–14 hours	133,772		61,032	46	72,740	54
15–29 hours	191,615		99,532	52	92,083	48
30–42 hours	99,513		44,633	45	54,880	55
43–48 hours	53,119		33,099	62	20,020	38
>=49 hours	212,230		110,663	52	101,567	48

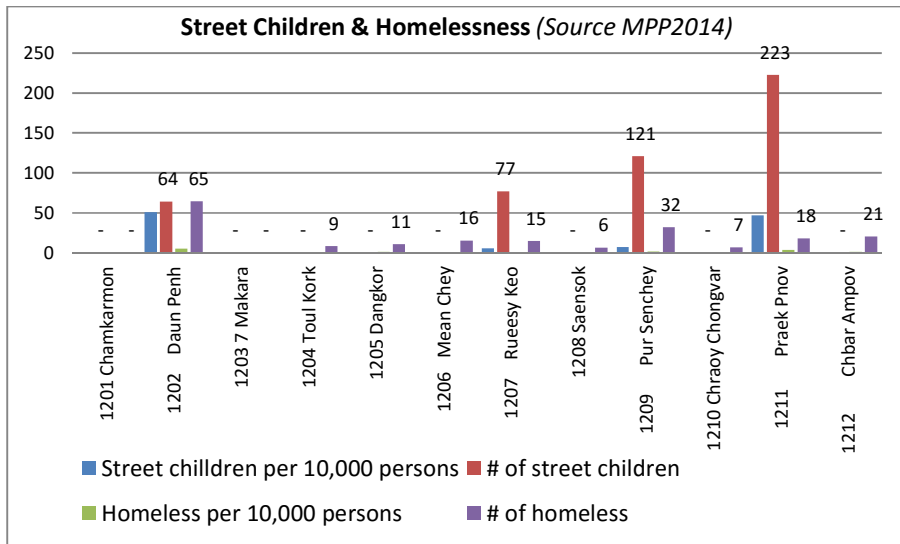
With most of the child labourers being unpaid family workers (49 per cent) and employees (48 per cent).

Analysis on Child Labour

In comparing the two sets of data, there would appear to be a huge divergence in the figures with MPP reporting just 100 child labourers in the city! While the ILO supported national study appears to indicate that somewhere in the region of 28,000 children under 18 years in Phnom Penh are undertaking some form of work (outside of household chores unless being employed to do so) 15,000 could be considered at risk and 5,400 are at risk in that they were undertaking hazardous work.

Street Children & Homelessness

The MPP official statistics report 2014 (tables #6.4 and #6.5), states that there only 27 children under the age of 18 living on the street in 2013! And 180 homeless people as a possible proxy to living on the street. Street children were only reported in four khans at any significant levels based on the official table and chart reporting the ratio of street children per 100,000 people



However if one applies the ratio figure to the population in the district the possible number of street children increases to 486 persons.

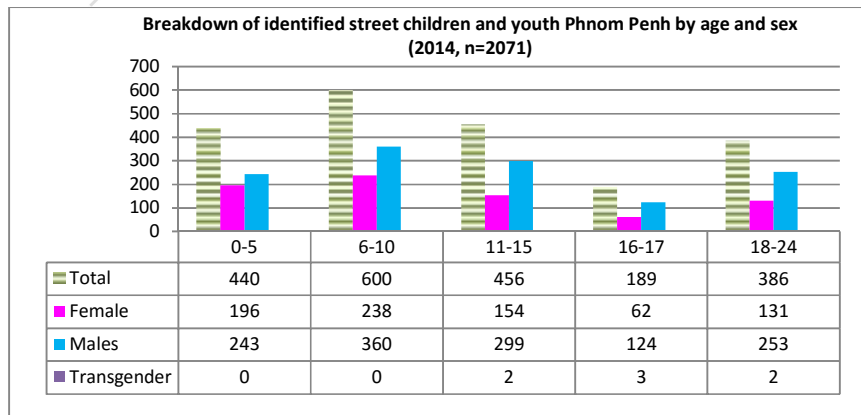
**Comparison with the Street Children Snapshot Survey
Street Children & Youths**

The official statistics of the Municipality of Phnom Penh dated March 2014 (in table #6.5 p51- on street children, landmine & explosive remnant or war-ERW victims) states that the number of children on the street under 18 years of age in 2013 was just 27 cases!

Conversely the Cambodian Street Children's Network (CSCN) which is the coordinating mechanism for NGOs working on street children issues and endeavouring to strengthen the delivery of services to such children report a significantly different number.

The networks periodically undertake snapshot surveys¹⁸ across a number of urban areas in the country to try and assess the numbers of street children. The most recent snapshot survey in 2014 identified 3,493 children and young adults considered as street children in seven urban centres (Phnom Penh, five provincial municipalities and one other urban centre) of which the majority 60%, (2,071 children) were located in Phnom Penh, of these 1,685 were aged under 18 years. Initial findings of the snapshot survey are set out below which are augmented by the findings from 384 new profiles cases and the findings from the previous survey in 2011:

The following chart provides the breakdown of these children and youth on the streets by age and sex (2014), with 62% of those on the street being male and four fifths (81%) of those on the street being children.



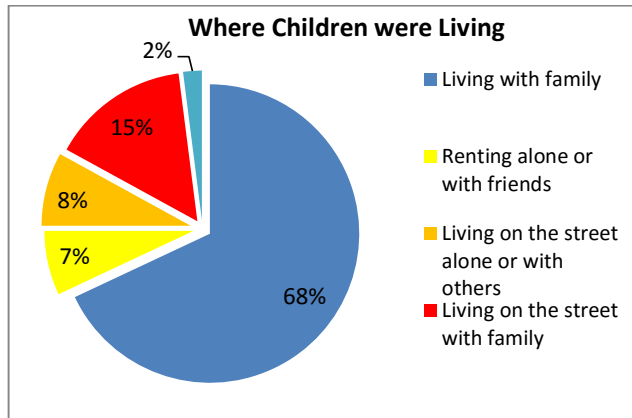
¹⁸ Whereby data on the numbers of street children is collected on a single day in a particular location.

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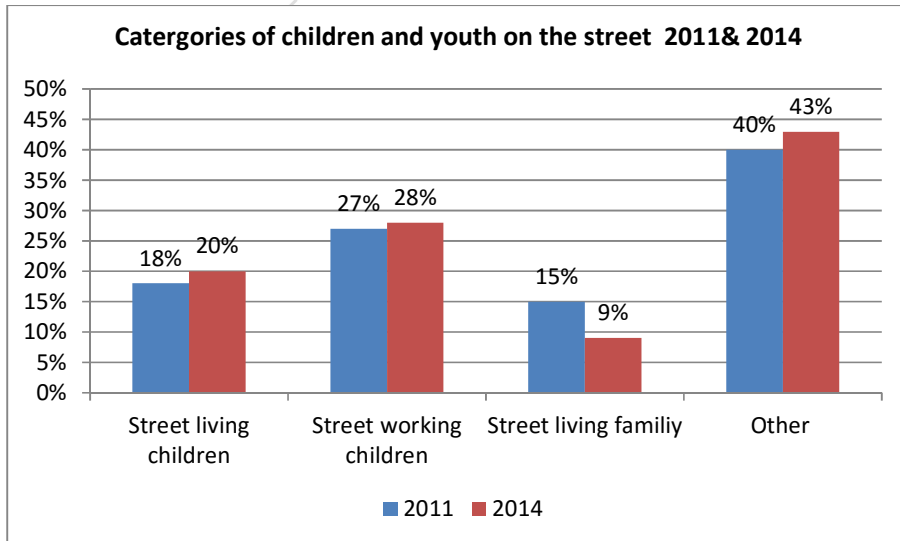
In terms of how long children and youths were on the street before being identified as a “new case”, nearly a third of the 384 respondents (31%) were on the street for less than two weeks before being identified with an additional fifth 21% less than one month, so cumulatively nearly half of all “new” street children were identified in less than a month. At the other extreme 8% of “new cases” reported being longer than one year on the street before being identified this is significantly down from the 2011 survey when 14% of new cases were from children on the street for greater than one year.

Of the at least 2,071 children and youths identified as in Phnom Penh in 2014, 49% reported being from the city while the remainder were from other parts of the country (21 of the remaining 24 provinces) with the greatest numbers from Prey Veng (328, 16%) Svay Rieng (173, 9%) and Kandal (127, 6%), while a number reported being from Vietnam (47, 2%)

Two thirds of all identified street children and youth in the 2014 snapshot survey resided with family (in homes?) (68%), while a just under a quarter (23%) were living on the street either with their families (15%) or with others (8%)



The following charts compares the types of possible categories of cases in Phnom Penh, the most vulnerable are those categorised as “street living”, “working” and “street living with family” while the “other” category “are considered as children in need of assistance (as they spend considerable amounts of time on the street and away from families) which make up the greatest percentage. Overall there has been a marginal increase in many of the categories’ between 2011 and 2014.

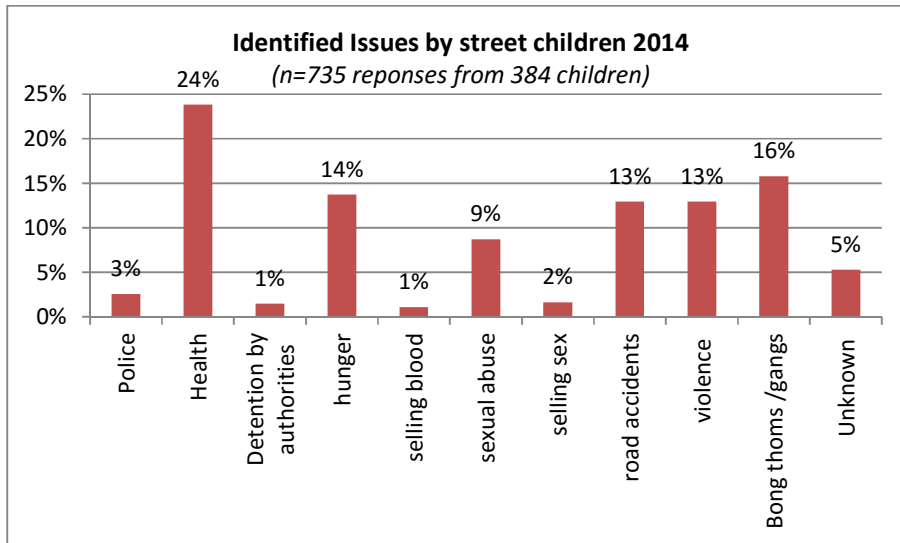


An interesting findings was that 66% of the children aged 6-15 years of age regardless of sex reported attending school, with 71% of the 6-10 years olds in schools which later falls to 59%

of the 11-15 years of age group. This appears to be a significant positive change from the 2011 survey, when 55% of the 6-10 years old were reported not attending schools?

58% of 384 profiled children and youth on the street in 2014 reported undertaking some form of work to earn money, with nearly a fifth (17%) reporting begging as a significant sources of money. Many (33%) are 'working' more than six hours per day.

In terms of problems and issues confronting children and youth on the street a wide range of issues were reported, nearly a quarter of these were health issues 24%, while problems with "bong thom" (big brothers, street slang for gangs) were 16% with hunger being the third most reported issue (14%) with violence next at 13%. Sexual abuse and selling of sex was reported in 11% of the responses.



A subset of the 2014 street children were 340 'new cases', on asked how many have tried or used narcotics, just over a third (36%) reported to have used drugs of some form, The 2014 figures are also significantly higher than the 2011 figures which indicated that 23% of new street children and youth had taken narcotics of some form. In both survey the narcotic of greatest usage is a crystal form of an amphetamine type stimulant (ATS) known as ICE whose usage has gone up from 9% to 14% of reported drug usage.

When compared with the 2011 survey, there appears to have been a slight decline in the numbers of street children from 2,184 in 2011 though this is more likely a result of the snapshot survey methodology than an actual decline.

As can be seen there would appear to be significant different in the number of street children being officially reported to and by MPP compared against the snap survey results. This may be due to the fact that many of the village leaders and Sangkats who are likely providing the information for correlation by the municipality are overburdened with other activities and priorities. In fact it has been observed that the data demanded by the official reporting system under NCDD has grown dramatically with the official commune database now containing 1083 data fields (many of which have to be completed by Sangkats officials based on the reports from the villages) it has also been observed that data quality in the commune database has also declined.

Violence Against Children

The results of the 2013 Cambodia Violence Against Children Survey (CVACS) provides for the first time, national estimates that describe the magnitude and nature of sexual, physical and emotional violence experienced by girls, young women, boys and young men in Cambodia. The findings from the survey indicate that violence against children is a serious problem in Cambodia, in terms of

Physical violence

- More than half of all Cambodian children (~60%) 13-17 years of age and youth (18-24 yrs of age regardless of sex) reported experiencing some form of physical violence prior to the age 18 by an, parents, adult relative, or community member, or intimate partner. The more common forms of physical violence experienced by both males and females in both age groups was being punched, kicked, whipped or beaten with an object.
 - 88% of those (13-17 yrs) reporting experiencing violence reported multiple incidents in the preceding 12 months.
 - 81% of those reporting violence perpetrated against them stated that first instances occurred prior to 12 years of age.
- In the 12 months prior to the survey (1st Qtr. 2013),
 - 14% of female of both girls and boys 13-17 years had experienced being punched, kicked, whipped or beaten with an object in the year preceding the survey
- Witnessing violence
 - 23% children aged 13 to 17 reported witnessing physical violence in their home prior to 18 years
 - While nearly half of all respondent (49%) reported witnessing violence in their communities prior to the age of 18.

Participants of all ages readily identified and or recalled experiences of violence in schools, homes and communities. In school, violence was often reported as occurring between children of the same age, usually in the form of bullying and fighting, and children also reported being beaten by children older than them.

Children also described a wide range of physical discipline meted out by teachers as punishment for unapproved behaviour, ranging from minor indiscretions to serious misbehaviours. Direct experiences of violence in the home were described by some female participants and more often by male participants, but nearly all were able to recall incidents of violence in other people's homes in their communities.

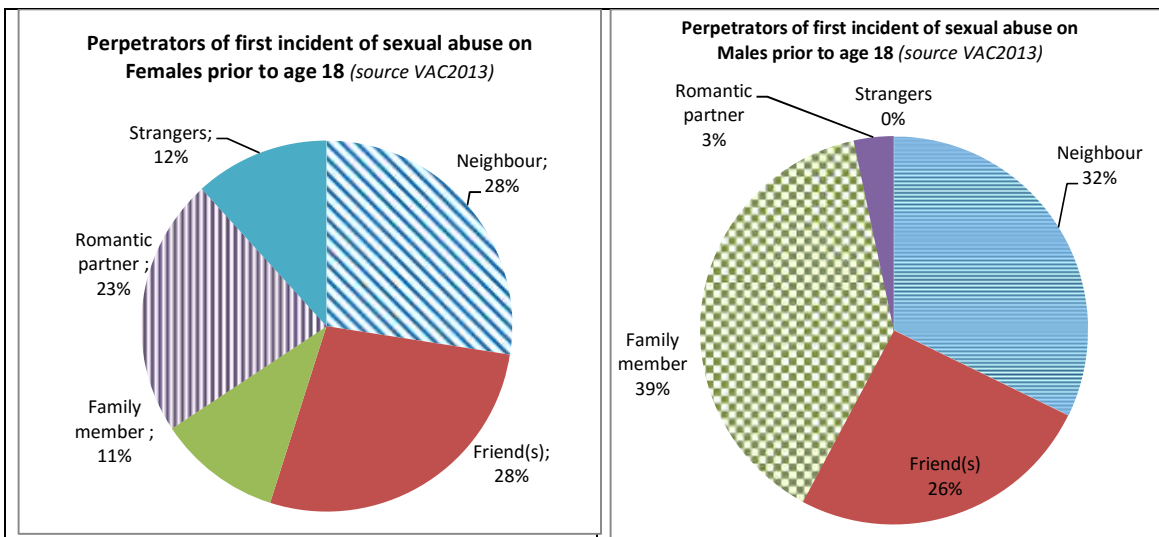
Sexual violence

Rates of childhood sexual abuse are significant:

- 5% of both of females and males experienced some form of sexual abuse prior to age 18.
- 3% per cent of females and less than 1% of males aged 13 to 17 reported at least one incident of sexual abuse in the 12 months prior to the survey

These results have significant implications for the design and implementation of prevention and response programmes in Cambodia. If its underlying causes can be identified and addressed, violence against children can be reduce.

But who perpetrates such acts? The VAC study ascertained from the victims of sexual violence (as well as for the other categories of violence) who abused the child prior to 18 years of age. For sexual violence the following were the disaggregated (girls and boys) responses, neighbours were some of the most frequently reported abusers, but for males it was more likely to be a family (or extended family) member.



Emotional Violence ¹⁹

- Nearly a quarter of all respondents (24%) reported suffering emotional violence prior to 18 years of age, with it being slightly more prevalent for males (26%:22%)
 - 10% of children 13-17 yrs. of age reported experiencing emotional violence in the preceding twelve months.
 - Over three quarters of 13-17 yrs victims reported multiple incidences. With 85% stated that at least one instance was in the preceding 12 months,
 - Over half of reporting children experienced emotional violence prior to age 12

Both female and male participants of all ages described being blamed, insulted, humiliated and cursed at by parents, which made them feel sad, depressed and demotivated to study. Younger males added anger, shouting from parents, and arguing with parents as examples of verbal violence. The issue of neglect was not explicitly included in the VAC study but participants raised it as a form of violence. Both female and male participants talked about children being expelled from home, sometimes for the whole night, being kept out of school in order to work at home, and being deprived of food.

Overall over a fifth of all those interviewed (21%) by the VAC study reporting being victims of one or more forms of violence as a child (prior to 18 years of age) with the prevalence for boys being slightly higher (23%:20%)

8.1.1. Are there any groups that are more affected by those issues? If yes, please specify those groups (could be refugees, gender specific, ethnic, geographical, disabled...)

It would appear that recent migrants, low income families and households are at more risk. These often cluster together into informal settlements and communities often arbitrarily call the "urban poor" communities by others. Often these settlements come about because of the availability and cost of affordable accommodation and its distribution in the city. Another factor may be that where accommodation is available, it may be some considerable distance from a work place or source of earning so the costs of travelling make it prohibitive to live there. So locating any form of accommodation close to a work place etc... becomes a pragmatic decision and practical. Even through overcrowding, access to basic services and environmental conditions make be lacking.

¹⁹ Emotional violence was measured by asking respondents about such actions as being told that they were not loved, or did not deserve to be loved, someone saying that they wished the respondent had never been born or was dead, or being ridiculed or put down (for example saying that the respondent was stupid or useless) before they turned 18. Emotional violence by friends or peers was excluded from the prevalence estimate.

Another at risk group are children and youth who either live in the city or have migrated to it, in that especially those with either no educational qualification or their age, are forced by necessity to seek any form of employment or means to earn a living to survive which may put them at risk. Street living or active families and children would also appear to be at risk from predatory gangs and others who abuse and or extort money from them to leave them alone.

8.1.2. What plans are in place to address the known identified issues affecting children and youth?

As pointed out, the officially reported perception of child safe issues (MPP2104) appear to significantly underestimate the scale and scope. This may be due to a combination of factors, including ,

- limited capacities and competencies to understand and address the issue, until directed by higher authorities or until an incident occurs,
- a low prioritisation of the issue of children and the risks they are at, in that it is the family's responsibility, possible due to the lack of adequate resources or the competition for the resources available
- or the a decision to under represent the issue in official reporting mechanisms

8.1.3. If any, what are the future plans to address the known issues affecting children and youth?

As highlighted above (policy section), the government has made commitment to address child and youth related issues in the NSDP and other documents) but either lacks the resources to deliver on them or has not as yet made it clear on the allocation of resources to address the issues affecting children and youth. It is worth noting that one of the sons of the Prime Minister has been appointed to head up one of the Government approaches to national Union of Youth Federations of Cambodia (UYFC)

8.1.4. What government policies are effective in addressing those issues? Which policies are not effective in doing so?

While policies and regulation exist, overall implementation of child and youth related activities remain difficult to qualify, as they are often hampered by the lack of realistic official data and rely more on the inputs and activities of non state actors.

8.1.5. What are the gaps in the current policies to address these issues?

It would appear that approaches for child safety appear fragmented even though a number of national and provincial networks and numerous non state actors are involved and working on child safety issues. However the impacts of their work may not be mainstreamed into official reporting systems and structures, an issues that needs to be tackled with involved actors and stakeholders'

8.1.6. Who are the major organisations addressing the child and youth safety and security issues currently?

In theory UNICEF's Cambodia's office and its Phnom Penh zone (that actually covers a number of provinces) have a role to play in supporting the Government in protecting children and it is in the process of developing a urban focused project which it is intended to target one community per khan in the city in the coming period once the project is agreed.

Other UN actors which are also involved include WHO, ILO, UNESCO, UNFPA, UN-Women UN-OHCHR Office of the United Nations High Commissioner for Human Rights. While other multilateral agencies WB, EU and ADB etc... provided financial support to the Government for use in sector orientated programmes that are meant to reduce poverty and decrease inequity.

Numerous NGOs work on child issues with World Vision likely the largest organisation in the country and possibly in Phnom Penh being a major player.

8.1.7. Who are the major donors funding interventions addressing child and youth safety and security issues currently? Who are expected to fund in future?

UNICEF through its country programmes are likely the largest possibly donors, while other UN agencies also provided support including WHO, UNESCO, UNFPA, ILO, as well as the EU, WB, ADB through educational support. A number of bilateral countries have also provided support including Japan, Australia, France Netherlands etc... through how much is spent in urban areas let alone directly in Phnom Penh remains un-quantified.

8.1.8. What are the major approaches used to address the child and youth safety and security issues now?

The main actors actively engaging with child and youth safety issues are the NGOs, while the State authorities are responsive, when needed, and this is mainly due to the lack of resources and capacities. A number of the international and local NGOs operate outreach and centre based activities to get in contact with at risk children and youth, and offer arrange of support and possible opportunities to try and reduce the threats to and make improvements in the quality of life of at risk families, children and youth. These NGOs often also support the local authorities to become more active and or responsive enabling the NGOs to operate

8.1.9. What major approaches will be used in the future to address these issues?

Current approaches appear to be reasonable, though available qualifiable evaluations are lacking to see how effective these NGO programmes and projects, are as well as at what scale and scope in terms of targeting. This is evident by the lack of information on who is doing what, where, as even after over 20 years of development assistance in country there remain an absence of child centred actors mapping.

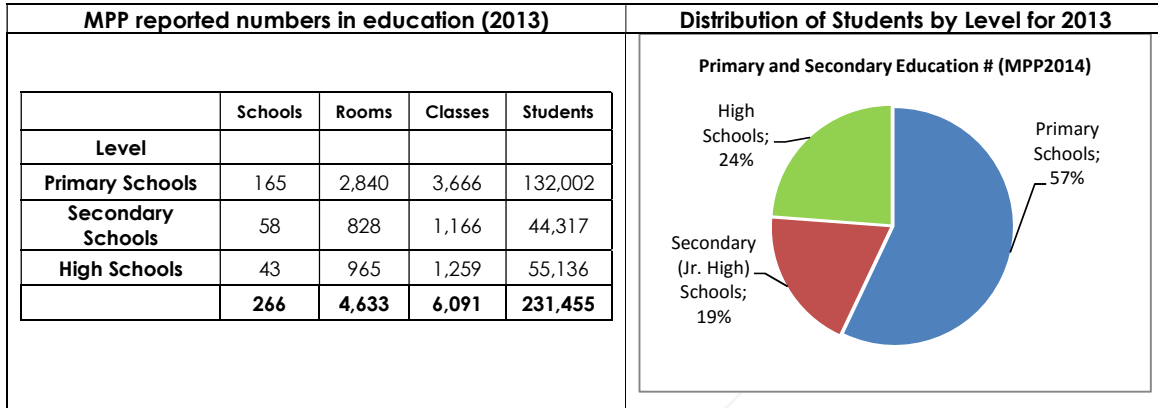
9. Prosperous Cities (Educated for life, ready for economic opportunity)

9.1. Education

9.1.1. What are the current identified education issues, their scale and where do they occur?
 What are the current education plans in place to address the known identified issues?

The demographic profiles for Cambodia's and Phnom Penh's indicated that a significant portion of the population requires education though the overall percentage has been decreasing as one would expect for a post conflict country.

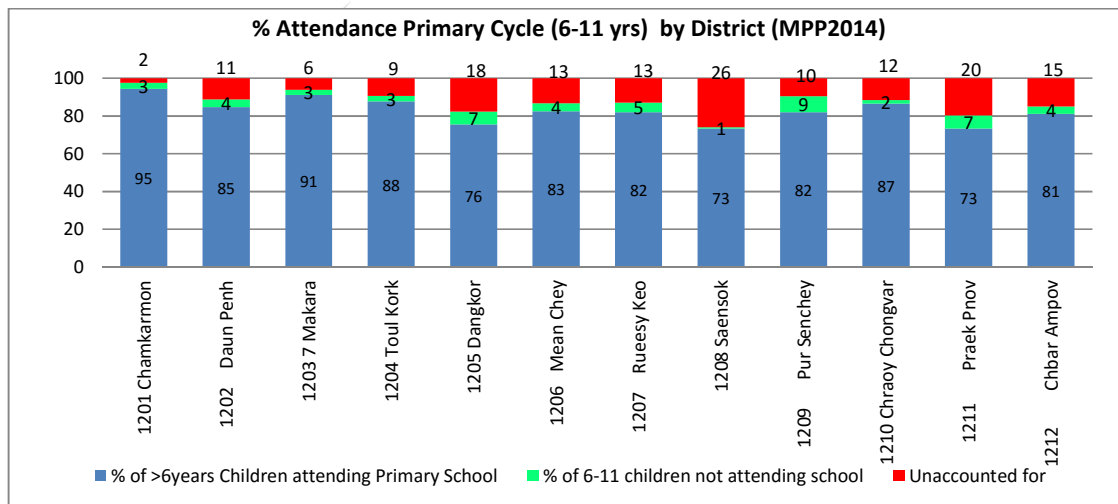
The official statistic released by the municipality for 2013 report that ~231,455 children were educated in the city in 2013/14



Attendance

Attendance has been an increasing issues across all three educational cycles the following two charts attempt to show the deviation in the figure for attendance at primary and lower secondary cycles.

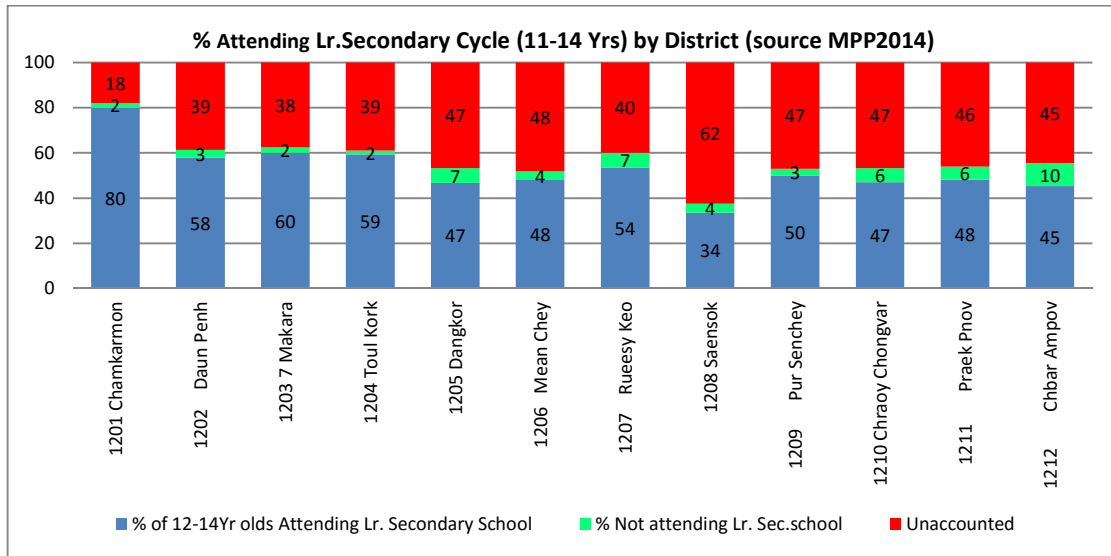
For the primary cycle the MPP statistic report, states that 92% of 6-11 year olds are attending schools in the city (Table 4.2.2, MPP 2014) Yet the related disaggregated charts for attending and non-attendance don't add up to the total age group population percentage in school in each district for the primary the unaccounted for % averages at 13%. It is likely that some of the unaccounted for school going children are possibly attending primary or other school options but 13%?



For the Lower Secondary Cycle (12-14 years old) a similar unaccounted percentage also evident, While only 52% of 12-14 year old children are report as attending schools (table 4.3), the percentage of non attendees is reported at only 5%! While the disaggregated charts by

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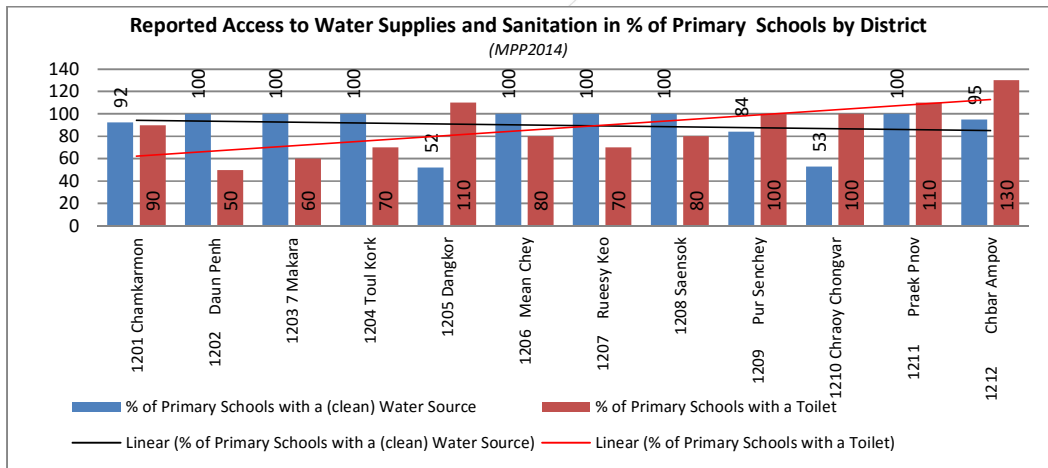
Khans for attendance and non-attendance shows a different picture with an average of 43% of the 12-14 year olds no accounted for in terms of the percentage of attending and non attending. Again other factors may be reasonable for some the difference but not it all



The two charts could possibly be used to target educational interventions in terms of looking at the district with the lowest attendance ratio and see what are the factors behind the low attendance

Water and Sanitation in Schools

In terms of the schools in the municipality the following chart summarises the MPP reported water and sanitation coverage in primary schools in the Khans.



Trend lines have been added to try and indicate where there may be a need for intervention in terms of water and sanitation in schools, with those districts below the line possibly in need for additional services and systems.

It is worth noting based on these figures

- ❖ In six of the Khans an average of 40% of the primary schools reportedly lack sufficient sanitation,
 - With sanitation coverage ranging from 50%-80% of the schools in these six Khans, even though three of these khans are well established inner city khans? It is worth observing that the average number of students per primary school in Phnom Penh is 800 students, based on the provided figures. While the monitoring indicator for sanitation is basically a yes/no question does a schools have a

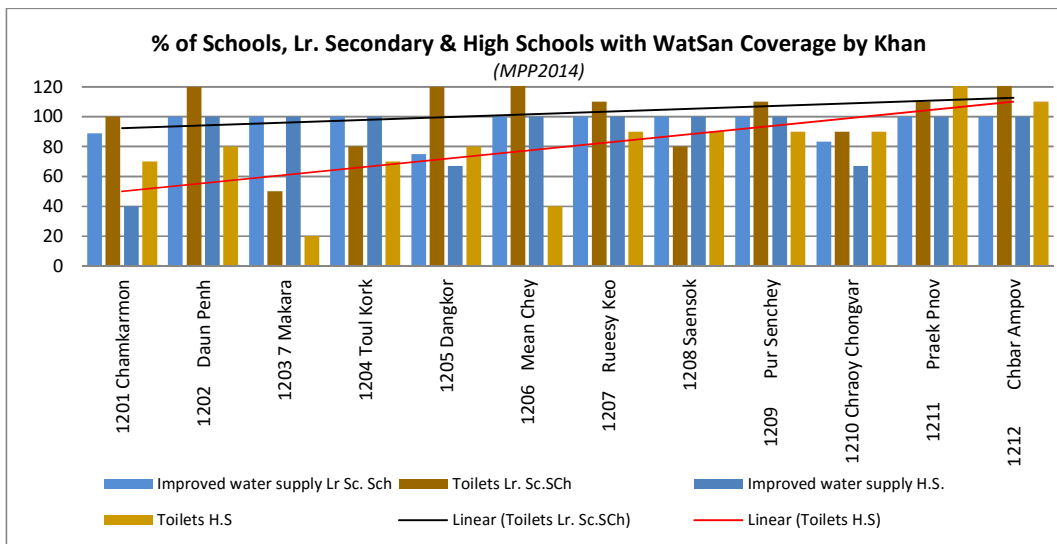
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toilet? Even a single one could or should give a positive answer, so school frequent understate having access. The question should actually be "does a school have adequate numbers of functional toilets to serve its student population"

- ❖ Two Khans apparently report more toilet coverage than schools?

The following combined chart for water supply and sanitation coverage in schools in both Lr. Secondary and High Schools, provides a confusing picture, it appears to indicate that water supply and sanitation coverage in Lr. Secondary and High schools is generally high

- Again some anomalies appears as it would appear that only 40% of high school in Khan Chamkarmon have access to water supply?
- It would appear that all Lr. Sec. School have access to sanitation in all Khans but only 80% of the High schools do? Further anomalies in the inner Khans as well



It is worth observing the access to safe and secure sanitation is critically important for Lr. Secondary Schools and High schools particularly for teenage girls, as menstrual hygiene becomes important and the lack of access to a safe and clean toilet has been an identified as an influencing factor for teenage girls to drop out of or not attend Lr Sec Schools and High Schools.

Progress and Completion Rates

One of the major challenges for education is to tackle the persistent problem of dropping out of education the following tables extrapolated from the Ministry of Educations EMIS reports the repetition and drop out percentages of the school going population for Phnom Penh for the years 2013

Progress rates through grades 1-12 Phnom Penh data (EMIS 2013/2104)

	Grade 1			Grade 2			Grade 3			Grade 4		
	Promotion	Repetition	Dropout	Promotion	Repetition	Dropout	Promotion	Repetition	Dropout	Promotion	Repetition	Dropout
All students	90	6	5	95	3	2	96	2	1	89	2	10
Female	92	5	3	96	2	1	95	2	3	90	1	9
Male	88	7	5	94	4	2	98	3	n.a.	87	2	11
	Grade 5			Grade 6			Grade 7			Grade 8		
All students	82	1	17	93	1	6	84	2	14	89	2	10
Female	84	1	15	94	0	6	86	1	13	89	1	10

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Male	80	1	19	92	1	7	83	2	15	88	2	10
	Grade 9			Grade 10			Grade 11			Grade 12		
All students	79	3	18	89	1	10	99	1	n.a.	92	1	8
Female	82	2	17	91	1	8	99	1	0	97	0	2
Male	77	5	19	87	1	12	99	1	n.a.	87	2	12

As can be seen, while the majority of student appear to be completing the primary cycle the drops off rates for the junior high and high school levels is a matter of some concern, as it is at these levels that life-skills are acquired. As can be seen the percentage drop out is double digit levels for junior high regardless of sex

Tin summarise the following are the completion rates for Phnom Penh by the three cycles which clear show the significant drop off in completion rated by grade and grade 12

	Primary			Lr. Secondary			Upper Secondary		
	Total	Girl	Boy	Total	Girl	Boy	Total	Girl	Boy
Completion Rate	83	85	81	52	50	53	38	34	44

9.1.2. What are the future education plans to address the known issues?

The Ministry of Education and by implication its provincial departments are aware of the attendance and completion issues as well as the water and sanitation problems, including

- The recently adopted Education Strategic Plan 2014-2018 has set an ambitious target and an indicator namely the "Dropout Rate at Lower Secondary education decreased from 20% in SY 2011-2012 to 3% in SY 2016-2017".
- MOEYS proposes some strategic approach to begin to address the attendance and drop outs issues in the different educational cycles including primary and Lr. Secondary. It has proposed the "Preparation a regulation, mechanism and framework on vocational training for dropout student at secondary education in 2015" as one of its policy actions.
- The Ministry recently announced that it was undertaking a new census of schools to gain a better insight into the water and sanitation issues across the world country.

9.1.3. What are the gaps in future plans to address the known issues?

UNICEF in a recent annual; report stated that "stagnating lower secondary education (is contributing to poor labour productivity), and opportunities / challenges from ASEAN integration – require important, urgent transitions. As well as focus on under-fives, lower secondary education". They go on to say that Net enrolment in lower secondary has stagnated at around 35 per cent since 2007 owing to significant overage enrolment in primary, poor transition (79 per cent) and high dropout (21 per cent), representing a 40 per cent loss in education after primary. Poverty and poor instruction are the main bottlenecks. UNICEF, along with other development partners, is successfully working with MoEYS to expand scholarships for poor families and improve quality of teaching through curriculum revision and capacity development (UNICEF 2014)

9.1.4. What government education policies aid and which policies hinder this development?

The Constitution of Cambodia establishes that the State shall protect and upgrade citizen's rights to quality education at all levels, guaranteeing that all citizens have equal opportunity to earn a living (Article 66) The State shall adopt an educational program according to the principle of modern pedagogy including technology and foreign languages, as well as the State controls public and private schools and classrooms at all levels (Article 67)

The Ministry of Education Youth And Sport (MoEYS) and its institutional supporters have developed an adopt a range of policies over the years, including the following key which contribute to advancing the educational sector

- Policy on Non-Formal Education Equivalency Programme 2008

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- National Policy on Early Childhood Care and Development 2010
- Education Strategic Plan 2014-2018
- National Action Plan on Early Childhood Development 2014-2018
- Policy on Higher Education 2030
- Policy Of Non Formal Education
- Child Friendly School Policy
- Policy on Education for Children with disabilities
- Policy on HIV AIDS
- School Health Policy 2006

9.1.5. What are the gaps in education policies to address the issues?

9.1.6. Who are the major organisations addressing the education issues currently?

UNICEF and UNESCO are the lead major organisation working with the Royal Government on education issues. Other including the World Bank Group the Asian Development Bank and bilateral's such as Germany through its GIZ and JICA (through mainly in education infrastructure

9.1.7. Which major organisation will address these education issues in the future?

9.1.8. Who are the major donors funding this currently?

9.1.9. Which major donors will be funding in the future?

9.1.10. What are the major approaches used to address the education issues now?

9.1.11. What major approaches will be used in the future to address these issues?

10. Economic Development

Overview

Garments, construction, agriculture, and tourism have driven Cambodia's growth since 2004. GDP climbed more than 7% per year between 2010 and 2013. The garment industry currently employs more about 400,000 people and accounts for about 70% of Cambodia's total exports. The tourism industry has continued to grow rapidly with foreign arrivals exceeding 2 million per year since 2007 and reaching over 3 million visitors in 2012. Cambodia, nevertheless, remains one of the poorest countries in Asia and long-term economic development remains a daunting challenge, inhibited by endemic corruption, limited educational opportunities, high income inequality, and poor job prospects. Approximately 4 million people live on less than \$1.25 per day, and 37% of Cambodian children under the age of 5 suffer from chronic malnutrition. More than 50% of the population is less than 25 years old.

10.1. What are the current identified economic issues, their scale and where do they occur

Cambodia's demographic profiles poses major challenges in that a large cohorts of people ~100,000 people entering the employment market annually with between 40-50,000 graduating from high schools (EMIS 2014) which is less than half of the annual age group. The majority of these were previously content to stay in rural areas and get involved in agricultural related activities in the past, but not now, as earning from agricultural livelihoods are generally low and subsistence and the youth rightly want more.

So putting this more into context especially for Phnom Penh.

The results of the 2011 Economic Census (EC-2011), reported the total number of establishments in Phnom Penh was 95,848, employing 556,865 persons, which accounted for 19% of the total number of establishments (505,134 establishments) identified in the country (2011) and for 33% of the total number of persons employed in businesses in the Kingdom (1,673,390 persons). This indicates that Phnom Penh's share of persons employed by

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businesses in production of goods and delivery of services is considerably larger than that of its population (11.2%). In other words, the degree of concentration in the Municipality is greater in terms of economic activities than in population.

Furthermore, the EC-2011 disclosed that the total amount of annual sales from Phnom Penh was US\$7,027,000,000 (7 Billion) US dollars in 2011, which accounted for 55% of the country's total reported amount of annual sales. Roughly speaking, Phnom Penh produces more than half of all the economic outputs of the national economy which was covered in the Economic Census.

In terms of the size of the commercial/ business establishments and the number of employees the following compares the national and Phnom Penh findings from the EC-2011. As can be seen the greatest number of establishment are those involving one person, 46% of all the ~96,000 enterprises in Phnom Penh which currently employ roughly 8% of the reported labour. Phnom Penh also host nearly half (49%) of all the larger employers in the country with at least 470 of establishments having more than 100 staff members.

	Total	1 person	2-4 persons	5-9 persons	10-19 persons	20-49 persons	50-99 persons	>100 persons
# of establishments								
CAMBODIA#	505,134	222,167	243,471	26,361	8,055	3,461	833	786
Phnom Penh #	95,848	44,126	38,960	7,984	2,663	1,276	369	470
Percentage								
CAMBODIA%	100	44%	48.20%	5.20%	1.60%	0.70%	0.20%	0.20%
Phnom Penh%	100	46%	40.60%	8.30%	2.80%	1.30%	0.40%	0.50%
Number of Persons Engaged								
CAMBODIA	1,673,390	222,167	575,076	163,287	105,871	99,471	55,279	452,239
Phnom Penh #	556,865	44,126	96,619	49,780	34,816	37,036	24,557	269,931
Phnom Penh %	100%	8%	17%	9%	6%	7%	4%	49%

The following table comparing Phnom Penh and national figures indicates that the majority of businesses/enterprises (92%) are not formally register with the relevant authorities (the Ministry of Commerce and its sub-ordinate provincial department) mainly due to their perceived scale of operations.

Type (incl. provincial code)	Total	Individual ¹	Sole proprietor ²	Partnership Co. and Cooperative	State Owned	NGO	Other
# of Establishments							
CAMBODIA	505,134	473,197	12,027	4,405	9,119	1,114	5,272
12 Phnom Penh	95,848	88,565	5,047	1,314	312	320	290
Percentage							
CAMBODIA	100%	93.7%	2.4%	0.9%	1.8%	0.2%	1.0%
12 Phnom Penh	100%	92.4%	5.3%	1.4%	0.3%	0.3%	0.3%
Where							
1. Individual Owner indicates a business/establishment NOT registered with the Ministry or provincial department of Commerce. And							
2. Sole Proprietor mean a business/establishment registered with the Ministry or provincial department of Commerce							

The following table gives an indication of the distribution of enterprises and employees by the (then) nine Khans in Phnom Penh ion 2011 as well as the distribution of the reported earnings, As can be seen there was an concentration of employees in in Phnom Penh in Khan Pou Senchey where 22% of employees were reportedly located as this is where the "industrial belt" is located

Khans (2012)	# of Establishments	# of workers/ employees	Reported annual Sales (Millions of US\$)	% distributions of enterprises

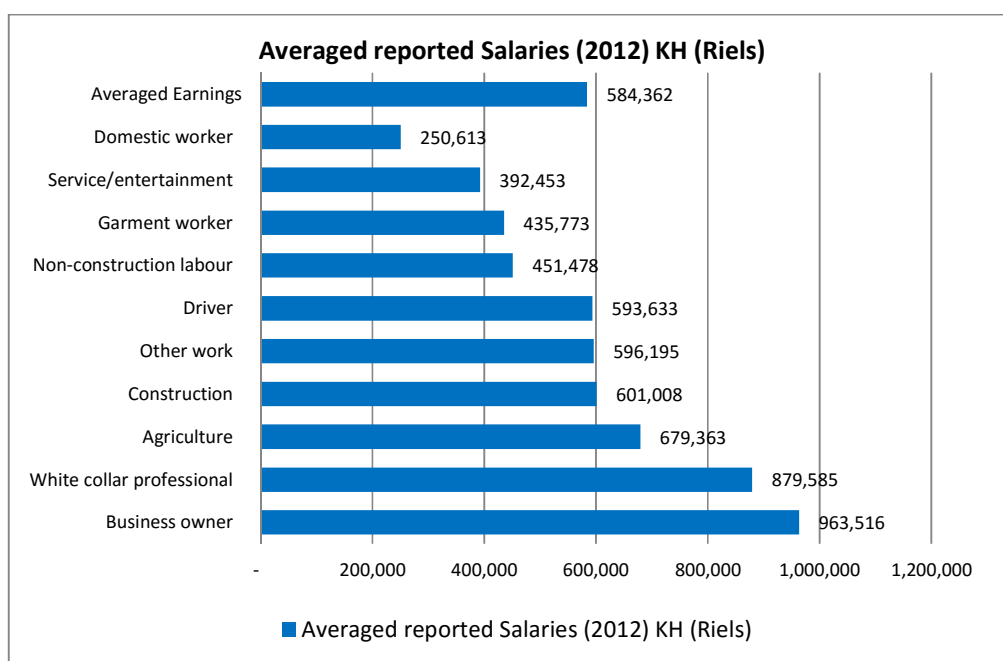
City Assessment- Phnom Penh (Working DRAFT)

12 Phnom Penh	95,848	556,865	7,027	100%
1201 Chamkar Mon	16,591	80,572	1,523	17%
1202 Doun Penh	11,139	59,782	2,141	12%
1203 Prampir Meakkakra	8,783	26,528	253	9%
1204 Tuol Kouk	12,942	50,505	656	14%
1205 Dangkao	2,930	16,418	52	3%
1206 Mean Chey	13,937	80,072	641	15%
1207 Ruessei Kaev	10,956	68,035	608	11%
1208 Sen Sok	7,429	50,238	273	8%
1209 Pou Senchey	11,141	124,715	878	12%

Employment and Earning

A separate source (CRUMP, 2012) asked Phnom Penh migrants about earning from different types of employment which give some insight into the earning potentials in Phnom Penh. The average earning was 584,362 Riels per month (~US\$146) though the mean average of all records in the dataset was 613,137 Riel (~US\$153). It was also noted by CRUMP that there was considerable variation in the amounts reported as earnings per employment sector particularly those at the upper end (CRUMP, pg.31).

The data source also provided some information on the nature of employment by sex for example while employment in the garment sector makes up a fifth of the reported jobs, women are four times more likely to be employed in the garment industry than men

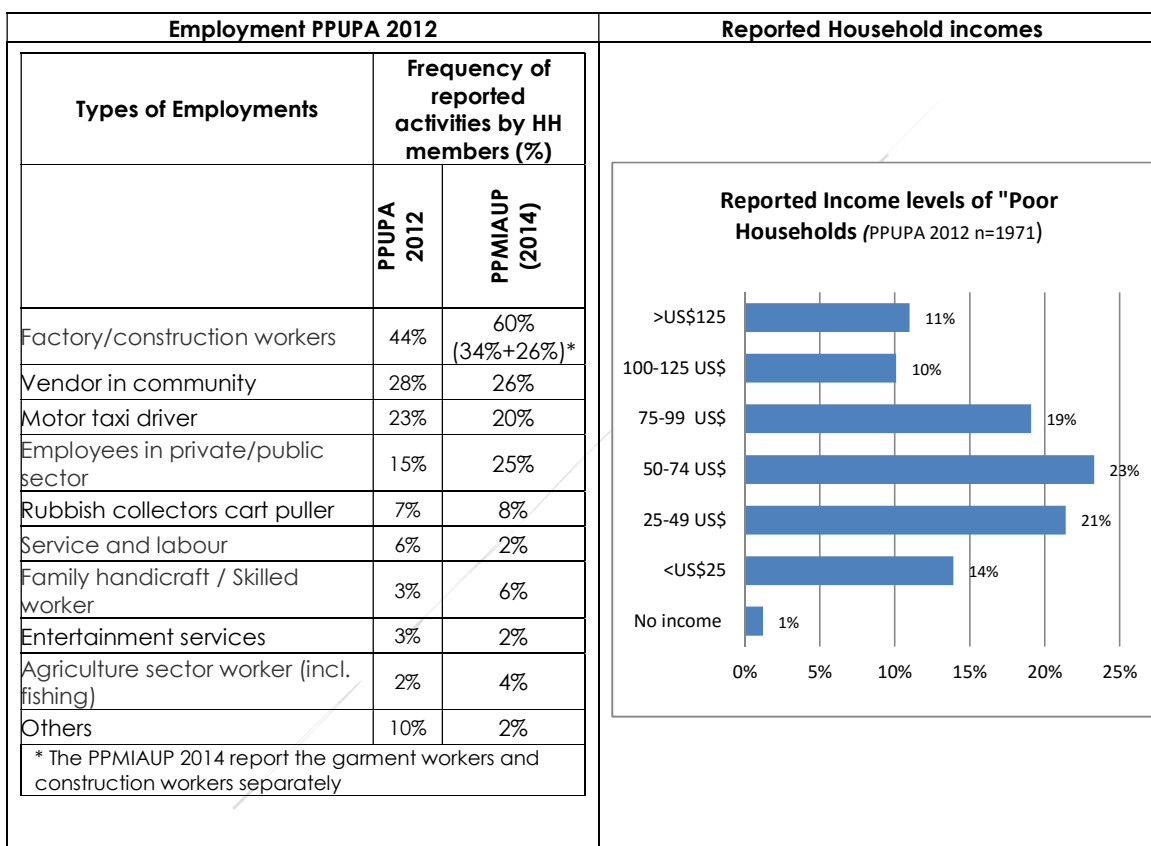


Occupation of Migrants (n =638)	Total (%)	Male (%)	Female (%)	Averaged reported Salaries (2012)	
				KH (Riels)	US\$ (\$1:4000)
Business owner	22.4	15.9	27.7	963,516	\$241
White collar professional	4.1	7.7	1.1	879,585	\$220
Agriculture	2	2.5	1.7	679,363	\$170
Construction	4.2	8.1	1.1	601,008	\$150
Other work	16.1	19	13.8	596,195	\$149

City Assessment- Phnom Penh (Working DRAFT)

Driver	8.5	17.6	1.1	593,633	\$148
Non-construction labour	8.8	16.2	2.8	451,478	\$113
Garment worker	21.8	7.7	33.1	435,773	\$109
Service/entertainment	7.7	3.5	11	392,453	\$98
Domestic worker	4.4	1.8	6.5	250,613	\$63
Averaged Earning	100	100	100	584,362	\$146
Source CRUMP 2012					

Two other sources for the City Assessment (the PPUPA2012 and the PPMIAUP 2014) also gathered data on employment though they reported it on a household basis rather than on an individual basis as above, as can be seen it equates to more than 100% possibly indicating multiple sources of employments and earning being used by households in settlements. As can be seen nearly half of all respondents were either garment workers or working in construction (compared with 26% combines from the responses in the CRUMP)



Household incomes as expressed can often be misleading as they may only report one source of earning and not multiple sources available to a household

10.2. What are the current economic plans in place to address the known identified issues?

Jointly the Rectangular Strategy" for Growth, Employment, Equity and Efficiency Phase III and the current National Strategic Development Plan 2014-2018 (NSDP) which recognises that "60% of the workforce are engaged in the informal sector, with little or no social protection in case of ill health, family emergencies or income uncertainty. With increased threats of unemployment, these workers take up even more insecure and low-paying jobs. The challenges for implementation of social protection (include) ensuing equitable growth and mitigate social risks while at the same time build up human capital and a productive workforce for Cambodia".

The NSDP goes on to state that "despite that the poverty rates per se are low, the standards of living are still modest, and income distribution and distribution of gains from growth are still

a concern. And the Government has target further reducing poverty and reducing income inequality through increasing productive non-farm jobs. As indicated above the opportunities for this remain largely in and around Phnom Penh where there is a concentration of business and industrial employment.

10.2.1.1. What are the future economic plans to address the known issues?

As above NSDP 2014-2018

10.2.1.2. What are the gaps in future plans to address the known issues?

10.2.1.3. What government economic policies aid and which policies hinder this development

10.2.1.4. What are the gaps in economic policies to address the issues?

10.2.1.5. Who are the major organisations addressing the economic issues currently?

The Cambodian Government is working with bilateral and multilateral donors, including the Asian Development Bank, the World Bank and IMF, to address the country's many pressing needs; more than 50% of the government budget comes from donor assistance. The major economic challenge for Cambodia over the next decade will be fashioning an economic environment in which the private sector can create enough jobs to handle Cambodia's demographic imbalance.

10.2.1.6. Which major organisation will be addressing these economic issues in the future?

10.2.1.7. Who are the major donors funding economic development currently?

10.2.1.8. Which major donors will be funding economic development in the future?

10.2.1.9. What are the major approaches used to address economic issues now?

10.2.1.10. What major approaches will be used in the future to address these economic issues?

Cambodia needs to broaden its economic base to support strong, inclusive growth and to put the country in a good position to take advantage of the upcoming ASEAN Economic Community, (1) industrial diversification, (2) competitiveness and (3) capacity of urban areas to absorb rural workforce

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10.3. Resilient Cities (Children care for their environment and others)

10.3.1. What are the current identified environmental issues (natural and man-made), their scale and where do they occur?

Cambodia is one of the most disaster-prone countries in Asia, with floods and drought the primary natural hazards to affect the country. These periodically cause significant losses to livelihoods and substantial damages to infrastructure, agriculture and tragically deaths and injuries. The frequent natural disasters have exacerbated the vulnerability of the poor and rural population. Additionally, significant humanitarian impacts also come from climate change, landmines, environmental degradation, water and sanitation, health and other developmental areas, which also affect Cambodia, severely obstructing development in a country seeking to rise out of years of internal conflict and instability.

Disasters are inseparable from the economic, social and environmental features of Cambodia. The country experiences almost all types of disaster hazards such as floods, drought, heavy storms (typhoon), fire incidents and epidemics.

The National Committee for Disaster Management (NCDM) is Cambodia's lead government authority for disaster management and response. The main responsibility of the NCDM is emergency preparedness and relief, and coordination with the various government ministries involved in disaster management and response. The NCDM also collaborates with the international humanitarian community for cooperation and support.

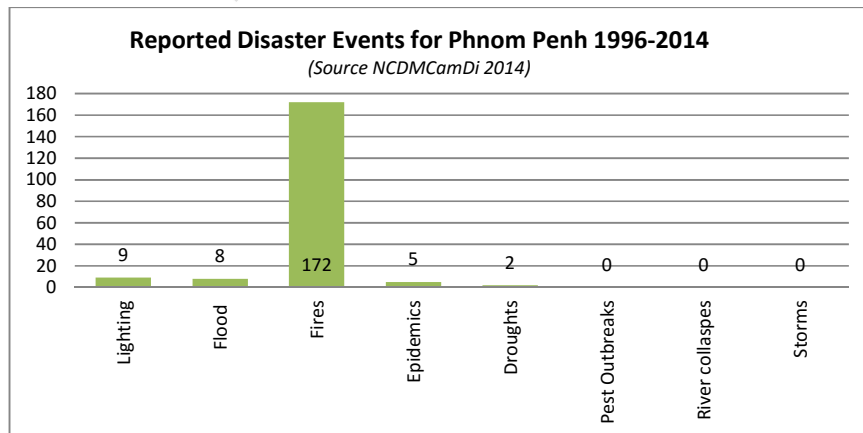
Cambodia Disaster Loss and Damage Database (CamDi)

The National Committee for Disaster Management (NCDM) with support from the United Nations Development Programme has developed a Cambodia Disaster Loss and Damage Database (CamDi) which was launched mid-year 2014.

The CamDi is intended to scale and track different types of disasters and impacts over time including flood, drought, storms, lightening events, fire, epidemic, pest outbreaks and river bank collapses. It is also intended to be capable for data analysis at provincial, district/ Khan and commune/ Sangkat levels. It use the DesInventar platform/ software similarly use in 15 countries in the Asia Pacific region, as well as in other regions.

Phnom Penh

For Phnom Penh, CamDi reports a total of 196 disaster events for locations in Phnom Penh over the period 1996-2014 with 94% (184/196) of the reported events happening post 2010, against a total of 8,113 disaster events national in the same period.



The total reported victims of disasters in the city for the total period 1996-2014 was 42,754 families, 329,424 persons. Of which 22 deaths and 24 just injuries are reported associated with the 196 events.

Overall the levels of information entered in the CamDi for Phnom Penh is incomplete with the majority of the 27 event data fields empty. While the initiative to have a database of disaster events is and could be very valuable, it is and will only be effective if the data is maintained

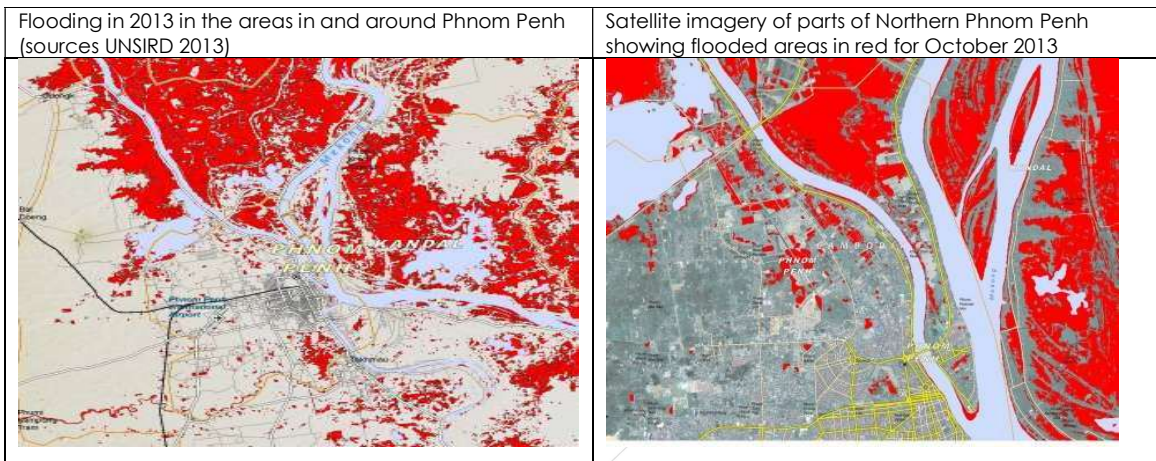
City Assessment- Phnom Penh (Working DRAFT)

and update, as when the data for Phnom Penh was analysed, 64% (211,161) of the victims were associated with just the five flood events reported for the period 1996-2004!. This main be due to the database start up or other reason and it may be worth observing to see if other valuable data is entered over time.

Phnom Penh lies on the Mekong Rivers flood plain at the junction of a number of tributaries and channel for the Mekong the surrounding areas is annually prone to flooding during the monsoon season and in some years by inundation

Recently flood events affecting Phnom Penh and other provinces in Cambodia were reported by the World Food Programme –WFP

- In 2013 they reported that 3 Khans and 13 Sangkats were affected with 3,522 households of which 1,622 households were displaced by floods in September/October 2013 which equated to 16,201 people being affected²⁰ which does as yet not appear to be captured in the CamDi? And prior to that



- In 2011 the reported worst floods in a decade, WFP report for Phnom Penh that 17,150 families were affected with 3,017 families being displaced in the Municipality in 2011, while nationwide the 2011 floods affected 350,000 households.
- While the Mekong River Commission (MRC) reports for 2010 that even though dry season average were some of the lowest on record the monsoon season cause extensive damage to infrastructure across many provinces in Cambodia including Phnom Penh where 4,573 households were affected, 12 schools were damaged and one death was reported.²¹

10.3.2. Are there any groups that are more affected by those issues? If yes, please specify those groups (could be refugees, gender specific, ethnic, geographical, disabled...)

The sweeping term for the urban poor are more at risk as they are often least able to cope with the adverse impacts from natural or manmade disasters in many instances informal settlements and or relocation sites have been pushed onto more at risk lands being lower lying and or exposed. The common practice of urban development in Phnom Penh has often been referred to as 'polderisation' (as in the Netherlands) in which areas of land have been progressive filled and raised and then develop. The results of this process are also often found in the names of some of the Sangkats of the city where the term Boeung (pond or lake) is found in the name. Land filling and development has also changed the city's drainage characteristics in that the progressive hardening of city areas through development covering the land with buildings has remove the monsoon rain absorption capacities.

²⁰ Impact of Flooding in Cambodia (as of 18 October 2013) h <http://reliefweb.int/map/cambodia/impact-flooding-cambodia-18-october-2013-0>

²¹ <http://www.mrcmekong.org/assets/Publications/basin-reports/Annual-Mekong-Flood-Report-2010.pdf>

The existing municipal drainage infrastructure is still deficient in coping with the monsoon rains even after over US\$125 million investment by Japan through JICA over the last decade which only serves the core city area. Most of the outlying khans of the city have rudimentary drainage systems which are unable to cope with the volume of flood water. The resulting impacts of flood affect all residents of an area and not just the urban poor.

Depending on the occurrence of flood related natural disaster usually in the third quarter of the year most of the educational establishments are closed for parts of this period but damage is often done to school buildings and properties as neighbour land is being progressively developed and raised school often end up being the lower ground with increase flooding

One of the most controversial developments has been of the Boeung Kak area of the city. Where a private developer obtained the rights from the Municipality in 2007 to develop the Boeung lake area, the filling in and ongoing stalled development resulted in an estimated 4,000 families being moved from land occupied by them it has been estimated that 3500 families have been coerced into accepting compensation for a fraction of the market value for their homes and land. Resulting ongoing campaigns by residents and supporting organisations caused the world bank to investigate it supported Land Management Administration Project (LMAP) which found that the communities where been excluded from registered land considered theirs by the Government in breach of the social safeguards for the project. However numerous other developments all over the city have impinged onto to what should be considered as state land i.e water bodies and ponds, but these have been progressively developed by groups with little or no effort by the city to control them.

10.3.3. What are the current environmental plans in place to address the known identified issues, whether natural or man-made?

A municipal plan is reportedly under preparation as previous plans such as the

10.3.4. What are the future environmental plans to address the known issues?

Cambodia has developed a number of dictates and environmental related plans and strategies to address including the

10.3.5. What are the gaps in future environmental plans to address the known health issues?

The linkages between environmental pollution and public health are not well or often considered in Cambodia or in Phnom Penh where the risks may be greater. What studies that do exist have often been small, site specific, and frequently dated or not followed up on. Additionally studies on the risks from and due to increased incidence of flooding etc... possibly due to flooding have as yet not been undertaken to clearly established and documenting the relationship between urban environmental issues and public health especially in children.

It was noted in the PPUPA2012, that 60% of the surveyed settlements (176/288) had benefited from water sanitation and the all-important hygiene (WASH) awareness raising and dissemination activities, yet what has been the impact from these? Sector knowledge would indicate that it has been a classic Knowledge Attitude and Practices (KAP) issue, with residents being well aware (knowledge) of the issues and of the practices, but the attitude (and behaviours) may not result in sustained positive changes and improvements in health.

10.3.6. What recommendations would you suggest to address those gaps?

Engaging with local authorities (at Sangkat to Municipal levels) and other stakeholders to improve the provision of support and interventions, to improve the situation of the poor and vulnerable at scale across the city. There is also a need to improve the accountability of all involved actors and stakeholders

10.3.7. What government environmental policies are effective in addressing those issues? Which policies are not effective in doing so?

Following the adoption of Hyogo Framework of Action in 2005, Cambodia developed the National Action Plan and Strategy on Disaster Risk Reduction to deepen its efforts to reduce disaster risks.

NCDM structure has been established from the national level down to the commune and village levels in conformity with

- a. Sub-decree No. 30 ANKR.BK, dated April 09, 2002 on the Organization and Functioning of the National and Sub-National Committees for Disaster Management;
- b. Sub-decree No. 61 ANKR.BK, dated June 29, 2006 on the establishment of the Commune and Sangkat Committee for Disaster Management (CCDM).
- c. Direction No. 315 NCDM, dated July 21, 2010 on the establishment of the Village Disaster Management Team (VDMT) for the implementation of CBDRM.

A draft Law on Disaster Management has been developed submitted reviewed and accepted by the Council of Minister and is currently awaiting enactment by the National Assembly by the National Assembly for enactment.

The National Strategy Development Plan (NSDP) 2009-2013; Strategic National Action Plan for Disaster Risk Reduction (SNAP) 2008-2013 & National Action Plan for Disaster Risk Reduction 2014-2018 (drafted & adopted by 2014) National Strategic Development Plan (NSDP) Update 2009-2013 and the Strategic National Action Plan on Disaster Risk Reduction (SNAP) 2008-2013 work as the overarching frameworks, and provide strategic direction to disaster risk management for the country. The Royal Government of Cambodia (RGC) has invested considerably to reduce disaster risks through its regular development programmes at national and subnational levels. Following the establishment of National Committee on Disaster Management (NCDM) in

10.3.8. What are the gaps in environmental policies to address the issues?

Currently there is a lack of a coherent policy on urban environmental management, which could response to the needs of the city, in terms of ensuring that urban residents gain access to an environmentally sustainable city. While national legislation on air and water pollution control and solid waste management is available, it is deficiently monitored and enforced additionally some environmental services have been concessioned out, there operation, management and oversight have been questionable.

There is a general lack of awareness of and on urban environmental issues and the potential threats that they pose to public health especially children, in terms of the risk of exposure to waste, contamination of air, water and land.

10.3.9. What recommendations would you suggest to address those gaps?

- a. Raising public and local institutional awareness on environmental issues and the risk they pose directly and indirectly to the population,
- b. Also possibly mobilising communities to participate in local environmental improvement projects to improve their local situation
- c. Utilising citizen scorecard approaches

10.3.10. Who are the major organisations addressing the environmental issues currently?

The leading support on urban environmental issues is the Asian Development Bank which is supporting a number of urban improvement projects in provincial and other cities around the country. For Phnom Penh JICA is the leading agencies where it has and is supporting a long running drainage project which has mainly focused on the inner khans of the city, it is also supporting the city transport planning process. In terms of NGOs no NGO reports (based on a review of the Council for the Development of Cambodia NGO project database) having being directly focus on environmental issues active in the city in 2014 through a number have component of project active which should have beneficial impacts

10.3.11. Which major organisation/s will be addressing these environmental issues in the future?

No major organisations have effectively committed to supporting urban environmental issues in Phnom Penh,

10.3.12. Who are the major donors funding interventions addressing environmental issues currently?

As mentioned ADB and JICA are the leading donors with the European Union starting to fund a number of initiatives in the country that will impact on Phnom Penh

10.3.13. Which major donors will be funding interventions addressing environmental issues in the future?

A number of donors are willing and open to funding climate change related project which could be developed for the city, The UN managed Global Environmental Facility (GEF) has recently adopted a urban channel which it will start funding through in 2015 (though As Yet Cambodia has not prepared any proposal to begin to address this

10.3.14. What are the major approaches used to address the environmental issues now?

Additional investment in requisite infrastructure to mitigate and or reduce environmental impacts is needed however the provision of this infrastructure is likely to adversely impact on the poor and vulnerable due to the location of numerous urban poor communities on land likely to be used for upgrading and providing such infrastructure, as current "resettlement approaches" have been fraught with issues and problems.

There would appear to be a need for focused community based and engaging measures to plan and take action with local authorities to prepare to begin to address disaster environmental issues

10.3.15. What major approaches will be used in the future to address these environmental issues?

10.3.16. What are the three priority issues affecting the refugee population in Phnom Penh area?

The Office of the United Nations High Commissioner for Refugees UNHCR report 92 refugees in Cambodia made up of 70 refugees, 21 asylum seekers and one returnee as of mid-year 2014. It is worth noting the Cambodia has signed an agreement with Australia to resettle some of the refugees claimants hoping to go to Australia some of whom are likely to be rehoused possibly near Phnom Penh.

10.3.17. What are specific three priority issues affecting refugee youth and children?

10.3.18. What recommendations would you suggest to address those gaps?

- a. There is a need to support and facilitate local stakeholders to better consider preparedness for different types of disaster at different levels /areas this could be at community, Sangkat and Khan/district levels,
 - For informal settlement the risks of fire is one of the greatest threats and having and buckets available rather than water could be solution to slowing the spread of fire as accessibility to some communities is difficult.
- b. Engaging with local authorities to see what and how they are prepared in terms of having plans and checklists for prompt action which need to reviewed and check on an annual basis

Conclusions

The City Assessment Framework

To begin with a few remarks on the current city assessment template, which seeks a vast amount of information that is unlikely to be readily available and a significant amount of which is likely to be superfluous to the needs of the cities for children framework and its applicability in different cities and contexts? The assessment requests a review of existing applicable policies across a wide range of sectors (healthy, education, labour, child safety, disaster preparedness and environmental impacts....) as well the effectiveness of their application and approaches used at sub-national levels, identifying gaps and issues. As well as wanting to explore current and future sector investments and donor supporters and actors in and across the different sectors.

It then seeks to qualify and quantify what information may be available related to each of the Cities for Children Framework components and where possibly if this is disaggregated to identify opportunities for possible targeting for future consideration. It has been a challenge in the Cambodian context as well as being reported / remarked upon in other countries where the template was/ is being applied and overall the city assessment would not be considered to be complete yet in terms of the template. It is therefore suggested to either strip down the framework to enable it to be more pragmatic and easily completed, and by doing so identifying knowledge and information gaps in a city's knowledge with regards to child centred development data and approaches., or provide additional and adequate resources for its completion,

City Assessment Findings

1. Overall the city assessment process (in Cambodia) did identify the fragmented nature of information available, both in terms of the source(s) of information and their scale of applicability. In that, while data is generated, on some occasions; it is site and time specific or generated under a predisposed research framework (which may exclude some criteria issues), while on other occasions it is aggregated data that generalises too much for the nation, province or city as whole which may limit its applicability in identifying and or targeting possible urban based intervention for consideration by decision makers.
2. The assessment identifies the issue; that at present (even after 20 years of development activities in Phnom Penh by numerous agencies and organisations) there remains no effective actor mapping of who is doing what, where, either in terms of a list or as a mapping exercise preferably by municipal administrative levels (Khan, Sangkat and village levels) Which would greatly assist in coordinating activities, avoiding overlaps and identifying gaps in the delivery of child and youth support services.
 - a. While an effort was made by the assessment team to initiate a process to bridge this gap, it failed because of the lack of response from reported development actors and it is likely beyond the scope of the city assessment, A proxy approach using the reported activities by sector for the whole of Phnom Penh based on the available data from the Government maintained NGO database for aid effectiveness was used instead.
3. It is evident that the officially published statistics by the Municipal Department of Planning (MPP March 2014) are statistics produced for their own existence (but relying on information provided by the other line departments/offices reported to them)
 - a. The available statistics may not reflect the realities on the ground in and across Phnom Penh, though they may be indicatives on some issues and for some areas (Khan/district level). In many instances the social, health and vulnerability statistics, significantly understate the current situation in the city, why this is so remains unclear. Even though senior and responsible management who have to review and approve the statistics have been reasonable well trained and are often actively engaged with other actors and stakeholder in the city to know what is going on.

4. In terms of policy insights the Royal Government has developed and is evolving a reasonably comprehensive legislative and policy framework emanating from the 1993 Constitution which enshrined certain inalienable rights, protections and commitments by the state.
 - a. While the national development direction and strategy are set out in three key documents "Political Platform" for the Fifth Legislature", the "Rectangular Strategy- for Growth, Employment, Equity and Efficiency Phase III" and the "National Strategic Development Plan 2014-2018" these take into consideration children women, families and vulnerable groups and jointly set out key development goals and priorities to be achieved in the medium to long term.
 - b. While the overarching policy context is reasonable elaborated, it has often been a challenge for Ministries and sub-national authorities to deliver on the commitments due to a variety of factors, including; limited human resources and capacities; limited financial and other resources. As well as the lack of implementation guidance and planning, this has resulted in a number of the policy commitments often being poorly acted upon. In fact the lack of effective focused urban (possibly sector based) strategies due to the difference in approaches required when compared to rural areas sometime further hinders progress in urban areas.
 - c. The Royal Governments' Deconcentration and Decentralisation (D&D) reform programme has been making progress, initially with the Law on Administrative Management of the Commune/Sangkat in 2001 and later with the 2008, Law on Administrative Management of the Capital, Provinces, Municipalities, Districts and Khans, colloquially called "The Organic Law".

These were intended to devolved powers and responsibilities to local government levels and are ongoing. In some instance it is taking longer than expected as the guidance and legal requirements to do so are still often not in place for some sectors. The evolving Sub-National Administrative authorities are seen as an opportunity for effective engagement with increasingly responsible and accountable local government.
5. In terms of the Cities for Children Framework there clearly are opportunities for further support and interventions to improve the quality of life and reduce the threats to vulnerable and children in general, families and other groups in Phnom Penh as what is currently being done, remains fragmented and may be limited in scale and impacts.

Healthy Cities

6. Children continue to suffer the greater burden of illnesses and risk of death even in Phnom Penh. With many of the reported symptom of the top ten illnesses impacting the vulnerable under five population, associated with sanitation and hygiene issues and continued exposures/ bouts of illness may result in tropical enteropathy. The impacts from which may deprive a child of learning and or cognitive ability due to contributing to or intensifying malnutrition and stunting. Reported symptoms (CDHS 2010)²² of critical illnesses are not significantly lower in the city when compared to the national results with at least 12% of the under-fives suffering a bout of a diarrhoeal illness in a two week period compared to 15% nationally and 24% suffering a fever against 28% nationally, while respiratory infection were lower at 1.3% to 6.4%
 - a. However a recent sampled study in 'poor communities' in Phnom Penh (PPMIAUP 2014) supported by UNICEF indicated that children in slum communities were at significantly higher risk than other children in the city and reported a prevalence rate of 40% of children having a diarrhoeal illness, 73% having fever and 61% having the symptoms of a respiratory infection in a two week period.
7. Another persistent health challenge for children in Cambodia remains malnutrition. While progress has been made it continues to afflict a significant portion of the child

²² 2010 data is used (as of March 2015) as only the preliminary national results have been made available from the CDHS 2014

population with the longer term risk of stunted development. The preliminary results from the CDHS 2014 indicate that 32% of all children nationwide are chronically stunted 24% are underweight and 10% being wasted, while the figures for Phnom Penh indicate that nearly a fifth of all children (18%) were stunted, 13% were underweight and 9% wasted

- a. The PPMIAUP 2014 which focused on a sample of 340 reported informal settlements "poor communities" found far higher incidence of malnutrition in these areas with 22% of children under-five were stunted, 32% underweight and 11 % were wasted. The findings from the sampled study resulted in UNICEF commissioning a greater nutritional survey to better qualify urban poor nutritional issues
8. An associate health issue is anaemia, which is compounded by and compounds malnutrition; and 41% of all children (<5 yrs) in Phnom Penh were anaemic while 42% of women of reproductive ages (15-49) were also found to suffering from it compared with 56% for children and 45% for women nationally.
9. Report levels of access to water and sanitation are generally high with over 90% of households in the city reported to have access to an improved water supply (predominately water connections). Even across the various settlements and poor community studies, which indicated that ~81% of residents have access to an improved water source, though levels of access was lower in settlements in the outer Khans (67%) than inner Khan settlements (86%). While access to improved sanitation is also generally high (~90%) while the average for settlements etc... was 82%. The 2014 informal settlements study (STT) indicated that 11% of settlements (37) were reported to have no sanitation access at all!
10. It seems likely that targeted health interventions including behaviour change, primary health care services and nutritional inputs continued to be needed as the current investments and costs of health services appears to exclude some section of the urban society. But these inputs need to better targeted and monitored and reported. In terms of access to community targeted approaches only 53% of communities were reported to have a village health support groups and 45% had received some health outreach activities within the past three months (PPUPA2012)

Safer Cities

11. The official Municipal figures (MPP 2014) for vulnerable people appear to indicate a vulnerable population in the region of 6,982 including (only) 1,941 orphans including another 646 children orphaned because of AIDS who were categorised differently, 591 disabled children (<18years) (out of a total of 3,065 PwD) and 180 homeless people.
12. While one of the National census analytical reports examined the figures on disability and found that of the ~14,086 people with disabilities in Phnom Penh in 2008 at least ~4,000 were children, while the more recent inter-censal survey 2013 found that the national figure for the percentage of disabled persons is 2.1% of the population.
13. Child labour also appear to remain an issue, MPP (2014) reports just 100 orphaned children working and gives an indication that child labour is only occurring in some Khans, when this was compared with the ILO supported Cambodia Labour Force and Child labour (2012) this indicated that at least 19% of all children 5-17 years (~755,000 children) were working nationwide.

For Phnom Penh the number of working children reported was ~28,000 with over half (14,922) considered as child labourers (60% of whom were girls) and of greatest concern were the 5,400 children reported in hazardous labour (57% female). With most of all child labour being unpaid family workers

14. The MPP report states that only 27 children were consider street children in 2013! (table 6.4 and 6.5) as well as the reported 180 homeless people. It also gives a ratio of the number of street children per 10,000 persons per Khan (district) which would give an indicative figure of 486 street children When compared with the Cambodian Street Children's Network street children's snap shot survey this reports 2,071 children and youth (< 24 years) on the street of whom 81% (1,685 were children). One the issued

identified was the time take to identify children on the street 8% of these reporting being on the street for longer than a year before being identified. Another feature was that of those surveyed only a quarter (23%) lived on the street either with families or other, while two thirds (68%) were reported living with the family in a home.

15. Another data sources was the recently published Cambodia Violence against Children 2014 survey, while this did not disaggregate data into rural and urban areas or by province, it is worth quoting as national findings. In that 60% of the respondents reported physical violence against them prior to 18 years of age with 88% of the 13-17 years group reporting multiple instances of violence in the preceding 12 months. While a quarter of 13-17 years olds witness violence in the home and half (49%) witness violence in the community
16. Five per cent of both girls and boys reported a incidence of sexual violence 3% of girls and 1% of boys (13-17 years) reported at least one instance in the past 12 months. A quarter of children (24%) reported emotional violence with over half of these experiencing emotional violence prior to 12 years of age
17. It would appear that there is a need for greater coordinated intervention to make the city safer for children particular to extract children from hazardous and exploitative work as well as better catering to children who live on the street. Greater advocacy appear to be need to reduce and eliminate the levels of violence perpetrated on children. However of greater need are mechanism to effectively engage with local authorities and communities to recognise and report child safety issues, as well as becoming more involve in identifying and taking actions to reduce the threats and risks to children in the city.

Prosperous Cities

18. Availability and access to education is supposedly universal with high levels of completion and attendance reported (MPP2014) particularly for the primary cycle with 92% of eligible kids attending. However when the data was disaggregated by Khans an average of a 13% anomaly appear in terms of missing number of students in the primary cycle. This discrepancy grows exponentially in the Lower secondary cycle with an average of 43% of students not being effectively accounted for.
19. The Constitution make clear reference to completion of education to at least grade nine, which appears to be overlooked likely resulting from an over emphasis on the primary cycle in the past. The Government does recognise this issues and wishes to closes the gap and increase the completion rate through the different cycles. The Ministry of Education reports for Phnom Penh that 83% of students completed the primary cycle in 2012 (with slightly more girls than boys 85%:81%) however the completion rates at Lower Secondary and High school is a matter for concerns with just 52% (50% girls:53% boys) and 38% (34% girls and 44% boys) respectively in 2012.
20. In terms of business and opportunities it is worth noting the 46% of all the 95,848 businesses reported in the 2011 Economic Censuses of Cambodia for Phnom Penh were micro enterprises solely operated and operated businesses by one person with another 41% being small enterprises (2-4 persons involved) and these provided quarter of all the employment in the city. But it is the large scale employers (>100 persons) that provide the greatest number of employment opportunities employ nearly half (49%) of the industrial and services employment in the city
21. The Cambodian Rural Urban Migration Project (CRUMP2012) looked at earning reported and it indicate that averaged earning in Phnom Penh was US\$146 per month ranging from mUS\$63 per month average for domestic workers to US\$241 average for business owners, though with large ranges in many of the reported incomes. These would seem quite high when compared to the 2012 PPUPA with found that 58% of households in "poor communities" were reporting earning less US\$75 per month significantly below the poverty line.

Resilient Cities

22. Limited concise information was available on this component with the requisite mandatory plans at different administrative levels (Sangkat, Khan Municipality) apparently, not available. So what would be the issues with the risk and threats to families and children considering Phnom Penh's location on a flood plain, and the unbridled urban growth and development that is currently ongoing.

Urban Issues

23. The assessment also examined sources of different information in terms of identifying various vulnerable groups and their location throughout the city. This was primarily based on the Municipality undertaken and UNICEF supported Urban Poverty Assessment in 2012, the LNGO STT informal settlements Survey 2014 and the Government evolving ID Poor Process 2012 as well as the Municipality official statistics 2014.
24. The overall population remains unclear with officially published figure ranging 1.39 million to 1.88 Million with an averaged density of population of ~2,215 persons per Km² though a disaggregated figure is given for each khan of the city in the report. Though recent administrative changes (the splitting and creation of three new Khans in 2013/2014) and expansion for the city (incorporating an additional 20 communes in 2009) have made qualifying some of these figures more difficult. Population projects and growth figure indicate that the rate of growth is still running at least 3% of the city population per year (NIS 2102) and most of this growth is rural urban migration driven.
25. For housing and tenure, again conflicting figures, but an averaging across the sources would appear to give a figure of circa 330,511 households, with at least 33,605 families/ households in recognised informal settlements (>10 households) (STT2014).
 - a. The MDG for slums (as defined by the UN) it would appear that 75% of the households in Cambodia remain in slums due to the lack of secure tenure (this figure apparently has not been reported upon/ updated by the Government since 2005?). Official Data obtained by the City Assessment indicates that 128 279 properties in the city are have received property titles (though the true figure is likely somewhat lower as some land owners have multiple properties or parcels of land in the city) which Could equate to ~32% of the properties in the city, though apparently data on over half of the properties (51%) has been collected and are pending processing?
26. For informal settlements, figures again diverge with STT2014 reporting and mapping the locations of 340 "urban poor" settlements meeting their study criteria (>10 households)It is also worth noting that
 - a. "The survey was (initially) conducted in 466 settlements, 340 of which were considered "urban poor" and included in the final analysis. While some explanation was given about the other 126 settlements it raises some concerns about possible exclusions and under representation of the poor and vulnerable households and families, particularly of smaller clustered of houses which may exist, particularly in the inner khans where land is at a premium and the days of larger settlements are long gone.
 - b. That the term for settlements referred to locations with > 10 households and in fact in instance could be made up of a number of communities (with the term community on the other hand, referring to an organisation of households (for example a saving group or some other community based entity) within a settlement in which they may be more than one community in a settlement.

The PPUPA2012 report stating that "since 1980, 516 different urban poor communities have been (cumulatively) identified by the Phnom Penh administration" of which "342 are recognized and organized communities and 174 are yet to be acknowledged and organised, but no further explanation is given. But extrapolating from this, based on the averaged settlement size figures from the 2012 assessment (~90 families per settlement with an average of five persons per family) which could potentially give an estimated

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informal settlement population of ~46,000 families (231,000 people) which could be the upper threshold for targeting

More recently (2014) MPP has reported the MPP now has 503 settlements with just 24,000, families; with it being remarked that this was achieved through a reclassification of some communities by combining them larger settlements.

- c. It is also worth noting that in the 2014 Official statistics MPP reports that between 10,725-11,750 families are located living on public land, though what category of public land is not stated. So qualifying the actual number of families and households in settlements (through a transparent census based approach, rather than using just reported figures) may be needed.

As mentioned it is worth observing that both the PPUPA 2012 and the STT2104 surveys appear to have ignored clusters of houses with less than 10 households which remain un-quantified in terms of numbers of such housing clusters and the numbers of families within them and it is likely in a urban context that such household clusters exist and may add a considerable number of families to the at risk and vulnerable families.

27. Settlements are distributed across all Khans in the cities but it is it apparent that there has been a process of migration of settlements, from the inner Khans to the outlying one, likely contributed to as urban land values have increased. With over three quarters of identified settlements (using the STT 2104 data) now in the outer Khans, where it is likely the needs may be greatest. A density map included in the report gives an indication of the areas with the greatest concentration of settlements.
28. Access to basic services in informal settlements based on the available data sources (PPUPA2012, STT2014, PPMIAUP2014) appears to indicate a reasonable level of coverage. Through there are likely gaps and areas of poor coverage that need further exploration. In general levels of service coverage was lower in outer Khans, where household also often have to deal with middle men charging higher prices for the basic services?
29. Another potential source of information is the Government IDPoor process which though developed for rural areas is progressively being adapted to the urban areas (through agreement on criteria is still pending). Application in Phnom Penh is incomplete with only the outer Khans covered (and on deeper analysis) it would appear to be incomplete (with a number of villages and sangkats not recoding any poor at all) even though it was stated that it was completed in 2012. It does identify 11,556 households as being poor in the outer Khans with ~51,787 people as being poor and provides an additional starting point for possible targeting. Though it would appear that efforts will be needed to ensure that NGOs are involved in the process as it is report that some organisations appear to be not invited to participate in the related identification or review activities.

Urban Actors

30. Apart from multilateral actors (UNICEF, WHO, UNDP, etc...) who generally provide support through the Government and effort was made to identify what other actors were actually active in Phnom Penh where were they working and on what. Unfortunately this did not succeed within the timeframe of the assessment mainly due to the lack of responses from the NGO sector. As an alternative approach the consultant used the Government maintained NGO database for aid effectiveness which listed 198 NGOs implementing 239 active projects in Phnom Penh (in 2014) through one sources and an additional 41 organisations through an alternative search option so ~239 NGOs implementing 281 projects, with the greatest number of NGOS active in projects working on
 - a. Community and social welfare issues (including child protection etc..) (81 NGOs implementing,92 projects),
 - b. followed by educations (56, 66)
 - c. HIV/AIDs projects (51: 66), and then

d. Health (34: 38)

It was also observed that there were a considerable number of active organisations (at least 17 identified) not voluntarily providing information on the NGO database, which while maintained by the Government the provision of information is on a voluntarily basis. So exactly how many organisations are implementing projects in Phnom Penh is likely to be higher.

31. From the city assessment it is evident that available information on the city in terms of contributing to the Cities for Children Framework is fragmented, lacking or in some instance unreliable, even though there are various sector forums and mechanisms which are meant to assist in networking, participation in these is frequently limited as the roles of these mechanisms often remain unclear in terms of coordination, action planning and implementation.

The state institutions and departments at municipal and Khans levels have limited capacities and resources to effectively deliver their mandated roles. Additionally as the Official statistics show, the value of what is generated is dubious in terms of quality, often significantly understating the current status and situation. It also calls into question whether the significant scale of activities being undertaken by active NGOs in Phnom Penh is been appreciated and reported in terms of contributing to progress development and aid effectiveness.

It is apparent that there is a need for a consensus on what needs to be done to improve the conditions in which children are brought up in, as well as to reducing removing and eliminating threats and risk to child development. There remains a significant portion of the city's population living in insecure and precarious conditions which impacts on the welfare and wellbeing of children. In some instances there is a need to agree with sector stakeholders (government, multilateral agencies, donors, non government and civil society) on what needs to be done to reset the quantifiable and qualifiable targets and ensure that these targets are mainstreams through the urban sector enabling improved tracking, monitoring and evaluation of what is being done. There is also a need to finding out who is working where, doing what, as it is evident that there are gaps in the provision of services targeting children and youth in the city, and by implication there are apparently areas of the city where services are being duplicated, targeting the same groups and communities in the same locations for example in parts of Khan Mean Chey. Additionally there are issues with area based approaches which

Recommendations

It was noted that parallel to the City Assessment that a new country programme strategy development process and a component urban strategy were under development. Choices on possible areas for expansion into Khans Dangkor and the newly established Khan of Chbar Ampov, as well as expanding coverage in the existing areas in Mean Chey, Rueesy Keo would appear to be correct. Though efforts will be needed to be more flexible and to identify clusters, pockets and areas of deprivation in these Khans rather than focusing on specific areas within these Khans may be required.

Healthy Cities

1. It is evident that nutritional issues particularly for the vulnerable under-fives remain an issue for Cambodia including Phnom Penh, as evident by the results of the CDHS 2014 and more importantly by the indicative PPMAUP 2014, which showed a higher prevalence of malnutrition in families in informal settlements. While acknowledging the efforts and results by the Government and other actors which have been progressively reduced the incidence of the malnutrition further general and targeted efforts are needed. These efforts need to be quantified and qualified by evidence based approaches which child sponsorship can provide directly linking and tying inputs improvement together so increasing and targeting health and broad based nutritional improvements is recommended particularly target poor and more vulnerable settlements/ communities and households but also street living children as 21% of

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identified children from the snapshot survey (441 individuals) were under five years of age.

2. Closely tied to this could be to work on reducing anaemia in children and expectant mother which has strong influencing factors on and from nutrition.
3. Further efforts are also needed to address persistent indicative symptoms such as bouts of diarrhoea, fevers and acute respiratory infections which affect children. As many of these have sanitation and hygiene contributing factors further inquiry to investigate the causes of the illness symptoms may be needed, through encourage and qualifying behaviour changes in communities.
4. There could also be need to improve health reporting, ensuring that cases are established and recorded in the official system possibly by supporting outreach services and monitoring, to ensure that identified cases in target groups are effectively mainstreamed into the system
5. Though not well elaborated in the this report there may also be a need to ensure the child vaccination targets are achieved as it would appear that certain sub-groups (families living in informal settlements (as highlighted by PPMIAUP 2014) and others) may not be completing the advocated vaccination programme during infancy and onwards.

Safer Cities

6. Efforts to better address the issues of working children and child labour need to be considered and mainstreamed into the urban strategy, as the reported levels of child labour are significant. Of greatest concern is the need to extricate children in hazardous working conditions in Phnom Penh (an estimated 5,400, ILO2012), as the risks posed by related activities are and can be detrimental to the children. It will be a challenge considering that many are involved in a family earning activities. Innovative approaches will be needed to raise awareness and understanding of parents and guardians to accept the exclusion of children from undertaking hazardous activities, and to find mean to ensure that all working children can balance family commitments with personal development through education and play.
7. The street children's snapshot survey gives an indication of the levels of children "on the street" and the risks and threats they are exposed too. Maintaining and improving the levels and types of services they have access too will be important, as will activities that encourage children off the street and back into education (either formal or informal) as nearly a third of those identified on the street (31%) fell into the 11-17 years age bracket. The snap shot survey also brings to light the issues of significant percentage of identified street children (68%) who reside with their family in homes but are predominately on the street? An issue that likely requires further and more in-depth research.
8. The issue of violence perpetrated against children also needs to be addressed in that the available figures from the CVAC are aggregated nationwide and my need some further validation for Phnom Penh. As the national figures indicated that 60% of children have been victims of violence prior to 18 years of age and 24% have been victims of emotional violence. Of greatest concern are the reported (at least) 5% of both girls and boys who reported being victims of sexual abuse.

There is a need to raise family, community, society and local authorities awareness, understanding and un acceptability to issues of child violence and to also remote various means and approaches to mitigating and tacking such violence particularly sexual assault.

Prosperous Cities

9. While accessibility to basic education is an entitlement there remain issues with completion rates across all levels, municipality reported figures for Phnom Penh do not appears to add up? And give rise to a missing percentage of students in terms of completion rates. While significant efforts have been in primary school attendance there are concerns and greater issues needing addressing in Lr. Secondary and High School

cycles, where it is evident that significant drop offs in attendance and completion rates occurs.

A factor in educational drop out is the persistence in informal fees being paid by families for education which can be a particular burden for the poor and low income families, likely contributing to the removal of children from school. Additionally the nature of informal fees is anecdotally said to changes from the primary cycle from a single payment to multiple payments for each subject, which can add up to a significant amount

10. It has been reported that Phnom Penh is the predominate destination of rural migrants and the majority of these migrants are youths and young people seeking opportunities in the capital where economic opportunities are concentrated, the lack of affordable and accessible accommodation often forces migrants to reside in precarious and frequently over crowded circumstances often in informal settlements, where young families are established. There is a need for better consultation and engagement in and for the provision of affordable housing and shelter for the poor and renters (and this is in line with the recently adopted National Housing Policy 2014).

It is worth observing, that Cambodia's recent urbanisation process which saw the capital nearly double in size in just eight years (between 1998-2006) due to the influx of people. And it is unlikely that the majority of the more recent migrants ever intent to return to reside in the original locations permanently. However they are often trapped in a precarious position because of escalating land prices and availability of land, which has and will continue to give raise to slums and the increasing risk of deteriorating environmental conditions.

There is a need for better engagement and support for consultative processes to begin to address this issue and also to explore opportunities for securing tenure for families considering that even after over a decade of systematic land registration only about a third of households across the whole city may have secured an official and legally recognised "hard title" against the more commonly use "soft titles".

11. As indicated in the report the findings from the Economic Census of Cambodia (2012) showed Phnom Penh's dominance. It also highlighted the fact that the nature of businesses across the country remain entrenched in micro businesses in terms of the numbers of employees and the fact that the majority of these businesses were often unregistered individual business (90+%). While families from all sectors of society endeavour to earn a living often providing services, however earnings/livelihoods reported in the PPUPA 2012 indicated that families were living below the adjusted Poverty line for Phnom Penh (US\$96) with averaged incomes reported at just US\$75 per month, while the CRUMP indicated a far broader range of incomes depending on the nature of employment, however there is a need to examine means to support increasing incomes from subsistence levels through saving, better earning initiatives and practices.

There would also appear to be a considerable amount of indebtedness in poor sections of Phnom Penh with it observed in the PPUPA2012 that 83% of families in the 281 surveyed in communities in informal settlements that were burdened with debts, while the more recent PPMIAUP2014 reports that 69% of households in poor settlements were in debt with nearly a third of these with debt in excess of US\$400. The pressures and opportunity costs to repay these debts often diverted family expenditures on critical items. It is also worth noting that medical expenses were often a significant cause of indebtedness 28% (PPUPA2012) but so was business with 34% of household going onto debt because of starting or operating some form of business. This would indicate a need to improve levels of understanding on basic business practices as well as on savings and credits focusing just on the poor/low income households and communities, as well as building capacities and understanding of these amongst children and the youth through supporting "young or youth entrepreneurship approaches" and programmes to give a better start to young people and families.

Resilient Cities

12. A number of studies used during the city assessment highlight the precarious situation informal settlements and "poor communities" are in due to the locations of many of these settlements. This situation is often further exasperated due to Phnom Penh location on the Mekong flood plain. Annually some communities and households are inundated and families' particularly young child put at risk because of the dire living conditions they are in and the lack of effective sanitation and drainage systems. These risky communities are only likely to become worse if climate change prediction are correct and the fact the Cambodia has been identified as one of the most vulnerable countries in the world let alone the region from the impacts of climate changes.

While disaster plans (including considerations of climate change) are in theory mandatory within the civil administration system (from Communes to Khans and the Municipalities (article 39 of the Organic Law), where councils shall formulate a development plan that includes –a disaster management plan, few if any of them have done so in Phnom Penh? (As none were reported available) and if anything exists it is mainly to be disasters responsive. There may be opportunities to engaged different stakeholders from households, communities, villages through local authorities to develop through a rolling process multi-layered disaster prevention and responsiveness plan, identifying and prioritising risks, developing suitable and appropriate mechanism to reduce and or react and agree on these prior to dissemination to involve stakeholders for use with the communities and at the different levels of authorities depending on the scale.

This could also be augmented supporting a participatory urban community disaster preparedness planning process where communities and settlement take greater responsibilities.

Urban Institutional Issues

13. There is a need to better engage local and sector based authorities to improve and strengthen their understanding and capacities to identify, qualify quantify and report on the actual condition(s) and situation affecting children in Phnom Penh in terms of the requisite requirements for the cities for children framework. It is consistently pointed out through the assessment that officially reported figures do not appear to reflect the realities on the ground affecting children. An issue that needs to be addressed through multistakeholder forums rather than by an individual organisation. The aim(s) of which should be to reach consensus on issues affecting children and the scale of these issue(s) throughout the city. To then mutually plan (and integrate these planning components) into the official planning and reporting systems as this does not appear to be the case at present.

Such planning processes could also be broaden to begin to address controversial issues such as land/ property registration and tenure etc... by making the existing system more transparent and accountable.

Annexes

Referenced materials

Boreak, S. (2000) Land Ownership, Sales and Concentration in Cambodia- A Preliminary Review of Secondary Data and Primary Data from Four Recent Surveys, CDRI Working paper #16

Bunsoth M., Lundy S., and Sarun N., (2013) Factors Associated with Utilization of Health Services in Childhood Diarrhoea and Fever in Cambodia: Further Analysis of the Cambodia Demographic and Health Survey. Phnom Penh, Cambodia: National Institute of Statistics, Ministry of Planning and Directorate General for Health, Ministry of Health.

Ministry of Planning (2013). Ageing and Migration in Cambodia: A CRUMP Series Report, Phnom Penh, Cambodia.

Ministry of Womens' Affairs (2014) Policy Brief 9: Vulnerable Groups of Women and Girls

Municipality of Phnom Penh, (2012), The Phnom Penh Urban Poor Assessment A Baseline Survey on the Economic Situations and Capacity of Existing Urban Poor Communities, Phnom Penh, Cambodia, UNICEF

Municipal Department of Planning (March 2014) Capital of Phnom Penh Statistics for Local Management & Development

National Institute of Statistics, Ministry of Planning (2012) Cambodia Socio-Economic Survey. Phnom Penh, Cambodia.

NIS (2011) General Population Census of Cambodia 2008 Analysis of the Census Results Report 12 Population Projections of Cambodia,

NIS/MoP (2010) Report of the Cambodian Rural Urban Migration Project –CRUMP

Sahmakum Teang Tnaut. (2009). The 8 Khan Survey. Phnom Penh: Sahmakum Teang Tnaut.

Sahmakum Teang Tnaut. (2012). A Tale of Two Cities: Review of the Development Paradigm in Phnom Penh. Phnom Penh: Sahmakum Teang Tnaut.

Sahmakum Teang Tnaut. (2013). Policy for the Poor?: Phnom Penh, Tenure Security and Circular 03. Phnom Penh: Sahmakum Teang Tnaut.

Samakum Teang Tnaut. (2012). Resettling Phnom Penh: 54- And Counting? Phnom Penh: Sahmakum Teang Tnaut.

STT (2014) The Phnom Penh Rental Housing Survey: A Study on Urban Poor Rental Housing in Phnom Penh

Supreme National Economic Council, (2007) The Report of Land and Human Development in Cambodia

UN-HABITAT (2006/2007). Slums: Some Definitions. State of the World's Cities 2006/7.

UNODC (2006) Development of Community-Based Drug Abuse Counselling, Treatment and Rehabilitation Services in Cambodia Project Information Sheet

Cambodian Street Children's' Network-CSCN (2011) Cambodian Street Children Profile 2011

CSCN (2014) Street Children Profile Presentation: Snapshot Survey Results

Leng Heng An (2014) Country Report Of Cambodia Disaster Management, National Committee for Disaster Management (NCDM)

Charles, C.V., Summerlee, A.J.S., Dewey, C.E., (2012) Anemia in Cambodia: prevalence, etiology and research needs in, Asia Pac Journal on Clinical Nutrition 2012;21 (2):171-181

UNICEF (2009) Health Service Access Among Poor Communities in Phnom Penh 2009

CCC(2012) CSO Contributions To The Development Of Cambodia 2011

City Assessment- Phnom Penh (Working DRAFT)

NIS (2013) Cambodia Inter-censal Population Survey (CIPS), Report #5 Analysis of the results for Disability in Cambodia, NIS/UNFPA, JICA

UNICEF (2014) Cambodia Annual Report 2013

Kanol, H.,; Khemarin, K.; Elder, S., (2013) Labour market transitions of young women and men in Cambodia / Heang Kanol, Khieu Khemarin and Sara Elder ; International Labour, Office. - Geneva: ILO, 2013

CDRI (2014) ASEAN 2030: Growing Together for Economic Prosperity - the Challenges Cambodia Background Paper.

United Nations, Department of Economic and Social Affairs, Population Division (2014). World Urbanization Prospects: The 2014 Revision, Highlights (ST/ESA/SER.A/352).

Khieng S., Madhur, S., & Rethy, C., eds. 2015. Cambodia Education 2015: Employment and Empowerment. Phnom Penh: CDRI.

UN Country Team (2009) Situation Analysis of Youth in Cambodia, UN.

MoP (2014) CMDG Annual Progress Report 2013, Achieving Cambodia's Millennium Development Goals

CHHEAT Sreang, January 2014, Impact of Decentralisation on Cambodia's Urban Governance, CDRI Working Paper Series No. 88

Phonphakdee, S., Sok, V., & Sauter, G. (2008) The Urban Poor Development Fund in Cambodia:supporting local and citywide development in in Environment and UrbanizationVol 21(2): 569–586.

MoP & MoH (2015) Cambodia Demographic Health Survey 2014-Preliminary Results

Ministry of Planning's (April 2013) Poverty in Cambodia- A New Approach- redefining the poverty line

NCDM/ MoP (2008) Strategic National Action Plan For Disaster Risk Reduction (SNAP 2008 ~ 2013)

MoP (2014) Poverty Alleviation An Approach To An Action Plan For Cmdg-1

RGC (2014) Findings from Cambodia's Violence Against Children Survey 2013

NIS/MoP 2009 National Report of Final Results of Cambodian 2008 Population Census (Analytical Reports) No. 5 Disability