

## OUTCOME 2 – Health and Education

**By 2015, more men, women, children and young people enjoy equitable access to health and education**

### Introduction

To achieve CMDG health and education targets, the UN has been working to promote equitable access to services focusing on: quality reproductive, maternal, newborn, and child health including family planning and nutrition services; the health sector response to HIV; increasing access to safe water and improving sanitation and hygiene; expanding the reach and sustainability of early childhood learning and quality basic education; and expanding young people's access to life skills including HIV awareness and technical and vocational education.

### 2012-2013 Results

**Maternal and child health:** The UN mapped and supported those health facilities most in need of improving integrated maternal, post-partum and child care services in 14 operational districts (ODs), benefiting 88,648 women and their newborns. Two community-based programmes (Community Care of Mothers and Newborns and Home Care of Sick Children) were launched in tandem to promote maternal and newborn care demand in 1,263 underserved villages, benefiting 34,210 mothers and resulting in an increase in health facility based deliveries from 33 to 37 percent between 2011 and 2012.

With support of the Second Health Sector Support Programme (HSSP2), the government is steadily expanding its Health Equity Fund scheme, which covered over 3 million poor people in 51 out of 79 operational districts in 2013. In Svay Rieng the UN partnered with local authorities to pilot a multi-sectoral community-based model chaired by the provincial Governor, which enabled 3,983 poor patients to access hospital care during the first six months of 2012. In August 2012, the pilot transitioned from the UN to HSSP2 financing, demonstrating the potential role sub-national authorities can play in managing and administering the Health Equity Fund more cost effectively.

Further, the UN supported the Ministry of Health (MoH) in implementing the annual operational plan to increase quality maternal and newborn care services with achievements such as the draft Safe Motherhood Protocol for Referral Hospital level.

UN supported the introduction of the Emergency Contraceptive Pill (ECP) and contraceptive users continued to gradually increase to an estimated contraceptive prevalence rate (CPR) of 37% by the end of 2013 (30.78% recorded in Health Information System (HIS) for public health system plus estimated 7% from private sector).

The UN continued its support for the Emergency obstetric and Newborn Care (EmONC) Improvement Plan 2010 – 2015 through decentralized trainings in lifesaving skills for midwives and doctors as well as upgrading of EmONC facilities.

Support for the improvement of the immunization impact and quality, as well as high-risk community strategy was implemented in three provinces. In 2012, for the first time Cambodia recorded no measles cases. Cambodia's risk status for polio has been downgraded from high to medium.

**Nutrition:** The UN supported the MoH's data analysis, providing evidence that child and maternal nutrition were no longer improving. This was reported in the media and Development Partner commitment subsequently increased.

In 2013, therapeutic food got included in the Essential Drugs List and, as a result of UN advocacy, pooled funding from the Second Health Sector Support Programme (HSSP2) was used for the procurement of Ready-to-use Therapeutic Food (RUTF) and Micronutrient Power (MNP) in sufficient amount for 2013 and 2014.

In collaboration with the Council for Agriculture and Rural Development (CARD), the UN conducted a damage assessment report on the economic consequences of malnutrition in Cambodia. The impact of the

malnutrition burden to the national economy of Cambodia is estimated between \$250-400 million annually – which is 1.5-2.5% of GDP.

Further, the UN provided technical support to the MoH for the development of an additional government regulation (Prakas) for the implementation of the Sub-Decree on the Marketing of Products for Infant and Young Child Feeding (IYCF).

The UN supported the MoH to develop interim national guidelines for the management of acute malnutrition. The UN provided technical and financial support for the development of an MSc in Nutrition at the National Institute of Public Health (NIPH). The courses began in October 2012.

In an effort to prevent stunting and micronutrient deficiencies, the UN in partnership with NGOs, provided special nutritious foods to some 20,000 children under two years old and pregnant and lactating women on a monthly basis in 3 provinces, coupled with health and nutrition education and linking with public health campaigns and media capacity strengthening to improve public awareness.

**HIV/AIDS and TB:** HIV testing and counselling during anti-natal care and delivery was scaled up. With UN support, 67,680 pregnant women from 15 higher-HIV burden districts including Phnom Penh attended antenatal care in 2012 and as a result know their HIV status.

In 2012, 156 newly identified HIV-positive women were referred for treatment and 264 (32 per cent of all known) HIV-positive pregnant women and 98 percent of their infants were supported to receive ARV treatment or prophylaxis.

The UN in partnership with the Government and NGOs extended coverage and availability of community – based preventative and responsive services (outreach, socio-economic support, referrals, vocational skills training and provision of specialized services, legal aid, medical and preventive services for HIV) to more than 9200 children, including children with disabilities and children effected by HIV.

The Conceptual framework on 'Cambodia 3.0' and several other key policy/guidance documents to boost HIV prevention, treatment, care and support especially for key affected populations and aiming at moving toward the elimination of new HIV infections by 2020 including with innovative approaches were finalized and approved.

The Ministry of Health was supported in the development of the now available draft Law on Compulsory Licensing for Public Health, which aims to ensure Cambodia's continued access to generic medicines beyond the Trade-Related Aspects of Intellectual Property Rights (TRIPS) exemption period for LDCs.

The UN, along with DPs, actively supported Cambodia's successful submission of the HIV Phase II funding request that will ensure most of the funding for HIV programmes until 2015. In 2012 and 2013, the UN provided food assistance to about 55,000 people living with HIV (PLHIV), orphans and other vulnerable children (OVC) in 16 provinces as part of a package of home-based care services supported by NGOs.

**Water and sanitation:** In promotion of safe water, work has been done on the revision of the arsenic mitigation strategy and development of an action plan for key provinces. This has been complemented by retesting of tube wells and follow-up awareness activities in 110 villages in three provinces. In collaboration with NGOs, the UN supported the Department of Rural Water Supply to roll out guidelines on household water treatment and storage (HWTS) and scale-up interventions in all provinces. Extended support from the UN has been provided to the WASH sector on Water Safety Plans (WSP) as the most effective means of consistently ensuring the safety of drinking water supply in both urban and rural areas. The support has been done through institutional capacity building across all level of the Ministry of Rural Development (MRD) and the Ministry of Industry Mine and Energy (MIME).

With the help of the UN and in collaboration with an NGO, 4,519 families (22,698 people) in the Provinces of Kandal and Svay Reng received safe water, including from arsenic free water sources in communities.

Further, the UN supported 383 villages in 11 provinces, providing an opportunity to showcase Community-Led Total Sanitation as a flagship strategy to change social norms. Additionally, school to community WASH has

been implemented in 74 schools in eight provinces, of which 30 per cent have formed functional committees to promote, operate and manage school water, sanitation and hygiene facilities.

**Education:** Cambodia continued to make good progress in both, early childhood education and primary education. Primary net enrolment improved from 95.2 percent in 2010/11 to 97 percent in 2012/13. Net enrolment for five-year-olds in early childhood education improved from 46 percent to 56.5 percent; enrolment for children aged three to five has increased from 25.5 percent to 32.7 percent. Gender parity has been achieved and geographical disparities are reducing.

The UN supported the preparation of the draft Education Strategic Plan 2014 – 2018 and coordinated Cambodia's successful submission of application for US\$38.5 million dollars from the Global Partnership for Education (GPE) for the 2014 – 2016 period.

Following evidence-based advocacy and sustained policy dialogue with the Ministry of Education, Youth and Sports (MoEYS) over 2012 and 2013, MEF signed prakas 508, which increased government funding to state preschools, primary and secondary schools weighted in favour of small, disadvantaged and/or remote schools. This was a major achievement and will result in increased funding for small and remote schools as of 2014.

MoEYS, with UN support, has established 32 state primary schools and 16 bilingual community schools in Mondulkiri, Ratanikiri, Kratie, Stung Treng and Preah Vihear. With the new prakas on bilingual education for indigenous minorities issued in 2013, the UN has supported expansion of bilingual education, including the training of 199 indigenous community teachers and state teachers.

The UN also supported MoEYS through teacher training and monitoring for 2,309 (99 percent) community preschools.

With the support of the UN, almost 2,000 primary teachers and directors, representing about one fifth of teachers in 22 districts across 17 provinces, were trained in basic inclusive education with a special focus on identifying and teaching children with disabilities. As a result, 6,548 children with disabilities were enrolled in primary schools.

With support of the UN, the School Feeding Programme (SFP) was successfully implemented in 15 provinces in collaboration with government and other partners.

Moreover, MoEYS received support in developing the National Teacher Policy, Entrepreneurship Education Programme and Guidelines on Vocational Orientation in the lower-secondary and secondary levels. Entrepreneurship education on Know About Business (KAB) and Community-based Enterprise Development (C-BED) has been introduced and piloted.

In 2012, MoEYS developed its first comprehensive sector-wide plan for capacity development, instituting increasingly coherent planning systems within the ministry at national and sub-national levels. The Capacity Development Partnership Fund (CDPF) administered by the UN is aligned with the Master Plan for Capacity Development and is an innovative fund harmonizing strategic support for the development of MoEYS capacities, the first of its kind in Cambodia.

## Challenges

**Health:** New-born mortality and child malnutrition gains remain off track; a child from the poorest quintile is three times more likely to die than a child from the wealthiest. Although efforts were in place to support supportive supervision, quarterly midwifery and IMCI meetings, the quality and contents of these initiatives still remain relatively poor. Partnering with NGOs will help fill this gap.

The rate of severe acute malnourished (SAM) children returning for at least 1 follow-up visit post-discharge is remaining at about 60%

While contraceptive users continue to increase, progress remains slow and is off-target for CMDG 5. Quality of family planning counseling remains a concern.

Long-term contraceptive commodity security is a concern although the recent decision of the MEF to open a budget line in the national budget for contraceptives is a positive development.

**HIV/AIDS:** As funding for HIV is only mobilized until end 2015 and heavily dependent on external funding, the long term sustainability of funding is uncertain implying that smart investment and (cost) effectiveness gains should be sought. Also, strategic information gaps remains which, if addressed, can help better targeting prevention and treatment efforts and resources allocation.

Implementation of the Cambodia 3.0 framework has started but in a context of serious human capacity challenges especially at provincial and OD level. Monitoring needs to be strengthened to ensure smooth and effective implementation for impact.

The likely public health impact of intellectual property rights legislation is only starting to be fully grasped but requires more attention, adoption of the draft Compulsory Licensing for Public Health Law and amending the Patent Law to ensure Cambodia's long-term access to affordable generic medicines and other pharmaceutical products (for HIV and other health issues).

**Water and sanitation:** The Ministry of Rural Development (MRD) tends to prioritize roads and related infrastructural development over sanitation and hygiene, which receive less than 1 per cent of the overall budget. There is limited private sector investment and capacity for piped safe water supplies.

About 84% of poor households openly defecate with no improved sanitation; as urban population increases urban sanitation is a growing problem.

**Education:** The combination of an increased share for teacher salaries, and continued under spending of the MOEYS budget remains a serious issue resulting in an increased dependency on donor funding for the implementation of the Education Strategic Plan (ESP).

While gender parity in primary education has been achieved in national-level data, disparities remain at provincial and district levels.

The lack of a national learning assessment system remains a serious challenge. Quantitative data as well as findings from field visits confirm disparities at sub-district levels.

Low quality of supervision and monitoring, especially in remote schools, has compromised the quality of teaching, with absenteeism and loss of teaching hours. There is a shortage of textbooks, learning materials and trained teachers, particularly in rural areas.

With rapid expansion in higher education, coordination in quality assurance and accreditation and governance of higher education requires urgent attention.

#### Priorities for 2014 and 2015

**Health:** Through HSSP2 continuing leverage of resources for fixed site and integrated outreach services targeting rural poor and vulnerable groups. This includes mass media promotion of key Maternal Newborn Child Health and Nutrition (MNCHN) behaviours, such as early antenatal care (ANC), safe and clean delivery, iron folate supplementation for pregnant and post-partum women, early and exclusive breastfeeding, vitamin A supplementation and complementary feeding.

The UN will support the protocol for Maternal Death Audits and database and implement the nutrition end line survey.

Further priority for 2014 and 2015 is the support to Ministry of Health at national and subnational levels to the full implementation of the new adopted outreach guidelines.

Strengthen implementation of convergent supply and demand interventions in 14 poor performing Operational Districts to accelerate delivery of high impact Maternal Newborn and Child Health (MNCH) services accessed by poor and marginalized women and children.

A comprehensive micronutrient survey will be undertaken to estimate several deficiencies: iron, vitamin A, zinc, folate, calcium, iodine and if possible vitamin D. The survey will cover approximately 1,200 mothers and 1,300 children 6-59 months, with findings included in the 2014 Cambodia Demographic and Health Survey.

Build capacity of health workforce at sub-national level, particularly in rural and remote areas;

Continue to provide decentralized EmONC in-service training and coaching to Regional Clinical training sites.

Building capacity of midwife teachers, updating training curriculum to include core basic competency for midwives; support the Cambodian Midwives Association to strengthen midwife roles and profession; support the Cambodian Midwives Council to set up regulations, develop code of Ethics, core basic competency for midwives.

Support to develop gender-based violence (GBV) clinical guideline and roll out trainings.

Provide young people with information on sexual and reproductive health and rights through media collaboration with Loy 9 and through Inthanou telephone helpline.

Integrate Sexual and Reproductive Health (SRH) services, including contraception, into HIV prevention through SMARTGirls programme for entertainment workers.

**HIV/AIDS:** Promote the use of the National Strategy for Reproductive and Sexual Health (NSRSH) 2012-2016 by launching and disseminating the book to national and sub-national levels as well as DPs; monitor the use of NSRSH 2012-2016 by convening the Annual Review meeting/workshop with key implementing agencies and development partners to ensure that NSRSH is followed.

Further support to the review and adoption of the draft Law on Compulsory Licensing and Public Health and related Prakas by the Council of Minister.

Support the Ministry of Industry to conduct an extensive review of Cambodia's Patent Law and define the 'TRIPS-plus' provisions within it that may have an impact on public health.

Support the National Center for HIV/AIDS, Dermatology and STI (NCHADS) to effectively implement and monitor Cambodia 3.0 framework and its components as well as ongoing efforts to sharpen service packages and delivery models to better reach key affected populations.

Support National Mental Health Program to finalize, implement and monitor the Policy and Operational Guideline on needle-syringe program and Methadone Maintenance Therapy (MMT).

**Water and sanitation:** Explore possibilities to work with communes using mobile technology to promote water, sanitation and hygiene improvement. There are opportunities to develop a comprehensive programme through establishing an integrated nutrition and hygiene programme under the Early Child Care Agents (ECCA) pilot and the inclusion of sanitation and hygiene within a national social protection cash transfer operational research.

In collaboration with World Bank's Water and Sanitation Programme and ADB, establish a Management Information System for rural water and sanitation departments of Ministry of Rural Development.

UN's role as co-chair to the Rural Water Supply, Sanitation and Hygiene technical working group will advocate for a more transparent analysis of the resources in the sector for the most vulnerable.

**Education:** The UN will actively engage in sector coordination and policy dialogue. Through the Public Finance Management working group in education and its connections with the Ministry of Economy and Finance, it has initiated steps to organize a seminar in 2014 in order to improve the budget planning process.

Support to finalizing and implementing of the next Education Sector Strategic Plan (2014 – 2018)

Support implementation of US\$38.5mill grant from the Global Partnership for Education (GPE)

Support curriculum review and reform of the general education from early childhood care and education, primary and both lower and upper-secondary education.

Support implementation of the Teacher Policy and the MoEYS Guidelines on Vocational Orientation

Conduct UN-wide gender assessment on education that helps to identify priority areas of support related to gender from ECE through to lower secondary and within MoEYS itself.

Leverage additional support through Global Partnership for Education for Early Childhood Development, Child Friendly Schools and equity, including bilingual education and inclusive education for children with disabilities.

Support inter-sectoral consultations on the strengthening of the Quality Assurance and Accreditation in Higher Education as well as on the Cambodia Qualifications Framework.

Support implementation of the Country Literacy Acceleration Plan 2013 – 2015.

Support rollout of the Comprehensive Sexuality Education curricula.

**Outcome area 2 expenditures for 2012 – 2014:**

**Estimated expenditure 2012: \$18,847,019**

**Estimated expenditure 2013: \$22,513,510**

**Projected expenditure 2014: \$19,817,300**

**Quantitative Analysis – indicators to be monitored in 2012 and 2013**

#	Indicator	Baseline	2012		2013		Planned Target 2015
			Planned	Actual	Planned	Actual	
2.1	Maternal Mortality Ratio (Deaths per 100,000 live births)	472	N/A	N/A	N/A	N/A	250
2.2	Prevalence of underweight (weight for age <-2 SD) children <5 years of age (Percent)	28.8	26.6	28	24.4	N/A	19.2
2.3	Infant Mortality Rate (Deaths per 1,000 live births)*over five year period preceding survey (Number)	66	N/A	33.9	N/A	N/A	50
2.5	Percentage of children aged 12-23 months who are fully immunised by age 1 (Measles) (Percent)	91	N/A	95	N/A	95	>95
2.7	Proportion of births attended by skilled health personnel (Percent)	58	N/A	75	N/A	80	87
2.8	Percentage of pregnant women who delivered by caesarean section (Percent)	2	N/A	3	N/A	3.2	4
2.9	Number of basic/comprehensive EmONC (Per 500,000 population, Basic)	1.6	2.5	2.27	3	3.21	4
2.12	Percent of pregnant women with 2 or more antenatal care consultations	80	94	87	94	84	90
2.13	Percentage of children aged 6-59 months receiving preventive Vitamin A doses	79	N/A	R1 = 97 R2 =96	N/A	R1 = 92 R2 = 92	90
2.25	Percentage of households that always treat drinking water (Percent)	Rural: 57 Urban: 63	N/A	Total: 70.5 Rural: 65.9 Urban: 80.8	N/A	N/A	Total: 80 Rural: 80 Urban: 80
2.26	Percentage of households with year-round access to improved sources of drinking water	Rural: 42 Urban: 76 Urban outside PNP: 57	N/A	Total: 50.7 Rural: 41.9 Urban: 81.5 Urban outside PNP: 71.5	N/A	N/A	Total: 65 Rural: 50 Urban: 80 Urban outside PNP: N/A
2.27	Percentage of households with access to improved sanitation facilities	Total: 34 Rural: 23 Urban: 81	N/A	Total: 45.2 Rural: 33.3 Urban: 86.4	N/A	N/A	Total: 52 Rural: 30 Urban: 74
2.28	Percentage of schools without water	Primary school: 34.8 Secondary school: 36	N/A	Total: 47.5 Primary school: 41 Secondary school: 45.2	N/A	Total: 49.1 Primary school: 41.8 Secondary school: 47.7	Total: 28 Primary school:12 Secondary school: 9
2.28	Percentage of schools without latrines	Primary school: 22.4 Secondary school: 17	N/A	Total: 31.0 Primary school: 17.5 Secondary school: 12.2	N/A	Total: 33.5 Primary school: 17.2 Secondary school: 11.7	Total: 28 Primary school: 11 Secondary school: 9
2.29	Percent of households practicing open defecation	Rural: 66 Urban: 19.2	N/A	Total: 51 Rural:63.4 Urban: 17.5	N/A	N/A	Decrease by 50%
2.35	Net enrollment in Early Childhood Education (state pre-schools, community based pre-schools and home based programs) (Percent)	5 years old: 32% 3-5 years old: 17%	N/A	5 years old: 52.7 3-5 years old: 28.9	N/A	5 years old: 56.5 3-5 years old: 32.7	5 years old: 71 3-5 years old: 46

#	Indicator	Baseline	2012		2013		Planned Target 2015
			Planned	Actual	Planned	Actual	
2.36	Promotion rate male (Proportion of pupils from a cohort enrolled in a given grade at a given school year who study in the next grade in the following school year.)	Grade 1: 72.9 Grade 2: 79.3 Grade 3: 80.1 Grade 4: 81.8 Grade 5: 82.1 Grade 6: 86.3 Grade 7: 76.1 Grade 8: 79.8 Grade 9: 72.3	N/A	Grade 1: 79.7 Grade 2: 84.0 Grade 3: 86.3 Grade 4: 86.2 Grade 5: 86.3 Grade 6: 88.8 Grade 7: 76.2 Grade 8: 79.8 Grade 9: 72.0	N/A	Grade 1: 77.5 Grade 2: 86 Grade 3: 89.8 Grade 4: 92.8 Grade 5: 90.4 Grade 6: 87.9 Grade 7: 75.9 Grade 8: 80.4 Grade 9: 74.4	Grade 1: 90 Grade 2: 92 Grade 3: 93 Grade 4: 95 Grade 5: 95 Grade 6: 95 Grade 7: 87 Grade 8: 90 Grade 9: 85
2.36	Promotion rate female	Grade 1: 74.5 Grade 2: 82.2 Grade 3: 84.2 Grade 4: 85.7 Grade 5: 85.3 Grade 6: 88.4 Grade 7: 76.1 Grade 8: 78.0 Grade 9: 74.8	N/A	Grade 1: 81.5 Grade 2: 86.8 Grade 3: 89.2 Grade 4: 89.0 Grade 5: 88.8 Grade 6: 89.9 Grade 7: 77.0 Grade 8: 77.8 Grade 9: 75.7	N/A	Grade 1: 83.8 Grade 2: 85 Grade 3: 87.4 Grade 4: 91.5 Grade 5: 87.7 Grade 6: 89.4 Grade 7: 77.0 Grade 8: 78.6 Grade 9: 77.6	Grade 1: 91 Grade 2: 93 Grade 3: 93 Grade 4: 95 Grade 5: 95 Grade 6: 96 Grade 7: 88 Grade 8: 89 Grade 9: 87.5