

# CMDGs

## Local Awareness and Perspectives

### Cambodia Millennium Development Goals



ERADICATE  
EXTREME POVERTY  
AND HUNGER



ACHIEVE UNIVERSAL  
PRIMARY EDUCATION



REDUCE  
CHILD MORTALITY



IMPROVE MATERNAL  
HEALTH



# **CMDGs**

## **Local Awareness and Perspectives**

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## TABLE OF CONTENTS

List of Abbreviations and Acronyms.....	ii
List of Tables.....	iii
List of Figures.....	iii
List of Boxes.....	iii
Forward.....	iv
Acknowledgements.....	v
Executive Summary.....	vi
Introduction.....	1
1. <b>Study Methodology</b> .....	3
1.1. Secondary Data Collection .....	3
1.2. Primary Data Collection .....	3
1.3. Scope and Limitation of the Study .....	6
2. <b>Current Status of CMDGs - Existing Literature</b> .....	6
2.1. Poverty .....	7
2.2. Education.....	7
2.3. Health .....	9
3. <b>Local Perceptions and Perspectives about CMDGs</b> .....	11
3.1. Local Awareness about CMDGs .....	11
3.2. Perceived Status and Progress .....	12
3.3. Perspectives about the Future and Main Challenges.....	17
3.4. Local Interventions to Accelerate the CMDGs.....	19
3.5. Dissemination of CMDGs.....	23
3.6. Learning from the Experience of other Countries in Localizing MDGs.....	24
Concluding Remarks.....	27
Bibliographic References.....	28
Annex 1: Survey Sites.....	A 1
Annex 2: Questionnaires.....	A 5
Annex 3: Analysis by Geographical Area.....	A 17
Annex 4: Analysis by Gender.....	A 23
Annex 5: Analysis by Target Groups.....	A 29

## LIST OF ABBREVIATIONS AND ACRONYMS

ADB	Asian Development Bank
AIDS	Acquired Immune Deficiency Syndrome
APR	Annual Progress Report
ASUs	Area Support Units
BAT	Battambang province
CDHS	Cambodia Demographic and Health Survey
CMA	Cambodia Midwives Association
CMDGs	Cambodia Millennium Development Goals
DFID	Department for International Development
DPT3	3Doses of Diphtheria, Pertussis and Tetanus
FGD	Focus Group Discussion
FOS	Food Safety (Department of WHO)
GDP	Gross Domestic Product
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit (German Technical Cooperation)
HIV	Human Immunodeficiency Virus
JICA	Japan International Cooperation Agency
KDL	Kandal province
KPC	Kampong Cham province
MDGs	Millennium Development Goals
MoEYS	Ministry of Education Youth and Sport
MoH	Ministry of Health
MoP	Ministry of Planning
MPP	Municipality of Phnom Penh
NGOs	Non-Governmental Organizations
NNP	National Nutrition Program
Novib	Nederlandse Organisatie Voor Internationale Bijstand (Dutch organization for international aid)
NPRS	National Poverty Reduction Strategy
NSDP	National Strategic Development Plan
OXFAM	Oxford Committee for Famine Relief
PADEK	Partnership for Development in Kampuchea
PB	Program Budget
PICDM	PADEK Integrated Community Development Model
PNP	Phnom Penh
RGC	Royal Government of Cambodia
RS	Rectangular Strategy
SEDPII	Second Socio Economic Development Plan
TBAs	Traditional Birth Attendants
TVET	Technical and Vocational Education and Training
UNDP	United Nations Development Program
UNFPA	United Nations Population Fund
UNGA	United Nations General Assembly
UN-Habitat	United Nations Human Settlements Program
UNICEF	United Nations Children's Fund
USAID	United States Agency for International Development
WHO	World Health Organization

## LIST OF TABLES

Table 1.1:	Number of FGDs organized.....	4
Table 1.2:	Sample Structure by Province.....	5
Table 2.1:	Status of Goal 2 (Achieving Universal Primary Education).....	8
Table 2.2:	Status of Goal 4 (Reducing Child Mortality).....	9
Table 2.3:	Status of Goal 5 (Improving Maternal Health).....	10
Table 3.1:	Local Perceptions about the CMDG Dissemination Strategy.....	23

## LIST OF FIGURES

Figure 3.1:	Local Awareness of CMDGs .....	11
Figure 3.2:	Local Awareness of National Development Plans .....	12
Figure 3.3:	Percentage of People Perceiving Improvements.....	13
Figure 3.4:	How People Perceive Poverty, Compared to 3 Years Ago?.....	14
Figure 3.5:	How People Perceive Basic Education, Compared to 3 Years Ago?.....	15
Figure 3.6:	How People Perceive Basic Health Care, Compared to 3 Years Ago?.....	16
Figure 3.7:	Local Perceptions about the Likelihood of Achieving CMDG Targets.....	18
Figure 3.8:	Local Perceptions about Activities to Accelerate the Achievement of CMDGs.....	20

## LIST OF BOXES

Box 1:	Examples of Existing Local Interventions to Accelerate the Achievement of the CMDGs .....	22
Box 2:	Advocating and Localizing the MDGs in the Philippines- Business Sector Initiatives.....	25
Box 3:	Localizing the MDGs to sub-national level- The Naga City Experience .....	26

## FORWARD

In response to the Royal Government of Cambodia's commitment to achieving the Cambodia Millennium Development Goal (CMDG) targets by 2015, the Economic Institute of Cambodia is pleased to present the report, ***"CMDGs' Local Awareness and Perspectives"***. This report provides relevant insights into the awareness and perspectives of local people towards the CMDGs.

The Millennium Declaration set by the United Nations provides a good policy framework for the country's development. To successfully implement this policy, concrete and rigorous participation from local people is required. Since local awareness of the CMDGs is quite limited, awareness-raising campaigns and participation from Government as well as development partners are essential to achieve the goals. At the same time, the implementation of relevant policies is also crucial to accelerating overall development.

This report is made up of three main parts. The first part presents the study methodology. The second part outlines the current status of CMDGs and is mainly based on existing literature. And the last part describes the level of awareness and perspectives among local policy makers and implementers towards the CMDGs.

*Sok Hach, President*

*Economic Institute of Cambodia*



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## EXECUTIVE SUMMARY

Perceptions local people have about how their communities are developing and progress are a way to gauge the effectiveness of current policies and pinpoint where further local interventions may be needed to accelerate the country's development and thus the achievement of the Cambodia Millennium Development Goals (CMDGs). Before those perceptions could be assessed, it is essential that local people are aware of the CMDGs.

With this regards, the study gauges the level of awareness among key grassroots policy makers about the CMDGs and surveys perceptions about how local communities are developing. The study also assesses perception of local people on the status of the CMDGs, in particular targets and indicators of Goal 1 (eradicate extreme poverty and hunger), Goal 2 (achieve universal basic education), Goal 4 (reduce child mortality) and Goal 5 (improve maternal health).

The study was conducted on 317 respondents of four main target groups which are (i) member of commune councils; (ii) teacher of primary and secondary schools; (iii) staff of health centers; and (iv) Buddhist religious leaders (monks and laymen). In addition, 46 focus group discussions (FGDs) and 29 quantitative interviews were done in three main areas (Phnom Penh/Kandal, Kampong Cham and Battambang provinces) to assess the CMDGs' local awareness and perspective.

### **Local Awareness about CMDGs**

Obstacles to achieving the CMDGs vary from place to place depending on the goal and its targets. Therefore, solutions must be responsive to local needs and tailored to meet specific challenges. However, before they can provide input into the design and implementation of programs aimed at addressing obstacles to achieving the CMDGs, they must first understand what the goals are.

The study shows that the awareness about the CMDGs at the local level is remarkably low. An overwhelming majority of respondents of the survey were not aware of the CMDGs or possessed only a limited understanding of the goals.

Only about 2 percent of survey respondents correctly explained the CMDGs and their purpose, those who had a firm grasp of the Government Rectangular Strategies (GRS) and the National Strategic Development Plan (NSDP) were limited to 5 percent. 59 percent of 317 respondents had never heard of the CMDGs, thus about 41 percent were aware of the goals.

It is noteworthy that local people tended to be more aware of the GRS and the NSDP than the CMDGs. Dissemination of information related to the GRS and NSDP has been

much broader among the target groups, due probably to the fact that these two development strategies are mentioned more in reference to the country's development strategy and plan when it is reported by the media.

Levels of awareness about the CMDGs were almost the same among rural and urban people. Commune council members were better informed than teachers, health center staff and Buddhist leaders. Even though awareness about the goals was low, almost all of the survey respondents agreed that the CMDGs are important in guiding the country's development.

The media can play an important role in educating the public about the CMDGs. Of those who had heard of the CMDGs, most had learned about them from the radio and TV, while only a few got informed by participating in conferences, seminars or training on the topic.

### **Local Perceptions about the Progress of CMDGs**

Most survey respondents believed poverty has been decreasing in their communities and that most Cambodians can afford at least enough food to survive. Interestingly, people in rural area perceived less positively than those in urban area that poverty is on the decline. This is not surprising since poverty tend to be more serious in rural areas, where there is little in the way of support or infrastructure to help poor people meet their basic needs. Some of the improvements reported were increasing investment, better infrastructures, increase in agricultural productivity due to improved irrigation, etc.

Related to education sector, almost three quarters of respondents mentioned enrollment in basic education has improved, while only a few thought it has worsened. Remarkably, teacher target group surveyed were more likely than other target groups to think that educational system has improved. Perceived improvement in basic education was credited with improved living standards, additional primary and secondary schools and in particular the improved understanding of parents of a value in education which resulted in a much better condition for children, especially girls.

Looking into health sector, almost 80 percent of respondents in both urban and rural areas believe health care for children and mothers has improved and this has contributed to a reduction in under-five and maternal mortality rates. The survey suggests that a growing number of Cambodian parents understand the benefits of breastfeeding, birth spacing, antenatal care, having their children vaccinated and supplementing diets with vitamin A.

Remarkably, declining HIV prevalence rates tops the list of positive changes people have observed in their community. It was cited by 89 percent of survey respondents compared to only 56 percent who said the environment has improved. One of the challenges related to

the environment were stated to be the limited understanding of local people in keeping the environment clean. Litters and some wastes from the industrial factories were also reported to be persistent issues.

## **Future Perspectives and Main Challenges in Meeting CMDG Targets**

### **Future Perspectives**

The survey found that, generally, local people are optimistic that Cambodia will meet the CMDG targets and their confidence may be due to the positive changes they've observed in their communities over the past few years. A majority of local people think Cambodia is very likely to achieve the basic education, child mortality and maternal health targets while only a few were confident that poverty reduction targets are achievable. Meanwhile, about 30 percent said they do not think the poverty target will be achieved by 2015. Urban dwellers generally are more optimistic than rural people that Cambodia will meet its CMDG targets.

That said, some of the survey respondents believe the goals can be met unless funding to social sectors is sustained and the poor are exempted from paying fees for basic services.

### **Primary Concerns**

Poverty (Goal 1) and education (Goal 2) were deemed by both urban and rural survey respondents to be the most important of the nine CMDGs and issues requiring special attention from the Government while gender (Goal 3) ranked third in importance by local people.

Although most respondents reported seeing improvements in their communities and feeling hopeful about the future, they still mentioned that programs must continue to be implemented to maintain the progress made and to bolster further development. Most people stressed that modernization of the agricultural sector is important in rising significant gains in poverty reduction since a majority of Cambodia's poor work in the agricultural sector.

Related to gender issues, urban people believed gender discrimination still exists in the workplace because women rarely rise to the ranks that men do in the professional world. In addition, rural people viewed gender role discrimination as a persistent cause of domestic violence and marital problems.

### **Main Challenges**

Some of the CMDG targets were adopted in the NSDP. There is thus a need to build stronger linkages between the CMDGs and the NSDP when it comes to implementation, which should not be limited to policies on paper but also include the technical, financial and human resources necessary to achieve the targets.

According to local people, specific challenges in meeting the poverty, education and health related targets of CMDGs were described as follow:

*Poverty:* Local people repeatedly cited: (i) high inflation due to soaring food prices; (ii) unemployment, resulting from limited education and a lack of suitable vocational skills; (iii) lack of private investment, etc. Unmanageable slum communities and migration also create social problems in some urban areas.

*Education:* Challenges in meeting education targets include: (i) poverty, which forces children to work for basic survival, thereby limiting their opportunity to go to school; (ii) low teacher salaries; (iii) inadequate quality of education; (iv) social disorder that deters children from studying such as gangs.

*Health:* The challenges cited by local people included: (i) lack of skilled personnel; (ii) lack of modern medical tools; and (iii) limited number of health centers, especially in rural remote areas. All of these factors limit access to basic health care and increase the cost of health care for the poor. Carelessness and the failure of some local people to follow through on medical advice provided at health centers also undermine child and maternal health.

### **Suggested Local Interventions to Meet CMDG Targets**

A number of local interventions by the Government, civil society and donors are having or potentially could have impact on the ground, survey respondents believe. Extending such development programs to the local level would benefit the poor or, in other words, accelerate achievement of the CMDGs. To do so, the Government will need to work closely with all development partners (multilateral and bilateral donors, civil society and private sector) to mobilize additional resources for implementation of development programs.

All stakeholders should have a role in accelerating progress in achieving the CMDGs. The ongoing dissemination of CMDGs at the local level and ensuring sufficient budgets in place for implementing CMDG-related development strategy are seen as pre-requisites to meeting the goals (represented by 68 percent of respondents). In addition, participation from local people was also mentioned to be very important in contributing to the achievement of CMDGs by the target year.

Some stated that training of local trainers on CMDGs ought to be considered in the design of programs to increase awareness about the CMDGs among local people. Localizing CMDGs to the sub-national level by setting MDGs targets for sub-national levels was also mentioned to have potentially hasten progress.

More specifically, local people suggested potential local interventions in the three main areas as follow:

Poverty:

- Building additional physical infrastructure such as schools, health centers, roads, irrigation, etc. to support the country's long-term development;
- Promoting private investment, especially in the agricultural sector, to create jobs and improve living standards;
- Promoting local products on local and international markets;
- Providing practical and relevant vocational training for poor and vulnerable people on such topics as animals raising, vegetable growing, factory construction and electricity;
- Controlling environmental pollution such as garbage, smoke and toxic waste from factories, which could hinder future development; etc.

Education:

- Developing an effective approach to increase school enrollment/retention and quality of education;
- Raising salaries or providing incentives for teachers to put more effort into training programs;
- Supporting capacity building for teachers so that they have opportunities to progress along their career paths; etc.

Health:

- Building more health centers, especially in remote areas, to ensure that all people have equal access to basic health care services;
- Ensuring the number and skill level of health personnel are sufficient to provide quality treatment;
- Continuing the dissemination of information related to basic health care such as child and maternal care as well as HIV prevention;
- Raising salaries or providing incentives for health center staff so they are appropriately enumerated;
- Providing adequate medical tools in all health centers; etc.

## **Dissemination of CMDGs**

The dissemination of CMDG-related information is vital because people first need to understand the goals before they can participate in a meaningful way in the implementation of the national development plan through their social and professional activities. In this context, media should play an important role in the dissemination strategy.

More than three quarters of respondents agreed that dissemination of information through the media is the most effective and easiest way to increase awareness about what the CMDGs are and the progress that has been made in achieving the targets. While TV seems to work best among local people, radio is believed to be the best medium for getting the message out to rural people. Dissemination of information through commune councils was thought by 63 percent of local people to be an effective strategy for spreading CMDG information.

## **Concluding Remarks**

The CMDGs represent Cambodia's tailor-made commitments within the broader global development agenda. The goals set clear development targets the country committed to achieving by 2015. But while linkage clearly exists between international and national MDG commitments, it does not extend to the local level, where awareness about the CMDGs is very low.

Still, even though few may be able to articulate what the CMDGs are, most people are optimistic that the targets will be achieved if critical challenges are overcome, investment continues in social sectors and the national development strategy is properly implemented.

Nevertheless, more must be done to educate the public about the CMDGs and the following should be carefully considered when designing local interventions to increase the awareness among local people:

- Continuing dissemination of information about the CMDGs at the local level through media;
- Ensuring budgets are sufficient to implement CMDGs-related development programs;
- Ensuring the participation of local people in the preparation of the national development strategy;
- Training of local trainers on CMDGs. Civil societies such as local NGOs as well as religious leaders would be the best partners;
- Building the capacity of local authorities to implement the national development strategy;
- Localizing the CMDGs to the sub-national level;
- Providing more regular updates on the status and progress of the CMDGs to the public.





## INTRODUCTION

The Millennium Declaration was adopted in September 2000 by all 189 member states of the United Nations General Assembly (UNGA), with world leaders agreeing to a set of time-bound and measurable goals and targets for combating extreme poverty, hunger, diseases, illiteracy, environmental degradation and discrimination against women. Commonly known as the Millennium Development Goals (MDGs), these goals have become a widely accepted as critical to the global development agenda.

The Royal Government of Cambodia (RGC), as a member state of the UNGA, is firmly committed to bridging the gap between not only global commitments and national progress, but also aggregate national and local development outcomes. To better reflect realities in Cambodia, the RGC applied a participatory approach that included all major development stakeholders to establish the Cambodia Millennium Development Goals (CMDGs) in 2003. The CMDGs include the eight original MDGs and one additional goal ( Goal 9 ):

- Goal 1: Eradicate extreme poverty and hunger
- Goal 2: Achieve universal nine-year basic education
- Goal 3: Promote gender equality and empower women
- Goal 4: Reduce child mortality
- Goal 5: Improve maternal health
- Goal 6: Combat HIV/AIDS, malaria and other diseases
- Goal 7: Ensure environmental sustainability
- Goal 8: Forge a global partnership for development
- Goal 9: De-mining, UXO and victim assistance

By localizing the United Nation MDGs into tailor-made CMDGs, Cambodia has been working hard to meet its 2015 targets. Various national policies were created and implemented such as the Government Rectangular Strategy (GRS) and the National Strategic Development Plan (NSDP), which is updated and revised regularly based on the results of annual assessments carried out by the Ministry of Planning (MoP).

The RGC has claimed that it is strongly committed to implementing policies to achieve the CMDGs targets. Of note, the CMDGs and targets were adopted in the National Strategic Development Plan (NSDP) 2006-2010, which set benchmark targets for certain indicators to be met by 2010 and others by 2015.

Thanks to the efforts of the Government in disseminating development policy, policy makers, development partners, civil society organization workers and academics are widely aware of the Government's two major strategic papers at the national level. However, at the local level, these important national policy papers have been largely overlooked.

To achieve the CMDGs, it is critical to keep track of progress in implementing these strategies and, in particular, the status of all indicator benchmarks. Understanding what the CMDGs are and the indicators and targets that have been set are essential for planning and monitoring. At the national level, the Ministry of Planning and development partners have been working together to monitor progress against these indicator benchmarks. But few efforts have been made at the grassroots to track these benchmarks.

Monitoring CMDG implementation at the commune level is important for two main reasons. First, it helps to expose variations in the distributional impact of CMDG implementation among communes in Cambodia, which the national monitoring mechanism is not yet able to capture. Second, it provides more detailed understanding not only of the impacts of CMDG and NSDP implementation but also the related ongoing implementation of the Government's Decentralization and De-concentration Program.

The RGC will not be able to achieve its CMGD targets unless it has the active participation of all relevant stakeholders, especially people at the local level, and it is necessary for people to be aware of the CMDGs before they can help reach the goals and targets.

Recognizing that assessing the current level of awareness and the status of CMDG implementation is critical to the overall effort to achieve the CMDGs, the research project has three main objectives:

1. To assess the level of awareness of CMDGs among key local policy makers at the grassroots level.
2. To review the current status of CMDGs, particularly targets and indicators under Goal 1 (eradicate extreme poverty and hunger), Goal 2 (achieve universal basic education), Goal 4 (reduce child mortality) and Goal 5 (improve maternal health).
3. To explore local level perspectives on how to achieve the CMDGs.

## 1. Study Methodology

In order to achieve the objectives of the study, secondary and primary data were collected from different sources. Desk reviews of existing literature on the Millennium Development Goals (MDGs) were done thoroughly prior to the completion of a field survey to gather detailed information about local perceptions and perspectives with regards to the CMDGs.

### 1.1. Secondary Data Collection

The collection of secondary data included the most up-to-date information available on the MDGs and CMDGs to help identify trends to support an analysis of the status of the goals related to poverty, education and health. Various documents and publications from a number of institutions were reviewed to assess the current situation in Cambodia. The publications were found in the EIC library, on the Internet and at institutions such as the Ministry of Planning (MoP), Ministry of Education (MoE), Ministry of Health (MoH), UNDP, World Bank among others.

The reference sources reviewed included the CMDGs Report 2003, the CMDGs Update Report 2005, NSDP 2006-2010, NSDP-Annual Progress Report 2006, the Cambodia Socio-Economic Survey (CSES) 2003-2004, the Education Statistics and Indicators 2006-2007, the Cambodia Demographic and Health Survey (CDHS) 2005, etc.

### 1.2. Primary Data Collection

In addition to secondary data collection, primary data was collected through field surveys conducted in selected sites. Focus group discussions (FGD), quantitative interviews and qualitative interviews were done to assess the level of awareness and understanding of local people about the CMDGs.

#### *Target Informants*

The field survey was undertaken in August 2008 in three sites in three provinces and one municipality; namely, Phnom Penh/Kandal, Battambang and Kampong Cham. The local economy in these areas is more active and the living standard of people in the provinces is generally higher than the national average. These survey sites were chosen because it was believed that residents of these areas generally have more access to information, including the CMDGs.

Purposive selection was applied for target informants due to the technical nature of the CMDGs. Four main groups of local policy makers and implementers who either influence or are directly involved in the implementation of national development policy at the local level were surveyed. Thus, it is believed that contributions from these people are essential to the achievement of some, if not all, of the CMDG targets. The four target groups of informants included:

- (i) Member of commune councils;
- (ii) Teacher of primary and secondary schools;
- (iii) Staff of health centers; and,
- (iv) Religious leaders (monks and laymen).

Gender was another important criterion in the selection of respondents and effort was made to strike a balance between respondents in urban and rural areas when conducting field survey. At the urban level, one commune at a provincial center and one commune at a district center were selected, while two rural communes were chosen in each study site. Choosing locations for interviews while remaining sensitive to such considerations takes more time, but the results allow us to appreciate more fully how perceptions about CMDGs may differ between men and women and among urban and rural people.

### ***Focus Group Discussions (FGDs);***

FGDs were organized with the four main target groups with two main objectives: (i) to explore their awareness of the CMDGs; and, (ii) to introduce and/or explain the CMDG's nine goals. The objective and purpose of the FGDs was explained to community chiefs or heads of organizations (commune councils, schools, health centers and pagodas). Once they gave the green light, they were asked to invite staff members under their supervision to join the discussions, which were facilitated by EIC staff members.

Initially, the plan was to organize a total of 48 FGDs in the three selected sites (or in other words 16 FGDs in each province) and the hope was that each FGD would be attended by eight people with similar career backgrounds. However, it was too difficult to arrange two of the planned FGDs so only 46 FGDs were carried out.

**Table 1.1: Number of FGDs Organized**

FGDs	PNP & KDL		KPC		BAT		Total
	Urban	Rural	Urban	Rural	Urban	Rural	
Members of Commune Councils	2	2	2	2	2	2	12
Teachers	1	2	2	2	2	2	11
Staff of Health Centers	1	2	2	2	2	2	11
Buddhist Religious Leaders	2	2	2	2	2	2	12
<b>Total</b>	<b>6</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>8</b>	<b>46</b>

**Source:** EIC, *Survey on Local Awareness of CMDGs, August 2008*

**Note:** Each FGD consisted of five to eight participants

The number of participants in each FGD ranged from five to eight people, depending on participant availability and the number of staff in each department. As a result, seven participants attended per FGD on average.

The discussion started with a brief introduction of the nine CMDGs and their targets in simple language to ensure that participants had enough information about the topic to contribute to the discussion. Then, questions were raised by the moderator that were designed to gauge the level of awareness about the CMDGs and perceived changes within communities with regards to respective CMDG targets. Active participation was observed during the discussion. Conclusions were drawn for each discussion and the moderator took meticulous notes about the ideas that emerged during our focus group conversations.

It is worth noting that results from FGDs were cross-checked with information from the quantitative and qualitative interviews, which is described in the next section.

### ***Quantitative Interviews***

Quantitative interviews were conducted with FGD participants in the interest of ensuring the greatest degree of accuracy. Participants were asked to fill in questionnaires prior to each FGD to assess their level of awareness about the CMDGs.

**Table 1.2: Sample Structure by Province**

Quantitative Interviews	PNP & KDL		KPC		BAT		Total	
	Sample	%	Sample	%	Sample	%	Sample	%
Members of Commune Councils	21	7%	29	9%	22	7%	12	23%
Teachers	23	7%	28	9%	33	10%	11	26%
Staff of Health Centers	25	8%	33	7%	20	6%	11	21%
Buddhist Religious Leaders	31	10%	84	10%	67	10%	12	30%
<b>Total</b>	<b>100</b>	<b>32%</b>	<b>111</b>	<b>35%</b>	<b>106</b>	<b>33%</b>	<b>317</b>	<b>100%</b>

**Source:** EIC, *Survey on Local Awareness of CMDGs, August 2008*

In total, 317 completed questionnaires were collected for analysis. Fifty percent of respondents were from urban communes and 50 percent resided in rural communes. Women made up 30 percent of respondents.

### ***Qualitative Interviews***

Qualitative interviews were conducted separately with chiefs or heads of organizations such as commune councils, schools, health centers, provincial planning departments and local NGOs working on development. The aim of these conversations was to determine their level of understanding about the CMDGs and whether there is a link between their level of awareness about the CMDGs and how Government policy is disseminated in their communes.

They were not invited to participate in the FGDs to avoid the risk that they might dominate the discussion at our FGDs and/or discourage other participants from expressing their opinions openly.

Qualitative interviews were conducted with 29 such people, of whom 10 were from Kampong Cham and Battambang province, respectively, and nine from Kandal province.

### **1.3. Scope and Limitation of the Study**

The scope of the study is limited to assessing local awareness of the CMDGs, with a particular focus on poverty, education and health-related goals as opposed to all nine CMDGs. The purpose of the study is not to measure progress in achieving the CMDGs, but to explore local level perspectives about the status of the CMDGs and the progress that has been made to meet their targets within communities.

Different approaches have been employed to maximize the study's accuracy. But this exploratory research study has certain limitations, which must be made explicit to assist readers in interpreting results. These include:

- Lack of up-to-date information on CMDGs at the national level makes it difficult to speculate with any authority about whether Cambodia is on track to meet each of the CMDG targets. Since the Ministry of Planning released a progress report on the CMDGs in 2005, there have been no regular updates, though relevant Government ministries have released data that is useful in tracking the status of some CMDGs.
- The study is limited in scope and coverage and therefore the findings are not representative of nation-wide perceptions on the CMDGs. Rather, they reveal only the perspectives of local people in the selected study sites. Cambodians who live in other locations might have different priorities, opinions and perspectives.
- The research team had to spend a great deal of time on bureaucratic procedures as a result of difficulties encountered arranging appointments with some interviewees. A few FGDs and qualitative interviews were scheduled only to be cancelled due to the busy schedule of the participants. It was necessary to postpone the field survey until after the national election campaign, which took place in Cambodia on 27 July 2008.

Further research that extends the scope and geographic reach of this study to include all of the CMDG targets would provide a more comprehensive and complete representation of Cambodian perceptions about the CMDGs. In this context, the methodology used in this study could be applied to a larger number of target groups and in other province, which would allow researchers to comment more authoritatively about how perceptions about the CMDGs vary from place to place and person to person.

## **2. Current Status of CMDGs – Existing Literature**

Literature that includes data pertinent to the CMDG targets and indicators, and particularly those in Goal 1, Goal 2, Goal 4 and Goal 5, was reviewed to assess the status of

CMDG targets. A 2005 Cambodia MDG update and 2006 progress report on the national strategic development plan NSDP-APR 2006-2010 were the main sources of information for this study, but a few other relevant publications and reports also were taken into account.

It is noteworthy that the bulk of the data on the CMDGs that is currently available in existing literature are from 2006 and 2007.

## **2.1. Poverty**

The discovery of offshore oil and gas reserves is expected to bolster future foreign direct investment and bring about high levels of economic growth and significant increases in public revenue. Oil and gas production may begin as early as 2010.

That said, the GDP growth rate of 10.8 percent in 2006 dropped by 0.6 percentage points in 2007<sup>1</sup>. The economy continues to grow quickly, driven mainly by garment exports, tourism, construction, and agricultural expansion, and the exchange rate remains stable. However, the inflation rate, as of August 2008, was an estimated 21 percent, a dramatic increase from 2007 when it was 5.85 percent. The poverty rate decreased from between 45 and 50 percent in 1993/94 to 34.5 percent in 2004/05 and to 31 percent in 2007<sup>2</sup>, according to most estimates, but is still very high compared to the regional average. The 2007/08 Human Development Index ranked Cambodia 131 out of 177 countries.<sup>3</sup>

The CMDG target of reducing poverty to 25 percent by 2010 and to 19.5 percent by 2015 might only be achievable with continuous, concerted effort from the Government, donors and international organizations.

## **2.2. Education**

The prognosis is not as clear for the CMDG target that calls for nine-year basic education for all children by 2015. Education statistics for 2006/2007 and the 2005 CMDG progress report showed that five out of 10 indicators had declined slightly, while four indicators had showed improvement. The net admission rate, determined by comparing actual to potential admissions to grade one, increased by 4.9 percentage points between 2005 and 2007. The net enrollment ratio in primary education increased to 92.1 percent in 2006 from 91.9 percent in 2005.

The net enrollment ratio in lower secondary school rose to 33.7 percent in 2006 from 26.1 percent in 2005. Enrollment of boys rose by 7.2 percentage points and girls by 8.3 percentage points.

Progress has also been made in closing the gender gap in secondary school enrollment. The ratio of girls to boys in primary education was around 89.5 percent in 2006, the same as it was in 2005, but it increased in secondary schools from 77 percent to 84.7 percent over the same period.

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1 Ministry of Planning (MoP).

2 CAMBODIA: Recent Macroeconomic and Financial Sector Developments. Supreme National Economic Council.

3 Report, Project Progress Review (PPR) April 2008, GTZ.

The adult literacy rate (15-24 years old) increased slightly from 83.4 percent in 2005 to 84.7 percent in 2006<sup>4</sup> comparing to the target of 95 percent adult literacy by 2010.

Table 2.1 compares educational indicators from 2005 and 2006 with CMDG targets for 2010 and 2015.

**Table 2.1: Status of Goal 2 (Achieving Universal Primary Education)**

Indicators	Benchmark Values (2005)	Est. 2006	Target	
			2010	2015
2.1 Net admission rate (%)	81	85.9	100	100
2.2 Net enrollment ratio in primary education (%)	91.9	92.1	100	100
Male	93	93.2	100	100
Female	90.7	91	100	100
2.3 Net enrollment ratio in lower secondary education (%)	26.1	33.7	75	100
Male	27.1	34.3	75	100
Female	24.8	33.1	75	100
2.4 Proportion of 6-14 years old out of school (%)	18.7	...	11	0
2.5 Survival rate from grade 1 to 5 (%)	59.2	57	100	100
2.6 Survival rate from grade 1 to 6 (last grade of primary cycle) (%)	53.1	49.3	100	100
2.7 Survival rate from grade 1 to 9 (last grade of basic cycle) (%)	29.3	26.3	76	100
2.8 Literacy rate of 15-24 years old (%)	83.4	84.7	95	100
2.9 Ratio of girls to boys in primary education (%)	89.5	89.4	100	100
2.10 Ratio of girls to boys in lower secondary education (%)	77	84.7	100	100

**Source:** *Education Statistics and Indicators -2006/2007 (MoEYS); and the APR-NSDP 2006-2010 (MoP)*

Many factors are transforming Cambodia's educational sector, including an increase in the number of schools, fee exemption for school-age children attending grade one to grade nine and projects and programs aimed at boosting the number of children attending school. For instance, a budgetary program provides money for primary and secondary school children through the purchase of school equipment and studying tools, etc.

However, improvements to basic education continues to be constrained by low teacher salaries, which force educators to supplement their income with other jobs, and poverty, which prevents parents from sending their children to school because they are needed at home to help ensure the family's basic survival.

In short, Goal 2 targets set in the CMDGs for 2010 and 2015 are likely attainable. However, more effort is needed to ensure the smooth and steady improvement of Cambodia's education sector.

<sup>4</sup> International Conference on the Millennium Development Goal Statistics. Manila, 1-3 October 2007 (MoP), Cambodia; and APR-NSDP 2006-2010.



## 2.3. Health

### *Child mortality*

Because Cambodia is a developing country, significant numbers of people—especially children and mothers—suffer from poverty; malnutrition and food insecurity; lack of safe water; inadequate sanitation; and, an inability to access immunization programs.

These issues must be addressed to achieve the CMDG of reducing the under-five mortality rate to 65 per 1,000 live births and infant mortality to 60 per 1,000 live births by 2015.

Infant mortality fell from 95 per 1,000 live births in 2000 to 66 in 2005 and it remained unchanged in 2006, according to the 2005 CDHS the NSDP-APR 2006-2010. Under-five mortality decreased from 124 deaths per 1,000 live births to 82 over the same period, but changed very little by 2006, when there were 83 deaths per live births.

It is noteworthy that figures related to the indicators in Goal 4 (child mortality) are so limited that it is difficult to make the benchmark and to see the current status of child health.

Table 2.2 summarizes the comparison of child mortality indicators with CMDG targets for 2010 and 2015.

**Table 2.2: Status of Goal 4 (Reducing Child Mortality)**

CMDG Indicators	Benchmark Value (2005)	Est. 2006/2007	Target	
			2010	2015
4.1 Under-five mortality rate (per 1,000 live births)	82	83	85	65
4.2 Infant mortality rate (per 1,000 live births)	66	66	60	50
4.3 Proportion of children under 1 year immunized against measles (%)	80	79 <sup>5</sup>	85	90
4.4 Proportion of children aged 6-59 months receiving Vitamin A capsules (%)	...	...	80	90
4.5 Proportion of children under 1 year immunized against DPT3 (%)	83	82 <sup>6</sup>	85	90
4.6 Proportion of infants exclusively breastfed up to 6 months of age (%)	...	...	34	49
4.7 Proportion of mothers who start breast-feeding newborn child within 1 hour of birth (%)	29.30	...	45	62

**Source:** CDHS-2005; NSDP-APR 2006-2010. (MoP); and National Health Statistics 2007 (MoH)

As the table suggests, Cambodia is likely to reach its goal of reducing under-five mortality to 85 and infant mortality to 60 in 2010. Though, continuous effort from both Government and development partners is needed to safeguard its achievability.

### *Maternal health*

Many measures are used to gauge improvements in maternal health, such as antenatal

<sup>5</sup> National Health Statistics 2007, (MoH) The figure is for 2007 and only includes births at public hospitals..

<sup>6</sup> Ibid.

care (ANC), which refers to the health care a woman receives during pregnancy and at the time of delivery, modern birth spacing methods and total fertility, etc. In 2007, the maternal mortality rate was 472 per 100,000 live births in the public sector.<sup>7</sup>

ANC is deemed critical to the survival and well-being of both mother and child. ANC coverage is determined by the number of ANC visits a woman has at key stages of her pregnancy, the time of first and last ANC visit, and the type of services and information provided during ANC. The 2005 CDHS found a significant increase in antenatal care compared to 2000. In 2000, more than 50 percent of pregnant women did not receive any antenatal care, and 38 percent received ANC from a trained health professional compared to 2005, when about 69 percent received ANC from trained personnel (doctors, nurse, and midwives) at least once<sup>8</sup> and 47 percent of pregnant women attended two or more ANC consultations.

The CMDG 2005 progress report and the 2005 CDHS pointed out that the contraceptive prevalence rate, which includes women using modern birth spacing methods, increased from 18.5 percent in 2000 to 20.1 percent in 2005.

Improvements in maternal health, especially related to antenatal care, have occurred. However, more effort and health programs are needed to reach the targets of 60 percent contraceptive prevalence rate and 140 deaths per 100,000 live births by 2015.

Table 2.3 summarizes the CMDG indicators and benchmarks in relation to maternal health and compares them to targets for 2010 and 2015.

**Table 2.3: Status of Goal 5 (Improving Maternal Health)**

CMDG Indicators	Benchmark Value (2005)	Est. 2006/2007	Target	
			2010	2015
5.1 Maternal mortality ratio (per 100,000 live births)	...	472	243	140
5.2 Total fertility rate	3.3	...	3.4	3
5.3 Proportion of births attended by skilled health personnel (%)	...	46 *	70	80
5.4 Proportion of married women using modern birth spacing method (%)	20.1 *	...	44	60
5.5 Percentage of pregnant women within 2 or more ANC consultations from skilled health personnel (%)	47 *	41 *	75	90
5.6 Proportion of pregnant woman with Iron Deficiency Anemia (%)	...	...	39	33
5.7 Proportion of women aged 15-49 with BMI<18.5kg/Sq.meter (%)	...	...	12	8
5.8 Proportion of women aged 15-49 with Iron Deficiency Anemia (%)	...	...	32	19
5.9 Proportion of pregnant women who delivered by Caesarean Section (%)	0.8	...	3	4

**Source:** 2005 CDHS; NSDP-APR 2006-2010; and National Health Statistics 2007 (MoH)

**Note:** The figures with an asterisk only include data from public hospitals

The estimate values for 5.3 and 5.5 are for 2007 (The National Health Statistics 2007)

### 3. Local Perceptions and Perspectives about CMDGs

#### 3.1 Local Awareness about CMDGs

The study suggested that the awareness about the CMDGs at the local level was remarkably low as most respondents were either not aware of them or had only a limited understanding of Cambodia's Millennium Development Goals. 41 percent of respondents were aware of the CMDGs, but a majority of respondents (59 percent) had never heard of them. Interestingly, about the same proportion of rural and urban people were aware of CMDGs but commune council members tended to be better informed compared to the study's other target groups. This might be explained by the fact that members of commune council are more directly involved in the development plans, thus they are more open to various national development policies or strategies including the CMDGs.

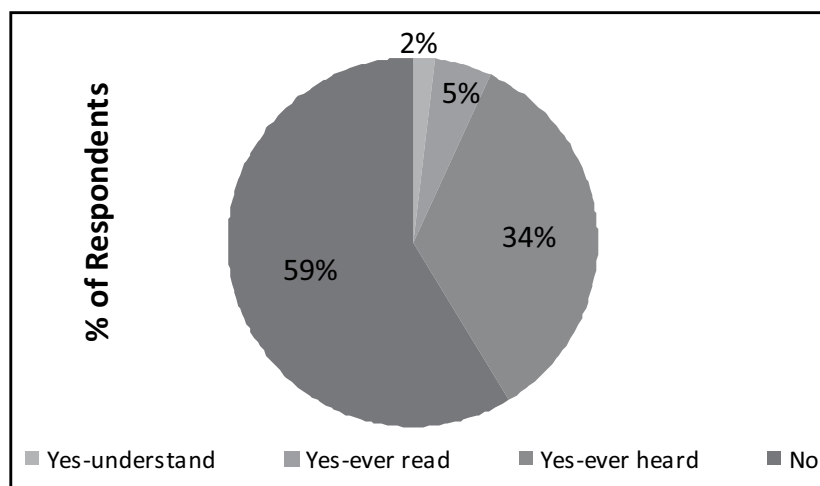
Some respondents had heard about the CMDGs through the media, but most of them could not describe the goals or their targets in any depth.

Some broadly associated the CMDGs with the country's development plan and/or poverty reduction program while a few provided definitions for the CMDGs that were completely incorrect.

One respondent in Kandal province said:

*"This is my first time to hear about the CMDGs. When I first heard of them, I thought the CMDGs referred to 'The Millennium Year 2000 Anniversary,' which was celebrated by most people around the globe on Jan. 1, 2000. I would like to thank the team for their explanation of the CMDGs. If it wasn't for them, I still would misunderstand this term."*

**Figure 3.1: Local Awareness of CMDGs**

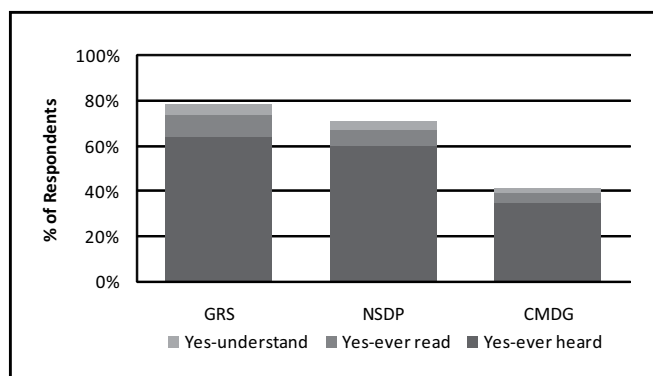


Source: EIC, Survey on Local Awareness of CMDGs, August 2008

It is worth pointing out that only 2 percent of respondents could correctly explain the CMDGs and their purpose. Though the level of awareness about the CMDGs was low, almost all participants in the FGDs agreed that the CMDGs are important in guiding the development of the country. Moreover, media has played an important role in spreading awareness about the CMDGs. Among those who had heard of the CMDGs, 68 percent had

been informed through radio and 63 percent through TV. Only 29 percent had learned about the goals through participating in conferences, seminars or training on the topic.

**Figure 3.2: Local Awareness of National Development Plans**



Source: EIC, *Survey on Local Awareness of CMDGs, August 2008*

Local people were more aware of the Government Rectangular Strategy (GRS) and the National Strategic Development Plan (NSDP) than the CMDGs. About 78 percent of respondents had heard of the GRS, compared to 72 percent for NSDP and only 41 percent for CMDGs. Dissemination of information related to the GRS and NSDP has been much broader among the target groups, which may be due to the fact that the GRS and NSDP are mentioned more by the Prime Minister and in reference to the country’s development strategy and plan when it is reported by the media. In contrast, few CMDG-related documents have been distributed to or are accessible by the public.

While awareness of the GRS and NSDP was higher than the CMDGs at the local level, understanding of all three policy documents generally was limited.

### 3.2 Perceived Status and Progress

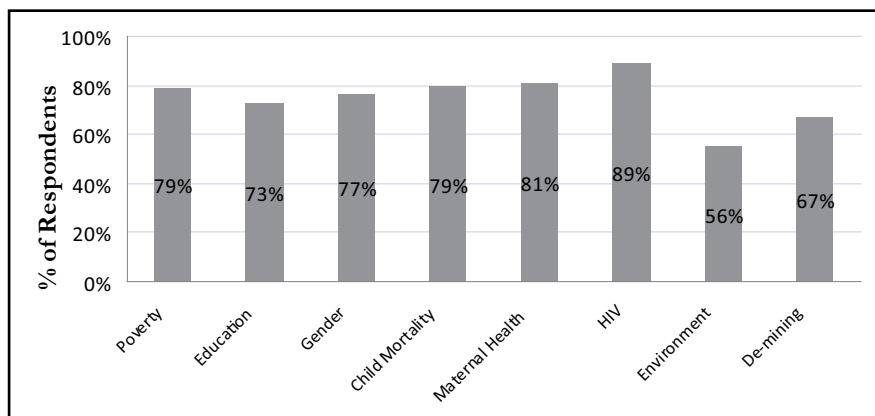
Assessing the perceptions local people have about changes in their communities is one way to gauge the effectiveness of current development policy and whether it is on the right track. Local perceptions also can be helpful in the planning and implementing local interventions designed to accelerate progress in meeting CMDG targets.

Most respondents expressed optimism when they were asked about recent changes in their communities that can be linked to the CMDGs. Most said the situation in their communities has improved compared to three years ago. Over three quarters of respondents (79 percent) said they feel that fewer Cambodians are living in extreme poverty and most Cambodians are getting enough food to eat to survive, particularly in rural areas. Standards of living are even better in urban areas where jobs are being created, respondents said. In general, women were more likely than men to say they had observed progress in their communities.

One respondent in Prek Norint, Battambang province, observed:

*“If talking about my community development, the situation is much better than before since people now have enough food and better knowledge. Physical infrastructure has improved and there are also increasing markets for local agricultural products, etc.”*

**Figure 3.3: Percentage of People Perceiving Improvements**



Source: EIC, *Survey on Local Awareness of CMDGs, August 2008*

Respondents cited a reduction in HIV prevalence rate more often than poverty, education, gender, child mortality, maternal health, environment and de-mining when noting specific improvements in their community. It was stated that because of the broad and frequent dissemination of information about the danger of HIV infection, people tended to be more knowledgeable about the contagious disease. Additionally, people who are infected with virus are less likely to be the target of discrimination in both urban and rural areas.

Improvements in the environment were cited the least often, by just over half of all respondents. Common concerns related to the environment included industrial toxic waste and smoke, litter in the city, etc. Most people still know very little about keeping their environment clean, respondents noted. However, sanitation and access to safe water have improved considerably in urban and rural areas, they said.

### ***Poverty (Goal 1)***

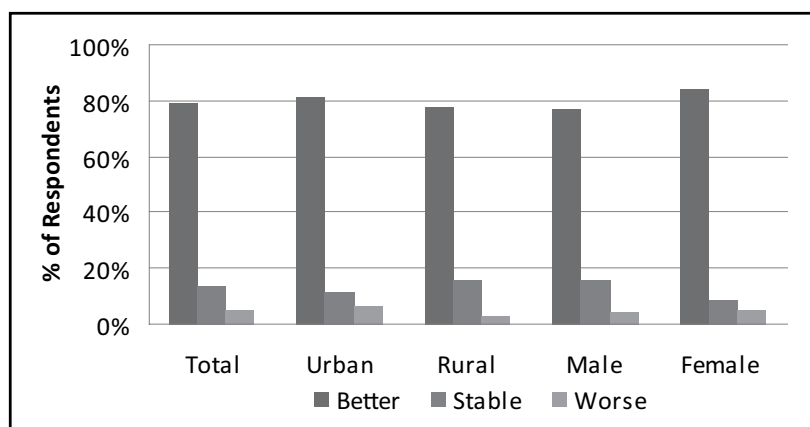
With relatively high recent economic growth, the poverty rate has been dropping and perceptions confirm this fact. Respondents in both urban and rural areas said they feel the poverty rate has been decreasing in their communities. Slightly more urban people (81 percent) than rural folks (77 percent) perceived poverty to be on the decline, which is not surprising since poverty tends to be more serious in rural areas, where there is little in the way of support or infrastructure to help poor people meet their basic needs.

Respondents based their perception on an interpretation of poverty as a most dire situation in which people cannot afford even basic food for survival (i.e. the poorest of the poor). One female respondent in Kandal province, pointed out:

*“I believe poverty remains a problem even though in recent years Cambodians haven’t been dying of*

*hunger. Also, I have noticed people in this community now have different ways to make basic survival. It is only difficult if we want to get rich.”*

**Figure 3.4: How People Perceive Poverty, Compared to 3 Years Ago?**



Source: EIC, Survey on Local Awareness of CMDGs, August 2008

Most of the FGDs concluded that urban area improvement had been observed along with increasing investment and thus employment opportunities; improving markets for local agricultural products; increasing opportunities for vocational training; better utilities; modern equipment; better infrastructure; and increased in agricultural productivity due to advances in irrigation. At the same time, micro-credit and assistance from local and international NGOs were credited with improving living conditions for the poor, particularly in rural areas.

It also was highlighted that along with the economic growth, soaring land prices have improved living standards for a few. It has been quite common for people living in communes around the capital city to sell their land at high prices. Nonetheless, it was concluded that this is not a sustainable model for improving living standards in Cambodia because only a handful of middle class or high-income Cambodians have benefited from price speculation and it may result in a serious problem of landlessness over the longer term.

One respondent in Kandal province remarked:

*“For now, villagers are getting better off since most of the people in my village benefit a lot from selling land at a high price. Some can take advantage from selling their land by investing the money in various activities or small businesses. However, some do not use their money in productive ways at all. I do not know for how long they can be well off.”*

### **Education (Goal 2)**

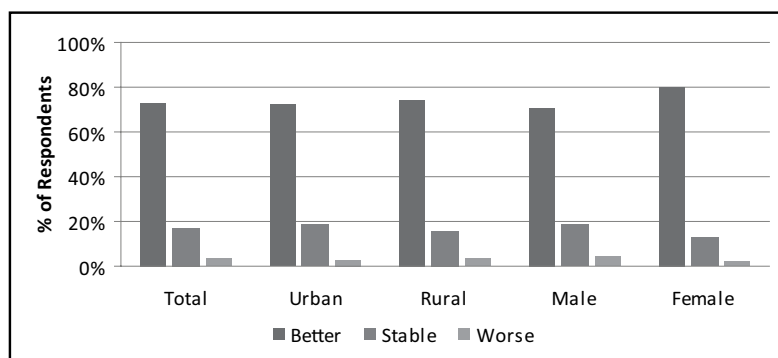
Local people ranked education third most important of the nine CMDGs. Almost three quarters of respondents (73 percent) said enrollment in basic education has improved, while only a few thought it has worsened. During conversations with local people, they said they believe the drop-out rate of pupils has lessened over time with ongoing support

from various development partners and local education stakeholders. Although they think challenges remain, access to school has improved and the ratio of girls to boys in primary and secondary school is evening out, respondents said.

The teacher target group surveyed not only echoed local people; they were more likely than other target groups to think that the educational system has improved. About 85 percent of teachers surveyed said the educational system has improved during the last three years compared to less than 70 percent of health sector and commune council target group respondents.

The main challenges hindering the amelioration of the education sector are the quality of education and low teacher salaries, respondents said.

**Figure 3.5: How People Perceive Basic Education, Compared to 3 Years Ago?**



Source: EIC, *Survey on Local Awareness of CMDGs*, August 2008

Attitude shifts were credited with perceived improvements in basic education indicators. Parents see more of a value in education than they did in the past and as a result they are insisting their children attend school, respondents said. This change in attitude is having a noticeable impact on girls, in particular, as parents encourage their daughters to go to school rather than keeping them at home to help with household chores as many would have done in the past, respondents noted.

Improved living standards, the opening of additional primary and secondary schools and various programs developed by the Ministry of Education Youth and Sport (MoEYS) are helping to build long-term human resources, suggested some respondents. As one Phnom Penh teacher remarked:

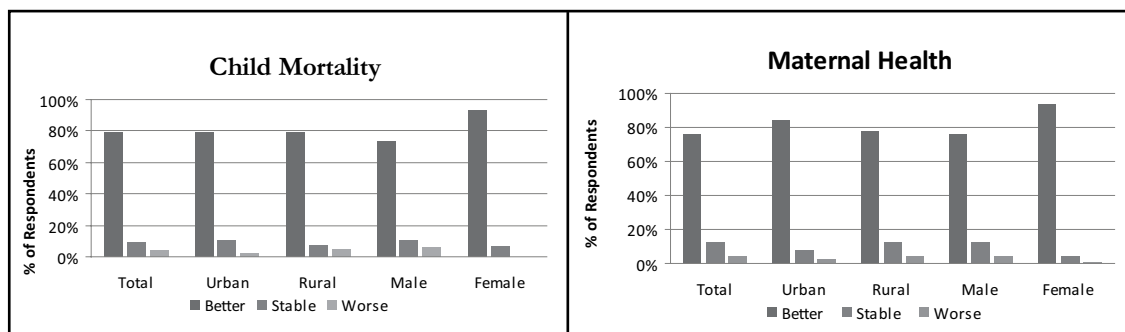
*“Education is a long-term strategy to cope with poverty. I believe people now are motivated enough to send their children to schools because new schools have been built everywhere and people do not need to pay fees.”*

### **Health (Goal 4 and 5)**

Health indicators are a quick and easy way to evaluate the level of a country’s development. The CMDGs include three health-related targets, but only two (child mortality and maternal health) are considered in this study. As mentioned by a respondent in Phnom Penh:

*“Health-related goals are important in guiding the development of Cambodia because without a healthy population, the country will not develop quickly.”*

**Figure 3.6: How People Perceive Basic Health Care, Compared to 3 Years Ago ago?**



Source: EIC, Survey on Local Awareness of CMDGs, August 2008

With an increasing number of both public and private health centers/hospitals, greater dissemination of prevention programs and reduced fees for some basic health care services, the perception is children and pregnant women are better cared for now than in the past. The number of children and women who die during childbirth has decreased, said respondents.

*“I think that health care has been improved to some extent as I have not noticed the death of children and women at delivery in recent years. In extreme situations, we send the patients to referral hospitals, where there are better facilities,”* said a staff member at a health center in Kandal province.

Almost 80 percent of respondents in both urban and rural areas thought health care for children has improved, which has contributed to a reduction in the under-five mortality rate. Parents are more proactive about their children’s health than in the past and recognize the importance of vaccinations against measles and DPT3, provision of vitamin A and breastfeeding, etc.

Slightly more urban (85 percent of respondents) than rural people (77 percent of respondents) said they believe better access to health care during pregnancy and skillful health personnel have improved maternal health. Others cited an increase in contraception use, which is thought to be much higher than three years ago. Although antiquated childbirth methods are still used in some inaccessible rural areas, they are no longer the norm, said respondents.

Moreover, continuous subsidies from development partners and health-related Government development programs have contributed a great deal to recent improvements in maternal health in rural areas, they added.

*“Women now are more knowledgeable about the health care services provided by health centers. Pregnant women come to check their health more regularly than before. There are even some whose houses are far from the health center who can benefit from the right health care with our health center staff mission to remote rural areas,”* stated the head of a Kampong Cham province health center.



Health sectors workers tended to feel more positively than other target group respondents about the status of child and maternal health in their communities. More than 94 percent of health sector respondents, who work directly with health issues and therefore are likely to have a broader understanding of health indicators, said they feel optimistic about child and maternal health in their community. Around 86 percent or less of the other target group respondents said they have observed improvements in child and maternal health.

Some maternal and child health problems were reported to be due to carelessness or a lack of understanding among parents and pregnant women about the services provided by health centers, said some respondents.

*“Women in my village always come to check their health during pregnancy. However, not every one comes to check regularly or follow the advice of health center staff. Moreover, we notice that even when women had regular health check during pregnancy, most babies were underweight,”* said the head of a health center in Kampong Cham province.

### **3.3 Perspectives about the Future and Main Challenges**

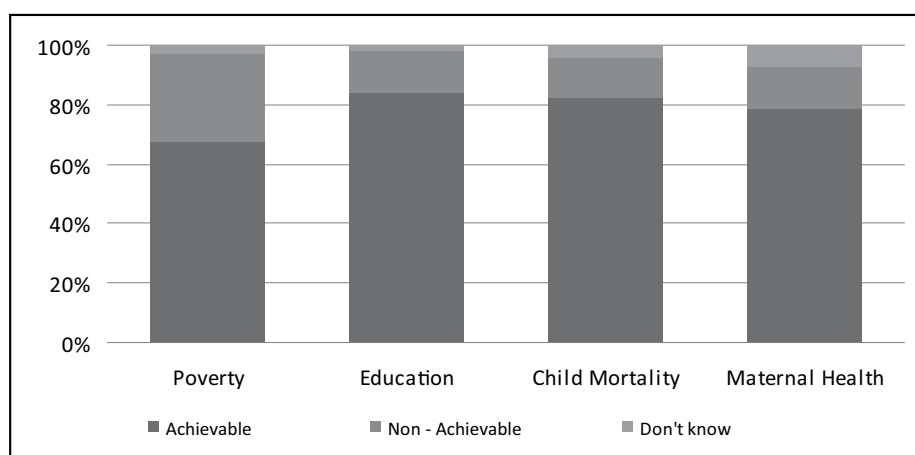
#### ***Perspectives about CMDGs***

It is difficult to assess whether local people perceive the CMDG targets to be achievable because very few survey respondents were familiar with the goals. However, researchers posed a few simple questions to local people with that aim in mind after providing them with examples of targets for CMDGs, related to poverty, education, child mortality and maternal health, which are the focus of the study.

In general, local people are rather optimistic about the prospects of meeting the four CMDG targets, which may be due to the positive changes they have observed in their communities over the past few years. A large majority of respondents (around 80 percent) believe Cambodia is very likely to achieve the basic education, child mortality and maternal health targets. Fewer (but still a majority or 68 percent) indicated they believe poverty reduction targets will be achieved by 2015. Generally, urban dwellers were most optimistic about meeting the targets than those in rural area.

While respondents were generally confident that the CMDG targets will be reached, they do not believe the four goals will be met unless the Government, donors and NGOs continue to support and fund social sectors.

**Figure 3.7: Local Perceptions about the Likelihood of Achieving CMDG Targets**



**Source:** EIC, *Survey on Local Awareness of CMDGs, August 2008*

**Note:**

- Poverty target calls for reducing the poverty rate to 19.5% by 2015
- Education target calls for all children to complete primary schooling by 2010 and nine years of basic schooling by 2015
- Child Mortality target calls for a reduction in the under five mortality rate from to 65/1,000 by 2015
- Maternal Health target calls for a reduction in the maternal mortality ratio from to 140/100,000 by 2015

It is worth noting that poverty and education were deemed to be the two most important issues for both urban and rural respondents, requiring careful attention from the Government. Although they reported seeing improvements in their communities and feeling hopeful about the future, local people said they think programs must continue to be implemented to maintain the progress made and to bolster further development.

Modernization of the agricultural sector would give rise to significant gains in poverty reduction since a majority of Cambodia’s poor work in the agricultural sector, respondents said.

Interestingly, gender was cited as the third most important issue. Urban people said they believe gender discrimination still exists in the workplace because women rarely rise to the ranks that men do. In addition, rural people viewed gender role discrimination as a persistent cause of domestic violence and marital problems.

*“I think domestic violence remains a concern in our country because men do not understand or appreciate the roles of women in economic and social life,”* said a teacher in Kampong Cham province.

Even though most respondents believe the rate of HIV infections has waned in recent years, HIV continues to be a concern, especially among rural people. Greater attention is needed in designing prevention programs in areas where there is an active night life such as night clubs, karaoke, etc., they said.

### ***Main Challenges in Meeting the CMDG Targets***

Some of the CMDG targets were adopted in the NSDP. There is thus a need to build a stronger linkage between the CMDGs and NSDP when it comes to implementation. The linkage should not be limited to policies on paper but also include the technical, financial and human resources necessary to achieve the targets.

*“I think the Royal Government of Cambodia is committed to achieving the nine goals of the CMDGs but these goals will not be reached unless a clear implementation plan is followed. Taking into account the limited knowledge of the implementers and lack of resources, I think adjustments to the goals are needed now to reflect the current context of Cambodia,”* suggested a member of commune council in Battambang province.

Specific challenges in meeting the poverty, education and health related targets of CMDGs were described as follow:

*Poverty:* Local people repeatedly cited: (i) high inflation due to soaring food prices; (ii) unemployment, resulting from limited education and a lack of suitable vocational skills; (iii) lack of private investment, etc. Unmanageable slum communities and migration create also social problems in some urban areas.

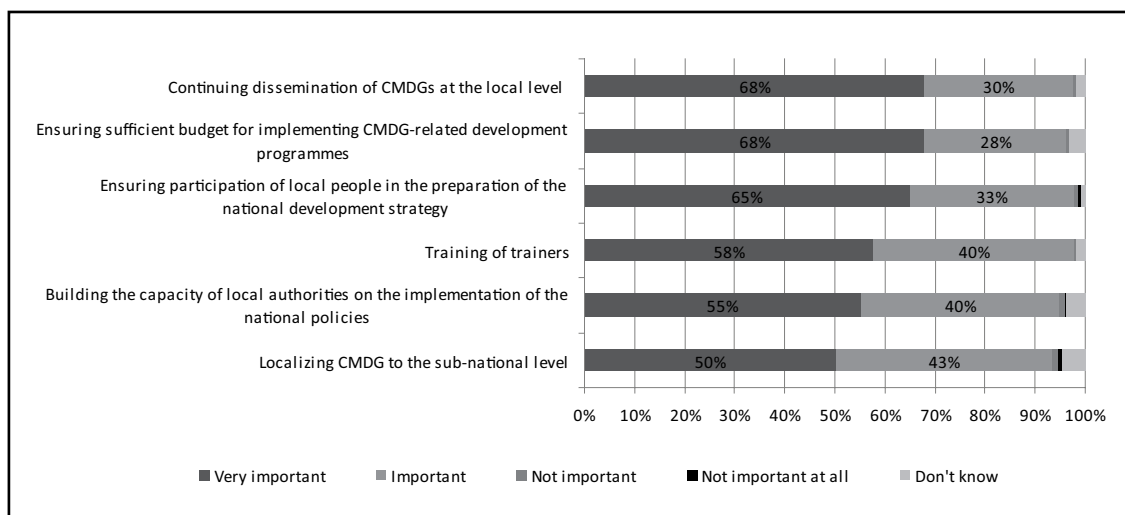
*Education:* Challenges in meeting education targets include: (i) poverty, which forces children to work for basic survival, thereby limiting their opportunity to go to school; (ii) low teacher salaries; (iii) inadequate quality of education; (iv) social disorder that deters children from studying such as gangs.

*Health:* The challenges cited included: (i) lack of skilled personnel; (ii) lack of modern medical tools; and (iii) limited number of health centers, especially in rural remote areas. All of these factors limit access to basic health care and increase the cost of health care for the poor. Carelessness and the failure of some local people to follow through on medical advice provided at health centers also undermine child and maternal health.

### **3.4 Local Interventions to Accelerate the CMDGs**

A number of local interventions by the Government, civil society and donors are having or potentially could have impact on the ground, survey respondents believe. Extending such development programs to the local level would benefit the poor or, in other words, accelerate achievement of the CMDGs. To do so, the Government will need to work closely with all development partners (multilateral and bilateral donors, civil society and private sector) to mobilize additional resources for implementation. All stakeholders must have a role in accelerating progress in achieving the CMDGs.

**Figure 3.8: Local Perceptions of Activities to Accelerate the Achievement of CMDGs**



Source: EIC, *Survey on Local Awareness of CMDGs, August 2008*

Almost all of the respondents confirmed they believe the six initiatives listed in Figure 3.8 (among others) would accelerate progress in achieving the CMDGs. Continuing the dissemination of CMDGs at the local level and ensuring sufficient budgets for implementing CMDG-related development strategy are pre-requisites to meeting the goals, they said. These two activities were cited as the most important by 70 percent or more of teachers, religious leaders and commune council members and 63 percent of health staff. Health workers said Though low percentage among other target groups; most of health staff still stressed that ensuring sufficient funds is the first step in implementing programs related to CMDGs, followed by participation from local people. They also added that the CMDGs are achievable only if there is adequate funds and local participation. The reason behind this was argued to be the fact that if there were only dissemination but no local participation and enough budgets to ensure the smooth implementation, development would not be possible.

Training of local trainers on CMDGs should be another consideration when designing programs to increase local awareness about the CMDGs. In this context, urban people stressed the important contribution members of the commune councils and local NGOs could make in raising awareness, while rural people indicated the potential of religious leaders such as monks and laymen to disseminate information about the CMDGs given the fact that religious leaders generally are respected more by local people, who also deem them to be more trustworthy.

Localizing the CMDGs by setting MDG targets for sub-national levels was mentioned last when respondents cited activities to accelerate the CMDGs in order of their preference. Localizing the CMDGs would give local authorities greater control over implementing and monitoring the progress of the targets for which they are responsible. Most respondents stated that localizing the CMDGs to the sub-national level should also improve overall awareness of the goals and provide local people with more opportunities to identify challenges in achieving

the CMDG targets and give input into the design of programs aimed at addressing those challenges.

*“Localizing CMDGs to the sub-national level is very important because each location has different challenges thus, different strategies are needed. It will be easier to set the target and provide suitable implementation as well. Further, local people will have a clearer sense of their responsibilities,”* said a monk in Battambang province.

Several examples of local interventions related to poverty, education and health are provided in the box 1 as shown below.

### **Box 1: Examples of Existing Local Interventions to Accelerate the Achievement of the CMDGs**

#### **- Localizing MDGs to the Municipality of Phnom Penh (MPP):**

CMDGs were localized to the Municipality of Phnom Penh (MPP) in 2005 with the preparation of the city’s MDGs. Targets have been set and a plan has been implemented to improve the city’s economic, social and physical infrastructure. The plan also addresses such things as security and administrative reform (social order, anti-drug), environment and gender. Power has been delegated to each Khan to implement its own development plan.

The MPP has localized the eight MDGs for Phnom Penh, which has helped hasten the achievement of the goals. Limited human and financial resources pose the greatest challenge to implementing MDGs that have been localized at the sub-national level.

*Source: Implementation of MDGs, Phnom Penh City, Cambodia, 2005 and Achieving the Millennium Development Goals, Phnom Penh, Cambodia, 2007*

#### **- Partnership for Development in Kampuchea (PADEK):**

Established in 1986, PADEK was funded by five donor organizations—Oxfam-Belgium, Oxfam-America, Oxfam-Hong Kong, FOS and Novib. In the early 1990s with an increasingly open economy, PADEK allowed NGOs to work directly with local communities and it adopted a Community Development Approach, focusing on poverty alleviation through organization building, food security, income generation, education, culture and health.

In 1999, PADEK formulated the PADEK Integrated Community Development Model (PICDM) to strengthen the social safety nets and social capital for the poor at the village level. The model was implemented in five Area Support Units (ASP): Svay Rieng, Prey Veng, Kompong Speu, Siem Reap and Phnom Penh. PADEK’s work is based on a bottom-up approach involving robust community participation, with a strong focus on gender integration.

PADEK has produced a TV spot on the CMDGs, which informs the public about the goals in a simple and easy-to-understand way.

*Source: Video Clip of PADEK and Interview with PADEK Program Support Officer, August 2008*

**Box 1 :        Examples of Existing Local Interventions to Accelerate the Achievement of the CMDGs (Continued)**

**- Asian Development Bank: Project for children abandoning school**

As a leading partner in Cambodia's technical and vocational education and training (TVET) sector, the Asian Development Bank (ADB) has done a great deal to improve the country's education sector. Their main objectives include increasing equitable access and enrollment at all levels; improving the quality and effectiveness of education and training; and, strengthening capacity for decentralization of the education sector. Funding priorities include: (i) five poverty-indexed operating budget programs to primary and secondary school, technical and vocational education training (TVET), higher education, and teacher training institutions; (ii) education service efficiency rationalization; (iii) core instructional materials; and, (iv) ongoing teacher development.

In the past, the ADB has helped build new schools, provided financial assistance to students who have abandoned their education so that they could resume their studies and helped them enroll in supplemental courses so that they could catch up to other students at their age.

*Source: Interview with the Principal of Sotbearos Primary, School, August 2008 and the Education Sectorwide Approach: Cambodia Education Case Study. ADB, January 2003*

**- Cambodia Midwives Association (CMW):**

CMW works to improve maternal health and reduce maternal mortality. This professional association is a social network that originally was created to eradicate improper abortion procedures and deliveries. Located at Kilometer 6 in Reussey Keo district, the association's main focus is training traditional birth attendants (TBA) and midwives about sophisticated methods and techniques so that they may perform safe abortion care and deliveries.

*Source: Interview with the Deputy Head of Samdach Euv Referral Hospital, August 2008*

Obstacles to achieving the CMDGs vary from place to place depending on the goal and its targets. Therefore, solutions must be responsive to local needs and tailored to meet specific challenges. With this in mind, local people proposed the following local interventions:

*Poverty:*

- Building additional physical infrastructure such as schools, health centers, roads, irrigation, etc. to support the country's long-term development;
- Promoting private investment, especially in the agricultural sector, to create jobs and improve living standards;
- Promoting local products on international markets;
- Providing practical and relevant vocational training for poor and vulnerable people on such topics as animals raising, vegetable growing, factory construction and electricity;
- Controlling environmental pollution such as garbage, smoke and toxic waste from factories, which could hinder future development; etc.

### Education:

- Developing an effective approach to increase school enrollment/retention and quality of education;
- Raising salaries or providing incentives for teachers to put more effort into training programs;
- Supporting capacity building for teachers so that they have opportunities to progress along their career paths; etc.
- Continuing the investment in school building into remote rural areas to ensure child enrollment

### Health:

- Building more health centers, especially in remote areas, to ensure that all people have equal access to basic health care services;
- Ensuring the number and skill level of health personnel are sufficient to provide quality treatment;
- Continuing the dissemination of information related to basic health care such as child and maternal care as well as HIV prevention;
- Raising salaries or providing incentives for health center staff so they are appropriately enumerated;
- Providing adequate medical tools in all health centers; etc.

## 3.5 Dissemination of CMDGs

The dissemination of CMDG-related information is vital because people first need to understand each goal before they can participate in a meaningful way in the implementation of the national development plan and its social and professional activities. In this context, media should play an important role in the dissemination strategy.

**Table 3.1: Local Perceptions about the CMDG Dissemination Strategy**

Means of dissemination	% of Respondents		
	Total	Urban	Rural
<b>TV</b>	<b>78%</b>	<b>84%</b>	<b>73%</b>
<b>Radio</b>	<b>76%</b>	<b>75%</b>	<b>77%</b>
Commune office	63%	72%	54%
Conferences, seminars or training	62%	65%	59%
Newspapers	50%	53%	47%
Friends/colleagues	14%	18%	11%
Policy documents	12%	13%	11%

**Source:** EIC, *Survey on Local Awareness of CMDGs, August 2008*

More than three quarters of respondents agreed that dissemination of information through the media is the most effective and easiest way to increase awareness about what the CMDGs are and the progress that has been made in achieving the targets. While TV seems to work best among local people, radio is believed to be the best medium for getting the message out to rural people.

*“When talking about the dissemination of CMDGs, I think that broadcasting through media is time efficient but if we want to make sure that people understand all the goals it really depends on the situation of the community. Maybe, people in rural areas have better access to radio,”* remarked a qualitative interviewee in Phnom Penh.

Dissemination of information through commune councils was thought by 63 percent of local people to be an effective strategy for spreading CMDG information. Only 12 percent thought informational publications would reach local people.

### **3.6 Learning from the Experience of other Countries in Localizing MDGs**

A broad view of the MDG implementation would not be complete without an examination of the experiences other countries have had in implementing and/or localizing the MDG. Such experiences can provide valuable lessons for other developing countries for implementing development strategies along with MDG goals both at national as well as local level.

According to UNDP practice note on localization of the MDGs at sub-national levels, UNDP defines **Localizing the MDGs** as “the incorporation of the MDGs into local planning processes through capacity development of local actors for participatory and strategic planning, implementation and monitoring, facilitating investments for local economic development, and service delivery.”<sup>9</sup>

In total, 189 of the United Nation General Assembly’s member countries have endorsed the MDG global development agenda. Each country has implemented the agenda differently depending on its unique challenges and circumstances. Useful information can be gleaned about how to duplicate the successes and avoid the failures other countries have had in meeting the MDGs.

Box 2 provides an overview on the localization of the MDGs focusing mainly on the business sector initiatives. And Box 3 summarizes the experiences the Philippines have had in localizing the MDGs into sub-national level (Naga city).

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<sup>9</sup> Arabic Regional Workshop on the Opportunity and Challenges of Civic Engagement in Socio-Economic Policies, Amman, Jordan (13-15 Mars 2007)



**Box 2: Advocating and Localizing the MDGs in the Philippines-  
Business Sector Initiatives**

The Philippines was one of the three countries (the other being Brazil and South Africa) identified as models to demonstrate how the business sector engages government and civil society for social development and MDG attainment.

The Philippines Business for Social Progress (PBSP) led the business sector in crafting the Philippines MDG Framework for Business Action, through a series of consultations with business executives and leaders of corporate foundations, corporate officers, ECOs and partners from government, NGOs and donor community. The framework for action shows how business can help attain the MDGs through three key areas, namely, core business, social investment, and policy advocacy, along four major concerns- poverty, education, health and environment as shown in the figure below.

**Table 18: Specific Business Response to the MDGs**

AREAS OF CONCERN	CORE BUSINESS	SOCIAL INVESTMENT	POLICY ADVOCACY
<i>Business &amp; Health</i>	<ul style="list-style-type: none"> <li>Invest in effective and sustainable reproductive health program</li> <li>Mainstream HIV/AIDS, TB and malaria programs in the workplace</li> </ul>	<ul style="list-style-type: none"> <li>Invest in strengthening local health service delivery system</li> </ul>	<ul style="list-style-type: none"> <li>Use advertising to advocate population management messages</li> <li>Promote health policies in the workplace</li> </ul>
<i>Business &amp; Poverty</i>	<ul style="list-style-type: none"> <li>Generate employment</li> <li>Support small, medium and micro enterprises</li> <li>Popularize food fortification and nutrition program in the workplace</li> </ul>	<ul style="list-style-type: none"> <li>Develop and support social enterprises</li> <li>Institutionalize and maximize employee engagement</li> <li>Adopt a health and nutrition program at the community level</li> </ul>	<ul style="list-style-type: none"> <li>Advocate tax incentives for start-up businesses</li> <li>Popularize and put into action the UN report on unleashing entrepreneurship</li> <li>Advocate nutrition education through mass media</li> </ul>
<i>Business &amp; Education</i>	<ul style="list-style-type: none"> <li>Utilize corporate brands to educate</li> <li>Invest in systems improvement</li> <li>Support capacity building</li> </ul>	<ul style="list-style-type: none"> <li>Support direct school improvement</li> <li>Invest in systems improvement</li> <li>Support capacity building</li> </ul>	<ul style="list-style-type: none"> <li>Advance gender issues via media campaign</li> </ul>
<i>Business &amp; Environment</i>	<ul style="list-style-type: none"> <li>Adopt sustainable production and consumption</li> </ul>	<ul style="list-style-type: none"> <li>Adopt and invest in biodiversity action programs</li> <li>Promote and support sustainable water utilization</li> <li>Invest in slum area development</li> <li>Invest in creation of model communities in new areas of operation</li> </ul>	<ul style="list-style-type: none"> <li>Intensify environmental education</li> </ul>

The strategic action points in the graph were translated into concrete programs and projects, which business can adopt to help achieve the Philippines MDG targets. PBSP as the secretariat forged partnerships with some institutions to carry out the programs and committed to monitor and report the progress of the business sector commitment to the MDGs.

**Sources:** *Compiled from the Second Philippines Progress Report on the Millennium Development Goals*

### **Box 3: Localizing the MDGs to Sub-national Level- The Naga City Experience**

One of the oldest cities in the Philippines, Naga was one of five original royal cities founded in 1575 by Spain in her new colony.

Just like every other city in the world, including those in developed countries, poverty in Naga is a concern for the country. Poverty is endemic with squatter shanties and slums dotting a landscape that is teeming with beggars, vandals and a steady inflow of unemployed people.

With the aim of reducing poverty, local Philippine governments have localized the Millennium Development Goals (MDGs) to add impetus to local poverty alleviation strategies. By incorporating the eight MDGs into city development agendas, the goals have been mainstreamed into the regular planning and budgeting processes.

To effectively localize the MDGs, the city took some essential pre-conditions into consideration, including:

- Existence of local poverty alleviation programs
  - A participatory approach in the formulation and implementation of those programs
  - Good governance
- Naga city has raised several good points about its poverty alleviation efforts and MDG localization:
- The pre-eminence of the locally crafted vision should be maintained and the MDGs must be presented as contributory rather than the primordial end of local development efforts
  - Alignment of MDGs with the local vision facilitates their integration into local planning and budgeting processes and thus their attainment at the local level
  - The globally set indicators should be complemented by locally crafted ones that are more attuned to local conditions and capacities and provide more opportunities for stakeholder participation in formulation and monitoring
  - The best way to localize MDGs is to share the task with civil society and with the poor themselves. This means opening up the process of priority-setting, decision-making and resources-allocation to representatives of civil society. This ensures local support for the programs that are implemented and acceptance of the inevitable limitations of government.

**Source:** *Localizing the Millennium Development Goals. The Naga City Experience.* JESSE M. ROBREDO, Naga City, Philippines

## CONCLUDING REMARKS

The Cambodia Millennium Development Goals (CMDGs) represent Cambodia's tailor-made commitments within the broader global development agenda. The goals set clear development targets the country must achieve by 2015. But while linkage clearly exists between international and national MDG commitments, it does not extend to the local level, where awareness about the CMDGs is very low. No more than 2 percent of local policy makers/implementers fully understand the CMDGs and how they link to the national development strategy, according to the study's survey.

Still, even though few may be able to articulate what the CMDGs are, most people are optimistic that the targets will be achieved based on the improvements they have observed in their own communities in recent years.

Most survey respondents believe a majority of the CMDGs targets will be met if critical challenges are overcome, investment continues in social sectors and the national development strategy is successfully implemented.

Among many other things, the following should be carefully considered when designing local interventions that aim to increase awareness about the CMDGs among local people:

- Continuing dissemination of information about the CMDGs at the local level through media;
- Ensuring budgets are sufficient to implement CMDGs-related development programs;
- Ensuring the participation of local people in the preparation of the national development strategy;
- Training of local trainers on CMDGs. Civil societies such as local NGOs and religious leaders would be the best partners;
- Building the capacity of local authorities to implement the national development strategy;
- Localizing the CMDGs to the sub-national level.

In short, local people must be informed about the CMDGs if they are to make a meaningful contribution towards achieving them. Therefore, dissemination strategies should be carefully taken into consideration to ensure local people have access to the CMDGs related information disseminated.

The media has an important role to play since the easiest and quickest way to spread information about the CMDGs to local people is through radio and TV. Further more, regular updates on the status and progress of the CMDGs would also help uncover gaps, which would allow policy makers to make the adjustments needed to meet the targets.

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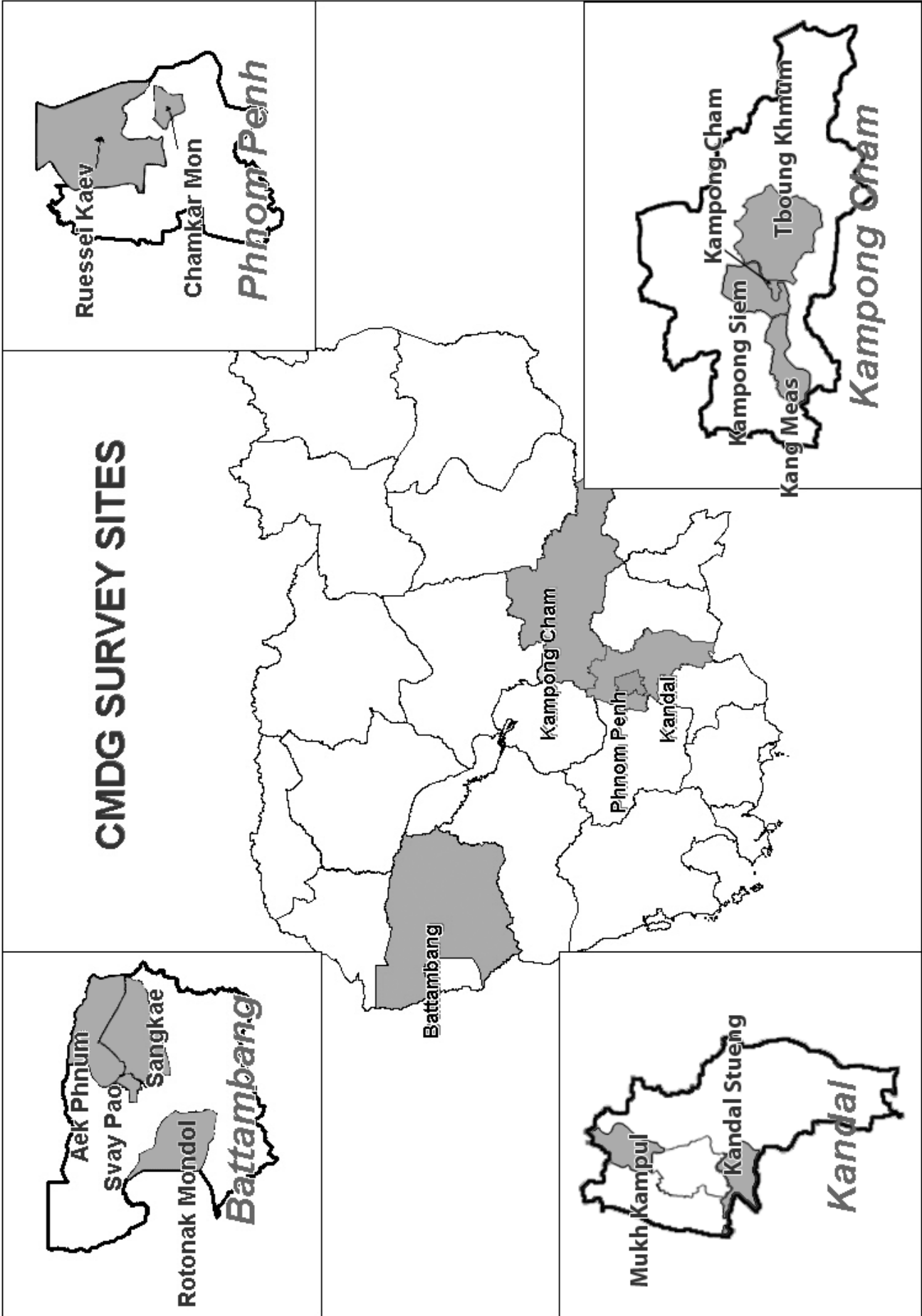
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# **Annex 1:** **Survey Sites**









# Annex 2:

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# Questionnaires





# Economic Institute of Cambodia

## Survey on Local Awareness and Perspectives of CMDG

In cooperation with the World Vision Cambodia (WVC), The Economic institute of Cambodia (EIC) is conducting a survey on **“Local Awareness of the Cambodia Millennium Development Goals (CMDGs)”**. Specifically, this survey is to investigate the understanding and perception of CMDG progress among four key groups at the local level, including members of the commune council, teachers at primary and secondary schools, staff of health centers and pagoda chief as well as representatives of Civil Society Organizations (CSOs) at the local level. Information from this survey will be treated confidential and will only be used for statistical purpose. Therefore, it is essential that you answer every question as frankly and accurately as you can.

We deeply appreciate your kind cooperation and thank for taking time completing this questionnaire.

### BACKGROUND

#### Interviewee record

Name: .....

Age: .....

Gender: .....

Province: .....

District: .....

Commune/Sangkat: .....

Village: .....

Position: .....

Department:.....

#### INTERVIEWER RECORD

Interviewer’s name: .....

Interviewer ID: .....

Date: .....

Signature: .....

Time:.....

## Section I: Awareness and understanding of CMDGs

### 01. Have you ever heard of any national development plan/strategy?

Policies	Yes, I have ever heard and understood well the policies	Yes, I have ever heard and read the policies	Yes, I have ever heard	No, I have never heard
The Socio-Economic Development Plan (SEDP) 2001-2005				
The National Poverty Reduction Strategy – 2003-2005				
The Government Rectangular Strategy - 2004				
The National Strategic Development Plan (NSDP) 2006-2010				
Cambodia Millennium Development Goals (CMDG) *				

\* If you never heard of CMDG, please proceed to question number 8.

### 02. How long have you been aware of CMDG?

- Less than one year
- 1 to 2 years
- 3 to 4 years
- More than 4 years
- Don't know

### 03. How were you informed about CMDG? (More than one answer possible)

- Through conferences, seminars or trainings
- Through policy documents
- Through dissemination by the Commune Office
- Through friends/colleagues
- Through media.....
  - TV
  - Radio
  - Newspaper
- Others: .....

**04. Can you briefly describe what you know about CMDG?**

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**05. How important do you think the CMDG is in guiding the development of Cambodia? Why?**

- Very important
- Important
- Not important
- Not important at all
- Don't know

Because: .....

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**06. To what extent do you understand each goal of the CMDG?**

Goals	CMDGs	Very Familiar	Familiar	Not Familiar	Not Familiar at all	Don't know
1	Eradicate extreme poverty and hunger					
2	Achieve universal primary education					
3	Promote gender equity and empower women					
4	Reduce child mortality					
5	Improve maternal health					
6	Combat HIV/AIDS, malaria, etc.					
7	Ensure environment sustainability					
8	Forge a global partnership for development					
9	De-mining, UXO, and victim assistants					

**07. Why do you understand some goals better than the others?**

- Own interest
- Frequent dissemination through media
- Career related
- Others: .....

08. Which are the most 3 important goals for your community? (Please select 3 and rank them from 1 to 3 in term of importance)

Goals	CMDGs	Rank
1	Eradicate extreme poverty and hunger	
2	Achieve universal primary education	
3	Promote gender equity and empower women	
4	Reduce child mortality	
5	Improve maternal health	
6	Combat HIV/AIDS, malaria, etc.	
7	Ensure environment sustainability	
8	Forge a global partnership for development	
9	De-mining, UXO, and victim assistants	

## SECTION II: STATUS AND PROGRESS OF CMDG

01. How do you observe the current status of each of the following goal in your community, compared to 3 years ago?

Goals	CMDGs	Better	Stable	Worse	Don't know
1	Eradicate extreme poverty and hunger				
2	Achieve universal primary education				
3	Promote gender equity and empower women				
4	Reduce child mortality				
5	Improve maternal health				
6	Combat HIV/AIDS, malaria, etc.				
7	Ensure environment sustainability				
8	Forge a global partnership for development				
9	De-mining, UXO, and victim assistants				

02. Based on the current situation of your community, do you think that the following targets are achievable by 2015?

CMDG Indicators	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't Know
Reducing poverty from 39% in 1993 to 19.5% in 2015					
Ensure all children complete primary schooling by 2010 and nine-year basic schooling by 2015					
Reduce under five mortality rate from 124/1000 in 1998 to 65/1000 in 2015					
Reduce the maternal mortality ratio from 437/100,000 in 1997 to 140/100,000 in 2015					



**03. Do you think the present Government’s policies contribute to achieving each of the following goals?**

Goal	CMDGs	Strongly Agree	Agree	Disagree	Strongly Disagree	Don't Know
1	Eradicate extreme poverty and hunger					
2	Achieve universal primary education					
3	Promote gender equity and empower women					
4	Reduce child mortality					
5	Improve maternal health					
6	Combat HIV/AIDS, malaria, etc.					
7	Ensure environment sustainability					
8	Forge a global partnership for development					
9	De-mining, UXO, and victim assistants					

**III. LOCAL INTERVENTION TO ACCELERATE CMDG Achievement**

**01. In your opinion, what is the most effective way to disseminate information related to CMDG and their progress at the local level?**

- Through conferences, seminars or trainings
- Through policy documents
- Through dissemination by the Commune Office
- Through friends/colleagues
- Through media.....
  - TV
  - Radio
  - Newspapers
- Others: .....

**02. How important do you think the following activities could contribute to achieving the CMDG?**

Activities	Very important	Important	Not Important	Not Important at all	Don't Know
Continuing dissemination of CMDG as well as other national development policies at the local level					
Localizing CMDG to the sub-national level (Set targets and indicators for provinces, districts and communes, etc)					
Ensuring participation of local people in the preparation of the national development strategy					
Building the capacity of local authorities on the implementation of the national policies					
Ensuring sufficient budget for implementing CMDG-related development projects/programs					
Training of trainers at local level					
Other: .....					

**03. In your opinion, who should be selected as the trainers?** (More than one answer possible)

- Commune council members
- Teachers
- Health center staffs
- Monks
- Local NGOs
- Provincial planning department officers
- Others: .....

04. Are you aware of any development projects/programs that had/have contributed to the acceleration of CMDG achievement in your community? And how effective do you think are the program? (Please rank them from 1 for the most important to 4 for the least important).

Project/Program	Activities	Implementer	Effectiveness (Rank from 1 to 4)

05. In your opinion, what potential development projects/programs should be implemented at the local level to accelerate the achievement of CMDG?

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# ECONOMIC INSTITUTE OF CAMBODIA

## Survey on Local Awareness and Perspectives of CMDG

in cooperation with the World Vision Cambodia (WVC), The Economic institute of Cambodia (EIC) is conducting a survey on ***“Local Awareness of the Cambodia Millennium Development Goals (CMDGs)”***. Specifically, this survey is to investigate the understanding and perception of CMDG progress among four key groups at the local level, including members of the commune council, teachers at primary and secondary schools, staff of health centers and pagoda chief as well as representatives of Civil Society Organizations (CSOs) at the local level. Information from this survey will be treated confidential and will only be used for statistical purpose. Therefore, it is essential that you answer every question as frankly and accurately as you can.

We deeply appreciate your kind cooperation and thank for taking time completing this questionnaire.

## **I. Awareness and Understanding of CMDG**

1. Have you ever heard of any national development plan/strategy, such as SEDP, NPRS, CMDG, Rectangular Strategy, NSDP? To what extent do you understand those development policies?
2. Are you aware of CMDG? When was the first time you heard about the CMDG? And how were you informed of the CMDG?
3. Could you briefly describe what you know about CMDG? What would you say is the primary objective of CMDG? How important do you think is the CMDG in guiding the development of the country? Why?
4. To what extent do you understand each goal of the CMDG? (present the 9 goals to the participants and ask them one by one)
5. Which are the three most important goals (out of the 9 CMDGs) are most important for your community?

## **II. Status and Progress of CMDG**

1. How do you observe the current status of each CMDG in your community, compared to 3 year ago? Why? (present the 9 goals to the participants and ask them one by one, focusing on the goals relevant to the participants' background)
2. Based on the current situation of your community, do you think that CMDG is achievable by 2015? Why? (focus especially on the goals relevant to the participants' background)
3. Which three goals have the biggest gaps and require careful intervention from both the Government and Donor Community to achieve the goals by 2015? Why? What are the main constraints for achieving the goals?
4. Do you think the present Government's policies contribute to achieving each of the following goals?

## **III. Perception Of How To Reach CMDG**

1. In your opinion, how important is the dissemination of the CMDG at the local level? What should be the most effective way to disseminate information related to CMDG and their progress at the local level?
2. In your opinion, what can be done to accelerate the achievement of CMDG by 2015?
3. In your opinion, how important is the localizing of CMDG (set targets and indicators) to the sub-national level?
4. Are you aware of any development projects/programs that had/have contributed to the acceleration of CMDG achievement in your community? And how effective do you think are the programs?
5. In your opinion, what potential development projects/programs should be implemented at the local level to accelerate the achievement of CMDG?



# Annex 3: Analysis by Geographical Area

## Section I: Awareness and Understanding of CMDGs

**Table A1.1- Local Awareness of the Government Development Strategies**

### Total

National strategies	Yes-understand	Yes-ever read	Yes-ever heard	No	Total
GRS	4%	10%	64%	22%	100%
NSDP	4%	7%	60%	29%	100%
CMDG	2%	5%	34%	59%	100%

### Urban

National strategies	Yes-understand	Yes-ever read	Yes-ever heard	No	Total
GRS	5%	13%	63%	19%	100%
NSDP	5%	9%	58%	28%	100%
CMDG	3%	6%	31%	60%	100%

### Rural

National strategies	Yes-understand	Yes-ever read	Yes-ever heard	No	Total
GRS	4%	7%	65%	25%	100%
NSDP	3%	6%	62%	30%	100%
CMDG	1%	4%	38%	57%	100%

**Table A1.2- How was you informed about CMDGs?**

Means of getting informed	Total	Urban	Rural
Conferences, seminars or trainings	29%	29%	29%
Policy documents	34%	21%	47%
Dissemination by the Commune Office	37%	30%	43%
Friends/colleagues	6%	8%	4%
TV	63%	67%	60%
Radio	68%	65%	71%
Newspapers	29%	25%	32%
Other	0%	0%	0%

**Table A1.3- How important do you think the CMDGs are in guiding the development of Cambodia?**

Level of importance	Total	Urban	Rural
Very important	78%	73%	82%
Important	19%	24%	15%
Not important	0%	0%	0%
Not important at all	0%	0%	0%
Don't know	3%	3%	3%

**Table A1.4- Three most important goals for the community**

CMDGs	Total	Urban	Rural
Goal 1	91%	93%	89%
Goal 2	49%	43%	54%
Goal 3	34%	35%	33%
Goal 4	27%	27%	28%
Goal 5	17%	18%	16%
Goal 6	33%	28%	38%
Goal 7	15%	18%	13%
Goal 8	28%	33%	23%
Goal 9	5%	5%	5%



## Section II: Status and Progress of CMDGs

**Table A2.1- How do you observe the current status of each of the nine goals in your community?**

### Total

CMDGs	Better	Stable	Worse	Don't know	Total
Goal 1	79%	14%	5%	3%	100%
Goal 2	73%	17%	3%	6%	100%
Goal 3	77%	16%	2%	6%	100%
Goal 4	79%	9%	4%	8%	100%
Goal 5	81%	10%	3%	5%	100%
Goal 6	89%	6%	3%	2%	100%
Goal 7	56%	21%	13%	11%	100%
Goal 8	67%	16%	2%	15%	100%
Goal 9	67%	9%	3%	21%	100%

### Urban

CMDGs	Better	Stable	Worse	Don't know	Total
Goal 1	81%	11%	6%	1%	100%
Goal 2	72%	18%	3%	6%	100%
Goal 3	81%	16%	1%	2%	100%
Goal 4	79%	11%	3%	8%	100%
Goal 5	85%	8%	3%	5%	100%
Goal 6	90%	7%	1%	2%	100%
Goal 7	63%	23%	7%	8%	100%
Goal 8	70%	14%	1%	15%	100%
Goal 9	75%	8%	2%	15%	100%

### Rural

CMDGs	Better	Stable	Worse	Don't know	Total
Goal 1	77%	16%	3%	4%	100%
Goal 2	74%	16%	4%	6%	100%
Goal 3	72%	16%	2%	9%	100%
Goal 4	80%	8%	5%	8%	100%
Goal 5	77%	13%	4%	6%	100%
Goal 6	88%	5%	5%	2%	100%
Goal 7	48%	19%	18%	14%	100%
Goal 8	65%	19%	2%	14%	100%
Goal 9	59%	9%	4%	28%	100%

**Table A2.2- Based on the current situation of your community, do you think that the following targets are achievable by 2015?**

### Total

	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't know	Total
Reducing poverty	24%	43%	25%	5%	3%	100%
Completing primary schooling	41%	43%	12%	2%	2%	100%
Reducing under five mortality rate	39%	43%	12%	1%	4%	100%
Reducing maternal mortality rate	33%	46%	13%	2%	7%	100%

## Urban

	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't know	Total
Reducing poverty	29%	43%	20%	6%	1%	100%
Completing primary schooling	38%	44%	13%	3%	1%	100%
Reducing under five mortality rate	41%	42%	13%	1%	4%	100%
Reducing maternal mortality rate	32%	46%	14%	1%	6%	100%

## Rural

	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't know	Total
Reducing poverty	19%	43%	29%	3%	5%	100%
Completing primary schooling	45%	42%	11%	1%	2%	100%
Reducing under five mortality rate	38%	43%	12%	2%	4%	100%
Reducing maternal mortality rate	33%	45%	12%	2%	8%	100%

## Section III: Local Intervention to Accelerate CMDGs Achievement

**Table A3.1- In your opinion, what is the most effective way to disseminate information related to CMDG and their progress at the local level?**

Means of dissemination	Total	Urban	Rural
Conferences, seminars or trainings	62%	65%	58%
Policy documents	12%	13%	11%
Dissemination by the Commune Office	63%	72%	54%
Friends/colleagues	14%	18%	11%
Through TV	78%	84%	73%
Through radio	76%	75%	77%
Through newspapers	50%	53%	47%
Other	2%	4%	1%

**Table A3.2- How important do you think the following activities could contribute to achieving the CMDGs?**

### Total

Activities	Very important	Important	Not important	Not important at all	Don't know	Total
Continuing dissemination of CMDG	68%	30%	1%	0%	2%	100%
Localizing CMDG to the sub-national level	50%	43%	1%	1%	5%	100%
Ensuring participation of local people in the preparation	65%	33%	1%	0%	1%	100%
Building the capacity of local authority	55%	40%	1%	0%	4%	100%
Ensuring sufficient budget for implementation	68%	28%	1%	0%	3%	100%
Training of Trainers	58%	40%	0%	0%	2%	100%
Other	0%	0%	0%	0%	100%	100%

## Urban

Activities	Very important	Important	Not important	Not important at all	Don't know	Total
Continuing dissemination of CMDG	70%	28%	1%	0%	2%	100%
Localizing CMDG to the sub-national level	50%	46%	1%	1%	3%	100%
Ensuring participation of local people in the preparation	68%	30%	0%	0%	1%	100%
Building the capacity of local authority	62%	34%	1%	1%	3%	100%
Ensuring sufficient budget for implementation	68%	28%	1%	0%	3%	100%
Training of Trainers	62%	38%	0%	0%	4%	100%
Other	0%	0%	0%	0%	100%	100%

## Rural

Activities	Very important	Important	Not important	Not important at all	Don't know	Total
Continuing dissemination of CMDG	66%	31%	1%	0%	2%	100%
Localizing CMDG to the sub-national level	50%	40%	2%	1%	7%	100%
Ensuring participation of local people in the preparation	62%	35%	2%	1%	1%	100%
Building the capacity of local authority	48%	46%	1%	0%	4%	100%
Ensuring sufficient budget for implementation	67%	28%	1%	0%	4%	100%
Training of Trainers	53%	42%	1%	0%	4%	100%
Other	0%	1%	0%	0%	99%	100%



# Annex 4: Analysis by Gender

## Section I: Awareness and Understanding of CMDGs

**Table B1.1- Local Awareness of the Government Development Strategies**

### Total

National strategies	Yes-understand	Yes-ever read	Yes-ever heard	No	Total
GRS	4%	10%	64%	22%	100%
NSDP	4%	7%	60%	29%	100%
CMDG	2%	5%	34%	59%	100%

### Male

National strategies	Yes-understand	Yes-ever read	Yes-ever heard	No	Total
GRS	6%	12%	62%	20%	100%
NSDP	5%	8%	59%	28%	100%
CMDG	3%	5%	35%	58%	100%

### Female

National strategies	Yes-understand	Yes-ever read	Yes-ever heard	No	Total
GRS	1%	4%	69%	26%	100%
NSDP	1%	6%	63%	30%	100%
CMDG	0%	5%	34%	61%	100%

**Table B1.2- How were you informed about CMDGs?**

Means of getting informed	Total	Male	Female
Conferences, seminars or trainings	29%	26%	38%
Policy documents	34%	33%	38%
Dissemination by the Commune Office	37%	32%	49%
Friends/colleagues	6%	6%	5%
TV	63%	60%	73%
Radio	68%	68%	68%
Newspapers	29%	30%	27%
Other	0%	0%	0%

**Table B1.3- How important do you think the CMDGs are in guiding the development of Cambodia?**

Level of importance	Total	Male	Female
Very important	78%	82%	68%
Important	19%	17%	24%
Not important	0%	0%	0%
Not important at all	0%	0%	0%
Don't know	3%	1%	8%

**Table B1.4- Three most important goals for the community**

CMDGs	Total	Male	Female
Goal 1	91%	92%	88%
Goal 2	49%	55%	34%
Goal 3	34%	30%	44%
Goal 4	27%	22%	39%
Goal 5	17%	17%	16%
Goal 6	33%	31%	39%
Goal 7	15%	17%	11%
Goal 8	28%	29%	24%
Goal 9	5%	6%	2%

## Section II: Status and Progress of CMDGs

**Table B2.1- How do you observe the current status of each of the nine goals in your community?**

### Total

CMDGs	Better	Stable	Worse	Don't know	Total
Goal 1	79%	14%	5%	3%	100%
Goal 2	73%	17%	3%	6%	100%
Goal 3	77%	16%	2%	6%	100%
Goal 4	79%	9%	4%	8%	100%
Goal 5	81%	10%	3%	5%	100%
Goal 6	89%	6%	3%	2%	100%
Goal 7	56%	21%	13%	11%	100%
Goal 8	67%	16%	2%	15%	100%
Goal 9	67%	9%	3%	21%	100%

### Male

CMDGs	Better	Stable	Worse	Don't know	Total
Goal 1	77%	16%	4%	3%	100%
Goal 2	70%	19%	4%	7%	100%
Goal 3	74%	17%	2%	7%	100%
Goal 4	74%	10%	5%	11%	100%
Goal 5	76%	13%	4%	7%	100%
Goal 6	87%	6%	4%	3%	100%
Goal 7	49%	24%	15%	12%	100%
Goal 8	61%	19%	2%	18%	100%
Goal 9	66%	11%	4%	20%	100%

### Female

CMDGs	Better	Stable	Worse	Don't know	Total
Goal 1	84%	9%	5%	2%	100%
Goal 2	80%	13%	2%	5%	100%
Goal 3	84%	13%	0%	3%	100%
Goal 4	94%	6%	0%	0%	100%
Goal 5	94%	4%	1%	1%	100%
Goal 6	94%	5%	1%	0%	100%
Goal 7	71%	14%	6%	9%	100%
Goal 8	83%	11%	0%	6%	100%
Goal 9	70%	3%	2%	24%	100%

**Table B2.2- Based on the current situation of your community, do you think that the following targets are achievable by 2015?**

### Total

	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't know	Total
Reducing poverty	24%	43%	25%	5%	3%	100%
Completing primary schooling	41%	43%	12%	2%	2%	100%
Reducing under five mortality rate	39%	43%	12%	1%	4%	100%
Reducing maternal mortality rate	33%	46%	13%	2%	7%	100%

## Male

	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't know	Total
Reducing poverty	27%	41%	24%	5%	3%	100%
Completing primary schooling	41%	43%	13%	3%	1%	100%
Reducing under five mortality rate	38%	41%	13%	2%	6%	100%
Reducing maternal mortality rate	32%	43%	13%	2%	9%	100%

## Female

	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't know	Total
Reducing poverty	17%	49%	26%	4%	4%	100%
Completing primary schooling	43%	44%	11%	1%	2%	100%
Reducing under five mortality rate	43%	47%	10%	0%	1%	100%
Reducing maternal mortality rate	34%	53%	12%	0%	1%	100%

## Section III: Local Intervention to Accelerate CMDGs Achievement

**Table B3.1- In your opinion, what is the most effective way to disseminate information related to CMDG and their progress at the local level?**

Means of dissemination	Total	Male	Female
Conferences, seminars or trainings	62%	59%	69%
Policy documents	12%	12%	12%
Dissemination by the Commune Office	63%	60%	70%
Friends/colleagues	14%	13%	16%
Through TV	78%	74%	89%
Through radio	76%	73%	84%
Through newspapers	50%	45%	62%
Other	2%	2%	2%

**Table B3.2- How important do you think the following activities could contribute to achieving the CMDGs?**

### Total

Activities	Very important	Important	Not important	Not important at all	Don't know	Total
Continuing dissemination of CMDG	68%	30%	1%	0%	2%	100%
Localizing CMDG to the sub-national level	50%	43%	1%	1%	5%	100%
Ensuring participation of local people in the preparation	65%	33%	1%	0%	1%	100%
Building the capacity of local authority	55%	40%	1%	0%	4%	100%
Ensuring sufficient budget for implementation	68%	28%	1%	0%	3%	100%
Training of trainer	58%	40%	0%	0%	2%	100%
Other	0%	0%	0%	0%	100%	100%



**Male**

Activities	Very important	Important	Not important	Not important at all	Don't know	Total
Continuing dissemination of CMDG	59%	38%	0%	0%	3%	100%
Localizing CMDG to the sub-national level	51%	45%	1%	1%	2%	100%
Ensuring participation of local people in the preparation	51%	48%	1%	0%	0%	100%
Building the capacity of local authority	48%	50%	0%	0%	2%	100%
Ensuring sufficient budget for implementation	67%	29%	1%	0%	3%	100%

**Female**

Activities	Very important	Important	Not important	Not important at all	Don't know	Total
Continuing dissemination of CMDG	72%	26%	1%	0%	1%	100%
Localizing CMDG to the sub-national level	50%	43%	1%	0%	6%	100%
Ensuring participation of local people in the preparation	71%	26%	1%	0%	1%	100%
Building the capacity of local authority	58%	35%	1%	0%	4%	100%
Ensuring sufficient budget for implementation	68%	28%	0%	0%	3%	100%
Training of trainer	57%	40%	0%	0%	3%	100%
Other	0%	0%	0%	0%	100%	100%



# **Annex 5:** **Analysis by Target Groups**



## Section I: Awareness and Understanding of CMDGs

**Table C1.1- Local Awareness of the Government Development Strategies**

### Total

National strategies	Yes-understand	Yes-ever read	Yes-ever heard	No	Total
GRS	4%	10%	64%	22%	100%
NSDP	4%	7%	60%	29%	100%
CMDG	2%	5%	34%	59%	100%

### Commune Council Members

National strategies	Yes-understand	Yes-ever read	Yes-ever heard	No	Total
GRS	14%	18%	58%	10%	100%
NSDP	13%	17%	58%	13%	100%
CMDG	6%	8%	44%	42%	100%

### Teachers

National strategies	Yes-understand	Yes-ever read	Yes-ever heard	No	Total
GRS	1%	5%	89%	5%	100%
NSDP	1%	2%	73%	24%	100%
CMDG	1%	5%	44%	50%	100%

### Health Center Staffs

National strategies	Yes-understand	Yes-ever read	Yes-ever heard	No	Total
GRS	3%	4%	63%	30%	100%
NSDP	0%	3%	64%	33%	100%
CMDG	0%	1%	28%	70%	100%

### Religious Leaders

National strategies	Yes-understand	Yes-ever read	Yes-ever heard	No	Total
GRS	1%	12%	47%	40%	100%
NSDP	3%	7%	47%	43%	100%
CMDG	1%	5%	22%	71%	100%

**Table C1.2- How were you informed about CMDGs?**

Means of getting informed	Total	Commune Council	Teacher	Health center staff	Religious leader
Conferences, seminars or trainings	29%	31%	36%	25%	19%
Policy documents	34%	48%	38%	25%	15%
Dissemination by the Commune Office	37%	43%	38%	35%	26%
Friends/colleagues	6%	2%	5%	10%	11%
TV	63%	62%	69%	85%	41%
Radio	68%	62%	79%	55%	70%
Newspapers	29%	24%	36%	25%	30%
Other	0%	0%	0%	0%	0%

**Table C1.3- How important do you think the CMDGs are in guiding the development of Cambodia?**

Level of importance	Total	Commune Council	Teacher	Health center staff	Religious leader
Very important	78%	76%	88%	55%	81%
Important	19%	19%	10%	40%	19%
Not important	0%	0%	0%	0%	0%
Not important at all	0%	0%	0%	0%	0%
Don't know	3%	5%	2%	5%	4%

**Table C1.4- Three most important goals for the community**

CMDGs	Total	Commune Council	Teacher	Health center staff	Religious leader
Goal 1	91%	97%	94%	79%	91%
Goal 2	49%	26%	61%	33%	66%
Goal 3	34%	49%	31%	37%	23%
Goal 4	27%	22%	19%	63%	14%
Goal 5	17%	10%	7%	30%	22%
Goal 6	33%	42%	32%	31%	30%
Goal 7	15%	14%	21%	4%	18%
Goal 8	28%	35%	30%	18%	28%
Goal 9	5%	35%	1%	4%	7%

## Section II: Status and Progress of CMDGs

**Table C2.1- How do you observe the current status of each of the nine goals in your community?**

### Total

CMDGs	Better	Stable	Worse	Don't know	Total
Goal 1	79%	14%	5%	3%	100%
Goal 2	73%	17%	3%	6%	100%
Goal 3	77%	16%	2%	6%	100%
Goal 4	79%	9%	4%	8%	100%
Goal 5	81%	10%	3%	5%	100%
Goal 6	89%	6%	3%	2%	100%
Goal 7	56%	21%	13%	11%	100%
Goal 8	67%	16%	2%	15%	100%
Goal 9	67%	9%	3%	21%	100%

### Commune Council Members

CMDGs	Better	Stable	Worse	Don't know	Total
Goal 1	88%	8%	1%	3%	100%
Goal 2	74%	15%	4%	7%	100%
Goal 3	85%	10%	0%	6%	100%
Goal 4	79%	8%	6%	7%	100%
Goal 5	79%	10%	4%	7%	100%
Goal 6	82%	11%	4%	3%	100%
Goal 7	60%	28%	7%	6%	100%
Goal 8	83%	13%	1%	3%	100%
Goal 9	65%	8%	8%	18%	100%

### Teachers

CMDGs	Better	Stable	Worse	Don't know	Total
Goal 1	82%	13%	4%	1%	100%
Goal 2	85%	14%	1%	0%	100%
Goal 3	86%	14%	0%	0%	100%
Goal 4	83%	11%	1%	5%	100%
Goal 5	86%	8%	1%	5%	100%
Goal 6	95%	4%	1%	0%	100%
Goal 7	69%	18%	11%	2%	100%
Goal 8	80%	12%	0%	8%	100%
Goal 9	83%	6%	0%	11%	100%

### Health Center Staff

CMDGs	Better	Stable	Worse	Don't know	Total
Goal 1	81%	13%	3%	3%	100%
Goal 2	66%	25%	0%	9%	100%
Goal 3	78%	16%	0%	6%	100%
Goal 4	96%	4%	0%	0%	100%
Goal 5	94%	4%	0%	1%	100%
Goal 6	97%	3%	0%	0%	100%
Goal 7	61%	18%	9%	12%	100%
Goal 8	69%	16%	1%	13%	100%
Goal 9	60%	10%	0%	30%	100%

### Religious Leader

CMDGs	Better	Stable	Worse	Don't know	Total
Goal 1	69%	18%	10%	3%	100%
Goal 2	68%	15%	7%	10%	100%
Goal 3	62%	22%	5%	11%	100%
Goal 4	65%	12%	7%	16%	100%
Goal 5	69%	16%	7%	7%	100%
Goal 6	83%	6%	6%	4%	100%
Goal 7	36%	21%	21%	21%	100%
Goal 8	43%	23%	3%	31%	100%
Goal 9	60%	10%	4%	27%	100%

**Table C2.2- Based on the current situation of your community, do you think that the following targets are achievable by 2015?**

### Total

	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't know	Total
Reducing poverty	24%	43%	25%	5%	3%	100%
Completing primary schooling	41%	43%	12%	2%	2%	100%
Reducing under five mortality rate	39%	43%	12%	1%	4%	100%
Reducing maternal mortality rate	33%	46%	13%	2%	7%	100%

### Commune Council

	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't know	Total
Reducing poverty	35%	46%	15%	3%	1%	100%
Completing primary schooling	39%	46%	14%	0%	1%	100%
Reducing under five mortality rate	42%	44%	11%	0%	3%	100%
Reducing maternal mortality rate	39%	42%	17%	1%	1%	100%

### Teaches

	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't know	Total
Reducing poverty	17%	57%	21%	4%	1%	100%
Completing primary schooling	40%	50%	7%	1%	1%	100%
Reducing under five mortality rate	38%	49%	11%	0%	2%	100%
Reducing maternal mortality rate	29%	55%	12%	1%	4%	100%

### Health Center Staffs

	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't know	Total
Reducing poverty	9%	45%	34%	6%	6%	100%
Completing primary schooling	34%	49%	10%	4%	1%	100%
Reducing under five mortality rate	37%	57%	6%	0%	0%	100%
Reducing maternal mortality rate	33%	63%	3%	0%	1%	100%

### Religious Leader

	More likely to achieve	Likely to achieve	Unlikely to achieve	Not achievable	Don't know	Total
Reducing poverty	34%	28%	28%	6%	4%	100%
Completing primary schooling	49%	30%	16%	3%	2%	100%
Reducing under five mortality rate	40%	26%	19%	4%	11%	100%
Reducing maternal mortality rate	32%	29%	18%	3%	18%	100%



### Section III: Local Intervention to Accelerate CMDGs Achievement

**Table C3.1- In your opinion, what is the most effective way to disseminate information related to CMDG and their progress at the local level?**

Means of dissemination	Total	Commune Council	Teacher	Health Center Staff	Religious Leader
Conferences, seminars or trainings	62%	67%	64%	70%	50%
Policy documents	12%	26%	11%	7%	5%
Dissemination by the Commune Office	63%	64%	70%	67%	52%
Friends/colleagues	14%	10%	25%	9%	12%
Through TV	78%	74%	88%	88%	66%
Through radio	76%	65%	76%	84%	79%
Through newspapers	50%	40%	52%	66%	45%
Other	2%	3%	2%	1%	2%

**Table C3.2- How important do you think the following activities could contribute to achieving the CMDGs?**

**Total**

Activities	Very important	Important	Not important	Not important at all	Don't know	Total
Continuing dissemination of CMDG	68%	30%	1%	0%	2%	100%
Localizing CMDG to the sub-national level	50%	43%	1%	1%	5%	100%
Ensuring participation of local people in the preparation	65%	33%	1%	0%	1%	100%
Building the capacity of local authority	55%	40%	1%	0%	4%	100%
Ensuring sufficient budget for implementation	68%	28%	1%	0%	3%	100%
Training of trainer	58%	40%	0%	0%	2%	100%
Other	0%	0%	0%	0%	100%	100%

**Commune Council Members**

Activities	Very important	Important	Not important	Not important at all	Don't know	Total
Continuing dissemination of CMDG	78%	22%	0%	0%	0%	100%
Localizing CMDG to the sub-national level	63%	35%	3%	0%	0%	100%
Ensuring participation of local people in the preparation	71%	29%	0%	0%	0%	100%
Building the capacity of local authority	69%	31%	0%	0%	0%	100%
Ensuring sufficient budget for implementation	72%	26%	0%	0%	1%	100%
Training of Trainers	50%	49%	1%	0%	0%	100%
Other	0%	1%	0%	0%	99%	100%

## Teachers

Activities	Very important	Important	Not important	Not important at all	Don't know	Total
Continuing dissemination of CMDG	70%	29%	0%	0%	1%	100%
Localizing CMDG to the sub-national level	57%	42%	0%	1%	0%	100%
Ensuring participation of local people in the preparation	63%	37%	0%	0%	0%	100%
Building the capacity of local authority	55%	43%	1%	0%	1%	100%
Ensuring sufficient budget for implementation	69%	30%	0%	0%	1%	100%
Training of Trainers	68%	32%	0%	0%	0%	100%
Other	0%	0%	0%	0%	100%	100%

## Health Center Staffs

Activities	Very important	Important	Not important	Not important at all	Don't know	Total
Continuing dissemination of CMDG	48%	48%	0%	0%	4%	100%
Localizing CMDG to the sub-national level	42%	52%	1%	0%	4%	100%
Ensuring participation of local people in the preparation	55%	42%	1%	1%	0%	100%
Building the capacity of local authority	45%	52%	0%	0%	3%	100%
Ensuring sufficient budget for implementation	63%	34%	1%	0%	1%	100%
Training of trainer	54%	46%	0%	0%	0%	100%
Other	0%	0%	0%	0%	100%	100%

## Religious Leaders

Activities	Very important	Important	Not important	Not important at all	Don't know	Total
Continuing dissemination of CMDG	72%	23%	2%	0%	2%	100%
Localizing CMDG to the sub-national level	40%	45%	1%	1%	13%	100%
Ensuring participation of local people in the preparation	69%	26%	2%	0%	3%	100%
Building the capacity of local authority	52%	35%	2%	1%	10%	100%
Ensuring sufficient budget for implementation	67%	24%	1%	0%	7%	100%
Training of trainers	57%	36%	0%	0%	6%	100%
Other	0%	0%	0%	0%	100%	100%



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