



Kingdom of Cambodia
Nation Religion King



NATIONAL ACTION PLAN
ON
EARLY CHILDHOOD CARE AND DEVELOPMENT
2014-2018

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Preface

Cambodia has reached a new stage of human capital development, which requires emphasis on strengthened basic education and quality of learning for the sake of national economic development. This long-term vision must start from early childhood education which is the congre fundamental that starting from the intergration of Early Childhood Care and Development. To achieve this goal, the Royal Government of Cambodia introduced the National Policy on Early Childhood Care and Development, which was endorsed in the plenary session of the Council of Ministers on February 19, 2010.

To enable successful implementation of the nine strategic areas of the National Policy on Early Childhood Care and Development, a realistic and feasible National Action Plan on Early Childhood Care and Development is required. The National Action Plan on Early Childhood Care and Development was formulated through a broad consultation with relevant ministries, agencies and development partners to ensure that these stakeholders are able to fulfill their respective roles and responsibilities.

The National Action Plan on Early Childhood Care and Development, 2014-2018 surely contributes to the realization of the Cambodian Millenium Development Goals, National Strategic Development Plan 2014-2018 and Education Strategic Plan 2014-2018, and other Sector strategy plan. In addition, the National Action Plan and reform programs were developed to create linkage between policies and strategies with financial resources.

Priorities included in this National Action Plan include the formulation of legal framework and mechanisms, improvement of monitoring and evaluation mechanisms, capacity development, expansion of health education and care services to women and young children, especially early provision of basic education to young children with special focus on victimized, vulnerable and poor young children. Motivation and capacity development for relevant officials at all levels for the implementation of these activities are also incorporated.

The National Action Plan on Early Childhood Care and Development, 2014-18 was developed with clear mechanisms through researches, dialogues and broad participation from relevant ministries/agencies and development partners at national and sub-national levels. This National Action Plan will serve as a roadmap for effective implementation of early childhood care and development related activities.

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**National Committee of Early Childhood Care and Development
Chairperson**

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1. BACKGROUND

1. Background

The National Policy on Early Childhood Care and Development was officially approved by the Council of Ministers on February 19, 2010. This policy was developed under the leadership and coordination of the Ministry of Education, Youth and Sport with full cooperation from another 10 relevant ministries which are involved in early childhood care and development services including (1) Ministry of Agriculture, Forestry and Fisheries, (2) Ministry of Environment, (3) Ministry of Economy and Finance, (4) Ministry of Health, (5) Ministry of Interior, (6) Ministry of Information, (7) Ministry of Planning, (8) Ministry of Rural Development, (9) Ministry of Social Affairs, Veterans and Youth Rehabilitation and (10) Ministry of Women's Affairs.

Based on this Policy, Ministry of Education, Youth and Sport developed a five-year National Action Plan on Early Childhood Care and Development, 2014-2019, to provide integrated and coordinated services together with relevant sectors. The National Action Plan on Early Childhood Care and Development will contribute to the achievement of the targets of Cambodian Millennium Development Goals and the National Plan on Education for All by placing emphasis on the improved quality of services and the rapid expansion of the coverage of early childhood care and development services.

The National Action Plan seeks to increase enrolment and enhance protection for children aged 0 to 6 years, especially children from poor families, indigenous minorities and children with disabilities and prioritize community-based pre-school and home-based early childhood education program through:

- Translating the National Policy on Early Childhood Care and Development into operational activities;
- Developing a working framework to promote early childhood care and development;
- Developing working framework and mechanisms and coordinating early childhood care and development;
- Mobilizing resources to support early childhood care and development related activities;
- Development a joint monitoring and evaluation framework for early childhood care and development related activities.

1.1 The National Policy on Early Childhood Care and Development

The vision of the National Policy on Early Childhood Care and Development is: All young children, from conception to less than six years of age, especially disadvantaged, vulnerable and poor children, shall be provided with care and development services, in line with the Constitution of the Kingdom of Cambodia.

Goals and objectives of the Policy include:

1. All women are provided with care, health education services and nutrition during pregnancy;
2. All children have their births registered, are provided with care, regular health check-ups, adequate immunisation and nutrition, and early learning;
3. All young children are ready to start grade one at age six;

4. Technical staffs, caregivers, parents and guardians are provided appropriate knowledge on early childhood care and development;
5. All relevant ministries and institutions work together closely to address and deal with the issues concerning early childhood care and development; and
6. All young children from birth to school age shall enjoy physical, cognitive, mental and emotional development at their own home and centres which provide quality and sustainable health services, nutrition and education.

The National Policy on Early Childhood Care and Development contains the following key content:

1. Ensuring provision of early childhood care and development services from conception to under six years of age;
2. Ensuring that young children are provided with inclusive care and development;
3. Ensuring that relevant ministries, public agencies and relevant civil society will work in synergy on early childhood care and development.

1.2 Situation

In 2013, Cambodia had a total population of around 14.7 million persons, with the annual population growth of 1.46% and the birth rate of 2.8% (inter-census survey). 78.6% of population resides in rural areas. Minorities account for approximately 10% of the total population. The World Bank estimated that in 2010, the number of Cambodian children aged between 0 to 6 years is between 361,000 to 1,611,000 or 11.1% of the total population.

Since 2012, Gross Domestic Product (GDP) per capita has been more than USD 1,000. This figure was almost five times more than GDP per capita a decade ago. With this increasing trend, Cambodia will be graduated from least developed country in the near future. The percentage of the population living below the poverty line of US\$0.93 per day was 22.9% in 2009 and continued to decrease to 18.9% in 2012 (National Working Group on Poverty Measurement, Ministry of Planning), while the target of CMDGs is set at 19.5% by 2015.

Adult literacy between ages 15 to 45 was 87.05% in school year 2013-2014, and the target set for 2017-2018 is 90.55% (MOEYS, ESP 2014-2018). Some parents are poor because they are illiterate or semi-literate.

Although general health status is improving in Cambodia, life expectancy is only 61 years (60.5 years for men and 64.3 years for women, UNICEF 2008) in contrast to an average of 78 years in industrialised countries. Between 2000 and 2010, Cambodia has made significant progress in improving the health of its children. The infant mortality rate has declined from 95 to 45 deaths per 1,000 live births and the under-five mortality rate has decreased from 124 to 54 deaths per 1,000 live births (CDHS 2010), setting Cambodia on track to reach its Millennium Development Goal 4 to reduce child mortality. This progress in child mortality reduction is mainly attributed to the strong performance of the national immunization programme, successful breastfeeding promotion (breastfeeding within the first hour after birth increased from 11% to 65.2%, while exclusive breastfeeding increased from 11.4% (CDHS 2000) to 73.5% (CDHS 2010) and factors outside the health sector, including poverty reduction, improved education and better roads.

Malnutrition remains a significant problem in Cambodia despite some improvements in the first half of the decade. In 2010, child stunting was stagnant at around 40% and Cambodia was considered as one of the countries with the highest child stunting rate in the region. Child wasting decreased from 17% in 2000 to 8% in 2005 but increased to 10.9% in 2010 (CDHS).

Micronutrient deficiencies remain widespread and anaemia is common among 52.7% of pregnant women, 44.4% of women in reproductive age and 55% of children (CDHS 2010). After some improvement, vitamin A supplementation of children aged 6 to 59 months now reaches 71%.

Every year, approximately 2,300 children die from diarrhoea. Malnutrition increases the number and duration of diarrhoea episodes. In rural areas of Cambodia only 24.7% of rural households have a toilet and approximately 53.1% have access to improved drinking water. With sanitation and safe water supply this low, Cambodia is constantly exposed to infection which can cause environmental entropy. Children who are often sick as a result of unsafe water and inadequate sanitation develop poor intestinal capacity to absorb nutrients. Stunted children are less likely to learn well because they suffer long-term cognitive damage.

The use of contraceptives is still poor. Only 27% of adults used contraceptives in 2007 and had inadequate antenatal health and nutrition care. In 2008, the proportion of pregnant women with two or more antenatal care visits with skilled health personnel was 81% and 89% of pregnant women had at least one antenatal care visit before birth. In 2010, only 59% had the 4 or more antenatal visits. Skilled attendants were present at 71% of deliveries and 54% of women delivered in a health care centre or hospital. The quality of antenatal education and deliveries at hospital should be further improved.

Prompt registration at birth is seen as an essential means of protecting a child's right to identity, as well as ensuring realisation of his/her fundamental rights. Birth registration is also essential to protection efforts such as: (i) preventing child labour by enforcing minimum-employment age laws; (ii) ensuring that children in conflict with the law are not treated legally and practically as adults; (iii) protecting children from under age military service or conscription; (iv) prohibiting child marriage; and (v) reducing child trafficking as well as assessing children who are repatriation and reunited family member. Data for births are essential for government for planning of services for populations, setting priorities, formulating essential national strategies and making decision about resource allocation at national and sub-national level.

In 2010, only 62% of children under five are registered in Cambodia, which is lower than the 2005 figure of 65%. 60% of children live in rural area registered their birth compared to 74% of children living in urban area. 48% of the poorest children registered as opposed to 78% of the richest.

Early Childhood Intervention (ECI) services are low at present for vulnerable children from birth to three years of age with or at high risk of developmental delays, malnutrition, disabilities or atypical behaviours. In addition, children with underweight or disabilities at birth are often not detected until they are enrolled in primary school.

Immunisation rates have greatly improved in recent years due to effective nationwide campaigns. According to Cambodia Demographic and Health Survey 2010, 94% were

immunised against Tuberculosis, 83.8% against Polio (PV3), 77% against Measles, 83.6% against Diphtheria, Pertussis and Tetanus (DPT3), 73% against Hepatitis B and 73.6% for all vaccinations above.

The incidence of mortality is quite high among children under five. 48% were taken to a health provider with suspected pneumonia, and respiratory diseases are endemic to this population of young children. 50% received oral rehydration for diarrhoea (and many more were not treated). Malaria case fatality rate reported by the Public Health Sector was 0.36% (MoH 2004) and the proportion of population at high risk who did not sleep under insecticide-treated bed nets during the previous night was 64% (MoH HIS 2007); and HIV/AIDS infected or affected children are increasing and prevention rates are low.

In recent years, Early Childhood Education (ECE) sub-sector in Cambodia has shown significant improvement through four ECE programmes i.e. (i) State Preschools, (ii) Community Preschools, (iii) Home-based Programmes and (iv) Private Preschools. Enrolment rate among children aged 3 to 5 has increased from 13.6 per cent in 2005/06 school year to 32.7% in 2012/13 and from 27.3 to 56.5% among five-year olds (Education Congress Report, MoEYS, 2013). Curriculum, teacher training modules and teaching materials have been developed for different kinds of ECE programmes. Bilingual Preschool Education and Inclusive Preschool Education programmes were initiated in 2011 to extend ECE to children from indigenous minority groups and children with disabilities, who were most marginalized from early learning opportunities. Despite all those progress, issues on insufficient outreach to most rural areas, standardization of learning quality among the different programmes, and low incentive and retention of community preschool teachers, remain as the major challenges to be addressed.

Formal basic education is a function of early childhood development and planning to maximise educational budgetary resources. Net primary school enrolment has risen to 98.2% in 2013 - 2014 (MoEYS 2014). Primary school completion rate in 2012-2013 was 88.94%. Primary school dropout rate was 10.5%. Repetition rate averages 4.8% and is higher in rural areas (MOEYS 2014). These levels of internal inefficiency of the education system have led to high costs to society. Many researches throughout the world have shown that investing in early childhood care and development (ECCD) greatly reduces the internal inefficiencies of education systems, improves student achievement and expands the literate workforce. In addition, it has been shown that the savings pertaining to improving the internal efficiency of primary school education more than pays the costs for all ECCD services (Jaramillo and Mingat 2007).

It is estimated that 600,000 Cambodian children from birth to 17 years are orphans (UNICEF 2007), and only 83% of school age orphans are reported to be attending school. Due to lack of social welfare services, many families in poverty are abandoning traditional values that prioritize family- and community-based care and relying on residential care facilities, a trend that has contributed to a rapidly increasing and largely unregulated residential care industry in Cambodia. While around more than 11,000 children are living in residential care in 2013, an estimated 72% have at least one living parent. International research has shown that some of residential care institutions were not good conditions, so it can prevent the healthy development of children, leading to delays in their development, emotional insecurity and an inability to develop the social skills needed. More strategic support is necessary to improve

residential care institutions with standard and prevent unnecessary separation of children from parents and promote family reintegration for those separated.

Violence against children remains a significant issue in Cambodia, resulting in actual or potential harm to the child's health, survival, development or dignity. As of July 01, 2014, there were 31 children, including 18 girls, detained with their mother, most of them are under 3 years age, according to the figure of the General Department of Prison, Ministry of Interior. In accordance with the 2011 Law on Prisons, children who are residing with incarcerated mothers should be removed as of the age of 3.

Cambodia ratified the Convention on the Rights of the Child on Oct 15, 1992 and two Optional Protocols on Involvement of Children in Armed Conflicts and the Protocol on the Sale of Children, Child Prostitution and Child Pornography on Feb 21, 2002.

Though Cambodia has achieved significant progress after the devastation by war and subsequent turbulence from 1970 to 1993, the situation of the infants and young children remain a big concern. If the situation of young children is not improved quick enough, the Rights of the Child cannot be realized and many children will still suffer and and this country will be short of well educated and trained human resources, a key foundation for achieving the National Development Goals.

1.3 Priority Issues

Based on the above situational analysis, the National Action Plan on Early Childhood Care and Development seeks to improve birth outcomes, parenting skills and child development, in order to realize the full potential of all children in Cambodia and alleviate the social inequality stemming from inadequate health and nutrition services and poor education outcomes. The National Action Plan will develop early childhood intervention and inclusive education services for vulnerable children with or at high risk of developmental delays, malnutrition and disabilities.

Investment in ECCD reduces youth and domestic violence and lessens the need for costly services for criminal justice, prisons and social welfare.

The implementation of this National Action Plan will lead to timely school entry at six years of age, improved educational achievement, and reduced internal inefficiencies of the education system.

The National Action Plan on Early Childhood Care and Development will lay the foundation for improving national economic productivity and competitiveness.

Priority issues include:

- **Expanding and enhancing quality of early childhood care and development**
 - Educating pregnant women and parents or child caregivers: The use of contraceptives, the use of counseling services at health centers and deliveries at health center, hospital or health facility;

- Promoting nutrition and child well-being: Provision of micro-nutrients (vitamins and minerals), immunization, the use of latrine and safe water, enhancing nutrition for children and use of health services;
 - Birth registration: registering birth of every child;
 - Preventing violence and child labor: Preventing all forms of violence against children, preventing child labor, eliminating child trafficking and providing legal protection to children from unnecessary separation from family;
 - Early childhood education: Increasing enrolment and care for children between 0 to 6 years of age, especially children from poor families and indigenous group, vulnerable children, children at risk and children with disabilities and prioritizing community pre-school and home-based ECE program.
- Working framework, working mechanism and coordination for early childhood care and development:
 - Formulating legal framework: Modernizing laws and policies, transferring functions to sub-national administration, combating trafficking and smuggling in persons and child labor, promoting gender, promoting anti-corruption mechanism;
 - Formulating multi-sectoral coordinating mechanism at all levels: Sectoral Early Childhood Technical Coordination Committees and relevant Sub-Committees at national and sub-national levels.
- Mobilizing resources to support early childhood care and development related activities:
 - Enhancing partnership in providing early childhood care and development services: Integrate the plan between public institutions, private sector, civil society organizations and development partners in early childhood care and development;
 - Commune/sangkat development plan and investment program: Encouraging commune/sangkat to include early childhood care and development activities in their development plan and increasing budget for early childhood care and development in the commune/sangkat investment program funding and other sources;
- Joint monitoring and evaluation framework for early childhood care and development:
 - Monitoring and evaluation: Identifying roles and responsibilities and coordinating the setting of indicators, data collection, analysis and reporting on the progress and impact of early childhood care and development;
 - Policy review: Studying policy options and impacts of the policy implementation.