

**EVALUATION OF UNICEF'S
EARLY CHILDHOOD
DEVELOPMENT PROGRAMME
WITH FOCUS ON GOVERNMENT
OF NETHERLANDS FUNDING
(2008-2010)**

**CAMBODIA COUNTRY CASE STUDY
REPORT**

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Evaluation of the UNICEF's Early Childhood Development Programme with Focus on the Government of Netherlands Funding (2008-2010): Cambodia Country Case Study Report

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This report presents the results of a retrospective evaluation of policy and programmatic initiatives to promote early childhood development (ECD) in Cambodia, with an emphasis on those supported by the United Nations Children's Fund (UNICEF) in partnership with the Government of Cambodia (GoC). Cambodia was selected as one of the 4 case study countries for the broader evaluation of the UNICEF-Government of Netherlands (GoN) Cooperation Programme on ECD which aimed to promote comprehensive approaches to ECD in 10 selected countries with a focus on sustainable policy development and partnerships to scale up successful interventions.

The independent evaluation was carried out by a team of consultants from Mathematica Policy Research and included Kimberly Boller, Kathy Buek, Andrew Burwick, Minki Chatterji, and Diane Paulsell with assistance from Samia Amin, Evan Borkum, Larissa Campuzano, and Jessica Jacobson. National consultants participating in the country case study visits and reports included Sadananda Kadel, Sathya Pholy, Arcard Rutajwaha, and Susan Sabaa. Krishna Belbase in the Evaluation Office at UNICEF New York Headquarters managed the evaluation with the support of Suzanne Lee and Chelsey Wickmark. The Evaluation Office also involved UNICEF ECD Unit, Cambodia Country Office as well as the Regional Office for East Asia and the Pacific.

The purpose of the report is to assess the progress made and challenges faced by Cambodia in mainstreaming early childhood policy, building early childhood programme capacity, and generating and disseminating knowledge. The report seeks to facilitate the exchange of knowledge among UNICEF personnel and with its partners. The content of this report does not necessarily reflect UNICEF's official position, policies, or views.

The designations of this publication do not imply an opinion on the legal status of any country or territory, or of its authorities, or the delimitation of frontiers.

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ACRONYMS

BFCI	Baby Friendly Community Initiative
BFHI	Baby Friendly Hospital Initiative
C-IMCI	Community-Integrated Management of Childhood Illnesses
CBR	Community-Based Rehabilitation
CCWC	Commune Committee for Women and Children
COs	Country Offices
CPAP	Country Programme Action Plan
CPS	Community Preschools
D&D	Decentralization and Deconcentration
EAPRO	East Asia and Pacific Regional office
ECD	Early Childhood Development
ECCD	Early Childhood Care and Development
ECE	Early Childhood Education
ELDS	Early Learning Development Standards
EMIS	Education Management Information System
ESP	Education Sector Plan
ESSP	Education Strategic Support Plan
FA	Focus Area
FGD	Focus Group Discussions
FPWC	Focal Point for Women and Children
FTI	Fast Track Initiative
GoN	Government of the Netherlands
HIV/AIDS	Human Immunodeficiency Virus/Acquired Immune-Deficiency Syndrome
HBP	Home-Based Programme
HQ	Headquarters
MDG	Millennium Development Goals
MDAs	Ministries, Departments, and Agencies
M&E	Monitoring and Evaluation
MICS	Multiple Indicator Cluster Survey
MOH	Ministry of Health
MOEYS	Ministry of Education, Youth, and Sports
MOI	Ministry of the Interior
MOSVY	Ministry of Social Affairs, Veterans, and Youth Rehabilitation
MOWA	Ministry of Women's Affairs
MSG	Mother Support Group
MTSP	Medium-Term Strategic Plan
NGO	Nongovernmental Organization
OECD	Organization of Economic Cooperation and Development
PS	Parenting Support
RGC	Royal Government of Cambodia
ROs	Regional Offices
SPS	State Preschools
UIS	UNESCO Institute for Statistics
UNDAF	United Nations Development Assistance Framework
UNESCO	United Nations Educational, Scientific, and Cultural Organization
UNICEF	United Nations Children's Fund
US	United States

EXECUTIVE SUMMARY

In step with its economic expansion, Cambodia has in recent years experienced improvements in some indicators of health, nutrition, and education for infants and children. However, many risks to young children remain. Malnutrition remains a widespread problem, for instance, and a minority of children under 5 currently has access to pre-primary education.¹ Children who are particularly disadvantaged in terms of school access and other factors include those from the poorest families, members of minority ethnic groups, and those who are disabled.

The Royal Government of Cambodia (RGC) has declared its commitment to addressing early childhood development (ECD) in national policies and plans, including the National Policy on Early Childhood Care and Development (ECCD), adopted in February 2010; the National Strategic Development Plan Update for 2009-2013; the Education for All National Plan for 2003-2015; and others.² Cambodia's National Policy on ECCD, in particular, articulates a vision that "all Cambodian children, from conception to age six, especially disadvantaged, vulnerable and poor children, shall be provided with care and development services..." (Council of Ministers 2010). The policy also specifies strategies for achieving this vision, including, for example, establishment of legal frameworks and mechanisms for specifying the duties of key stakeholders and implementing the policy; improvement of monitoring and coordination mechanisms; capacity building for programme practitioners, parents, and guardians; and expansion of access to key health care and education services among pregnant women, infants, and young children.

This report presents the results of a case study of strategies and activities to promote ECD in Cambodia. The evaluation team conducted the study as part of an evaluation of the United Nations Children's Fund (UNICEF)-Government of Netherlands (GoN) Cooperation Programme on ECD, 2008-2010. The UNICEF-GoN Cooperation Programme emphasizes three strategic objectives: (1) capacity building, (2) knowledge generation and dissemination, and (3) mainstreaming ECD into policies and programmes for young children. In addition, the Cooperation Programme on ECD focuses on cross-cutting issues, such as use of a human rights based approach to planning and providing ECD services, as well as gender equity and outreach to the marginalized.

For the Cambodia case study, in May 2010, the evaluation team conducted five days of in-country data collection, including field visits to locations where ECD-related services are offered. The primary data sources were: (1) interviews with members of the UNICEF country office (CO) staff, representatives of national ministries and provincial offices involved in providing services related to ECD, members of local commune councils, volunteers providing education and health-related services, and representatives of nongovernmental organizations (NGOs) involved in ECD programming; (2) observations of community preschool classrooms and sessions of Community-Integrated Management of Childhood Illnesses (CIMCI)/Baby Friendly Community Initiative (BFCI) services at locations selected by UNICEF Cambodia staff; and (3) focus groups with parents of children enrolled in community preschools and focus groups with parents of children not enrolled. In addition to these primary data sources, we reviewed a range of secondary sources, including reports and strategic plans, data from surveys and management information systems, and the results of external studies.

The evaluation team employed two main qualitative evaluation methods in analyzing case study data: (1) thematic framing and (2) triangulation. To establish a structure for thematic analysis, we worked with key stakeholders to develop a logical framework for ECD programming in Cambodia (Appendix A). We also created a case study matrix specifying questions, outcomes, and indicators (Appendix B). Triangulation confirmed patterns and identified important discrepancies across data sources and respondents participating in interviews and focus groups.

¹ Three main models of pre-primary education exist in Cambodia: state preschools, community preschools, and home-based programmes. We describe these models in the main text of the report.

² We use the term "early childhood development" in this report. Cambodia's national policy on early childhood uses the term "early childhood care and development."

UNICEF's ECD Focus in Cambodia

UNICEF's longstanding commitment to improving the lives of young children and its work in multiple sectors and with many partners at the global, regional, national, and subnational levels have positioned it well for supporting holistic ECD in developing country contexts, including in Cambodia. UNICEF's collaboration with its country partners to enhance ECD in Cambodia includes three main strands, each encompassing a distinct set of activities, outputs, and outcomes. The three strands are:

1. **Support for policy development.** This component of ECD programming focuses on development and implementation of national and subnational policies establishing government commitments, action plans, and guidelines regarding ECD.
2. **Enhancement and expansion of pre-primary and parent education services.** This component comprises advocacy within communities to enhance and increase the reach of pre-primary education services, along with support for parenting education. It also includes support for development of training materials, guidelines and curricula, and monitoring and evaluation tools for pre-primary education, as well as for studies and data gathering to increase the knowledge base on these services.
3. **Enhancement of health and social protection services to promote ECD.** A third strand of ECD programming includes support for development of modules to integrate child development and early stimulation into community health programmes, support for breastfeeding promotion; and support for development of training modules on early intervention for children with disabilities guidelines on community-based rehabilitation.

The case study analysis primarily addresses UNICEF, government, and partner activities prioritized for investment of the GoN funds and completed as of September 2010, the end of the study period. Specific services and initiatives supported through this investment included Community-Based Preschools (CPS), Home-Based Programmes (HBP), the Parenting Support (PS) initiative, the Baby-Friendly Hospital Initiative (BFHI), and BFCI. The report also provides findings and conclusions about the role of the GoN funding in strengthening and catalyzing new and ongoing ECD programming.

Case Study Findings

The report presents case study findings in nine areas. We summarize these findings below.

Appropriateness and Alignment with National Goals and Priorities

Programming on ECD under the UNICEF-Cambodia Programme of Cooperation aligns with priorities of the Government of Cambodia as expressed in national strategic development plans and sector strategic plans. Programming reflects an emphasis on support for CPS and HBP expansion to meet enrollment targets outlined in National Strategic Development Plans for 2006-2010 and 2009-2013 and the Education Strategic Plan. The country programme also conforms to national priorities regarding health and nutrition through projects focusing on breastfeeding and community-based health promotion. A focus on capacity building for commune councils in social service delivery is in keeping with good governance elements of Cambodia's overall development strategy, as expressed in the National Strategic Development Plan.

ECD programming has supported progress toward holistic approaches to ECD but does not consistently emphasize integrated services. The National Policy on Early Childhood Care and Development advances a vision of holistic services for children from conception to age six, founded on close collaboration among government institutions that serve women and children. Some activities under the country programme reflect important steps toward comprehensive, integrated service for ECD, including support for integration of basic health and nutrition information in CPS and HBP curricula and the integration of messages on psychosocial development into C-IMCI. However, some opportunities for integrated or comprehensive services have not been realized. For instance, programming has not emphasized building connections between health and education services at the commune level.

Effectiveness: Increasing Access and Coverage

Enrollment rates for pre-primary education services have risen since 2006-2007 but fall short of government targets. Nationwide, 20 percent of children ages 3 to 5 were enrolled in some type of pre-primary education during the 2009-2010 school year, according to EMIS (Education Management Information System) data from MOEYS. Between the 2006-2007 and 2009-2010 school years, enrollment among 3-to-5-year-olds in all types of pre-primary education (including state preschools [SPS], CPS, HBP, and private preschools) increased approximately 5 percentage points nationwide. In UNICEF-supported provinces, the increase in pre-primary enrollment among 3-to-5-year-olds between 2006-2007 and 2009-2010 was slightly greater (5.6 percentage points). Comparing the *number* of 3-to-5-year-old children enrolled in CPS and HBP programmes over time, a marked increase is evident in data from 2006-2007 to 2009-2010; the number of children in CPS grew by 35 percent, and the number of children in HBP by 40 percent. These figures indicate that efforts to expand access to early education have produced positive results but failed to meet goals established by the Cambodian government. Current rates of enrollment fall short of the 2010 targets for 3-to-5-year-olds (30 percent) and 5-year-olds (50 percent) specified in the Education Sector Strategic Plan.

C-IMCI coverage is higher for modules on breastfeeding and complementary feeding than those on other topics. UNICEF measures coverage of community-based health interventions for ECD by the number of health centers and villages that have implemented specific C-IMCI modules. (Nine C-IMCI modules have been or are expected to be put into service.) In the six provinces targeted for UNICEF support under the 2006-2010 Community Programme Action Plan (CPAP), according to UNICEF data, the highest level of coverage has been achieved for the C-IMCI module on breastfeeding and complementary feeding; this module has been applied in more than half of health centers and villages. The module on home care of sick children has reached 28 percent of health centers and 26 percent of villages, while the module on prenatal and antenatal care has been rolled out in just 9 percent of health centers and 7 percent of villages. The C-IMCI module on psychosocial development had not been implemented in any health centers or villages as of August 2010.

Effectiveness: Building Capacity for ECD

The ability of the MOEYS Early Childhood Education Department to facilitate cooperation on ECD at the national level appears to have increased. Our interviews with representatives of MOEYS suggest that the capacity of the Early Childhood Education (ECE) Department to serve as a coordination point for ECCD policy and programming has been enhanced. The main evidence for this change is the department's role in shepherding the adoption of the national ECCD Policy over the past two years. This process required extended consultation across the 11 involved ministries, as each made contributions to the policy and conducted reviews of it.

Commune council members reported that they are able to oversee CPS functions ably but their ability and commitment to leveraging resources for ECD appears to vary. Members of commune councils we interviewed conveyed that they did not have difficulty managing their functions related to implementation of CPS and were supportive of efforts to expand preschools. Nevertheless, we noted differences between the two councils we interviewed in the extent to which they appeared to devote commune resources or leverage other resources to support ECD services. These differences were apparent, for example, in the variation in the physical structures available for CPS. Assessments by UNICEF Cambodia note additional issues linked to tentative local support for CPS in some communes, including minimal compensation for teachers and a “slow down” in functioning due to waning attention from the community over time (UNICEF Cambodia 2010a). In addition, the Commune Focal Point for Women and Children (FPWC) and the Commune Committee for Women and Children (CCWC)—which play important roles in advocating for issues related to women and children and in requesting budget allocations and partnerships that promote inclusive, quality services— may face challenges in terms of limited decision making power in the commune, confidence in their roles, and understanding of planning processes, according to studies of FPWC and CCWC capacity (Ministry of Interior [MOI]/UNICEF Cambodia 2009). These factors may hamper the ability of Focal Points and CCWCs to influence decisions related to social service provision.

Gaps exist in national, provincial, and local capacity for monitoring of ECE services. Although pre-primary education services are monitored at multiple levels and by multiple stakeholders, it is not clear that the information collected consistently supports tracking of progress toward goals or quality improvement. At the national level, MOEYS conducts periodic monitoring visits and collects data on preschool enrollment that are disaggregated by type of preschool, child's age, and child's gender. However, these data do not include the percentage of children from the poorest families, the percentage of children who have disabilities, or other key categories of disadvantaged and marginalized children. At the local level, CPS and HBP services are monitored by Provincial and District Offices of Education, as well as by FPWC. A monitoring checklist is available for CPS. Because the form does not adequately address aspects of quality related to teacher-child interactions, however, its use as a tool for providing instructive feedback to teachers is likely to be limited.

The Parenting Support initiative has encountered difficulties in positioning and implementation. Key informants indicated that the role of the PS initiative relative to other services and initiatives is unclear, and it has faced challenges in implementation. Of particular concern is the possible redundancy of this service given the other sources of parenting information available, such as HBP, BFCI, and C-IMCI. In addition, capacity to implement the initiative fully has been reported to be low. Our discussions with key informants suggested that these issues are well known, but a clear plan for addressing them has not been developed.

Trends in key indicators suggest parents have improved some health- and nutrition-related caregiving practices, such as early and exclusive breastfeeding. Evidence for improvements in psychosocial care is limited and primarily anecdotal. Increases in rates of early and exclusive breastfeeding since 2000 suggest that campaigns and initiatives such as BFHI and BFCI may have influenced parenting behaviors related to early nutrition. Mothers participating in a focus group we conducted at the site of a C-IMCI session indicated knowledge of appropriate breastfeeding practices. However, the persistence of high maternal mortality rates suggests that information regarding prenatal health and safe delivery is not being communicated as effectively as possible.

Capabilities regarding ECD programming are high within the UNICEF CO, but further definition of the framework for ECD programming is needed. UNICEF Cambodia staff members demonstrated knowledge and expertise regarding ECD and a commitment to advocating for a holistic approach to the care and education of young children. Some staff members, however, expressed uncertainty regarding the organization's definition and priorities involving ECD, noting that nearly all UNICEF's programming could be construed as supporting ECD. Staff members also wondered how to reconcile the concept of holistic ECD with sectoral approaches to promoting young children's survival and development.

Effectiveness: Generating Knowledge for ECD

Creation of Early Learning Development Standards (ELDS) has been completed and is expected to support curriculum revision. MOEYS has created and adopted ELDS for 3-, 4-, and 5-year-olds with support from UNICEF. The standards reflect a holistic view of development, covering areas including physical and health development, moral and cultural development, social and emotional development, awareness and thinking, and language development. UNICEF Cambodia has reported that the standards are expected to be used for a revision of preschool curricula in 2010.

Studies related to participation in pre-primary education services conducted to date have provided useful information on the results of preschool attendance. The UNICEF country programme has supported multiple studies related to outcomes for children who participate in ECE programmes. Although this research does not provide conclusive evidence of the effects of preschool services, the findings generally reinforce the notion that community-based preschool models are beneficial to children. A recent study of SPS, CPS, and HBP found that children who participated in any type of preschool had higher developmental functioning than those who did not (Rao and Pearson 2007). The study also found no differences in functioning between children attending CPS or HBP; children attending SPS scored significantly higher than CPS or HBP children, however. These findings suggest that enrolling children into either CPS or HBP will increase the likelihood of favorable outcomes, but preschools with highly

trained teachers may be even more advantageous.³ Results from a subsequent longitudinal study of the same sample of children indicated that children who participated in pre-primary education services were more likely to enter primary school at the right age than those who did not (Miyahara 2007).

Costing of ECD interventions remains a knowledge gap. FTI (Fast Track Initiative) is currently conducting a study of the costs of CPS and HBP, but completed analyses of the costs of providing various ECD services in Cambodia were not available at the time of our site visit. It is apparent that certain types of interventions are intended to cost less than others; for instance, the CPS and HBP approaches to pre-primary education certainly require less expenditure on staff than the SPS model. However, without clear and reliable information on the per-capita costs of these services, planning for expansion or maintenance of existing services is difficult. It is also unclear what resources might be required to support enhanced monitoring processes for CPS and HBP services. This information is necessary for government agencies that may be considering taking steps to promote quality improvement.

Effectiveness: Mainstreaming ECD into National Policies and Services

The national ECCD policy establishes the government's commitment to promoting ECD and is a step toward more coordinated planning and provision of services. The national ECCD policy delineates specific commitments to activities supporting ECCD from 11 national ministries. Participants in the policy-creation process noted that its adoption was facilitated by clarification of each ministry's role in ECCD and an emphasis on the idea that MOEYS's coordinating function would not impinge on the responsibilities or purview of other ministries. Mechanisms for supporting coordination across ministries and sectors must still be created. Strategies for accomplishing goals related to ECCD, and indeed, further specification of the goals themselves, are also needed. In addition, many representatives of MDAs (ministries, departments, and agencies) we interviewed were unaware of the policy—probably because of its recent adoption; awareness-raising regarding the policy will be another necessary element of its implementation.

Policy and planning for ECD and inclusion of children with disabilities has also progressed, but implementation faces substantial obstacles. Among the most disadvantaged groups, disabled children are of particular concern in Cambodia, which has one of the highest rates of disability among developing nations. The publication of the Policy on Education of Children with Disabilities in 2009 by MOEYS and the recent development of guidelines for community-based rehabilitation by Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MOSVY), both relevant to ECD, provide some evidence of mainstreaming of ECD for vulnerable populations into national policy. However, many challenges to full implementation of these policies exist, including lack of resources to address the needs of people with disabilities, the small number of NGOs working on these issues, and the social stigma that disabled people in Cambodia continue to face.

At the national level, funds budgeted for pre-primary education programming remain a very small percentage of overall education funding. The MOEYS budget for pre-primary education in 2010 is 1.2 billion riel—approximately 0.6 percent of the total budget (MOEYS 2009, Yoshikawa et al. 2010). Although the 2010 pre-primary education budget is 9 percent larger than the previous year's, the small proportion of the overall education budget devoted to pre-primary education does not appear to be in keeping with the government's stated prioritization of early education or the fact that achievement of enrollment goals is unlikely. The relatively low allocation for pre-primary education may reflect an expectation that donor partners and NGOs will continue to play a substantial role in supporting preschools.

Efficiency and Quality of ECD Services

³ Although this study assessed preschool quality and outcomes of children who participated in each type of service, it did not use an experimental or quasi-experimental design. Thus, differences between children may be attributable to selection or other unmeasured differences across groups, and the findings indicate associations between type of service and outcomes, not a causal link.

CPS sites we observed varied widely in quality of teaching methods, use of materials, and facilities. CPS teachers demonstrated mixed levels of ability to apply creative teaching techniques and manage classroom activities. In one site, the teacher successfully engaged students in a series of small group activities, which helped facilitate participation among many children and more frequent interactions between the teacher and individual children. In another site, the teacher relied more on closed-ended question-and-answer approaches, such as calling children to the blackboard to respond to a specific query. Differences were also apparent in the availability and use of materials in the classroom. We did not observe children freely accessing books or other reading material in any site. Finally, the quality of shelters and availability of sanitation facilities was not consistent across sites we observed. Some sites featured a shelter or classroom for CPS to meet and included access to a latrine. Other locations did not offer a sufficiently protected area for children and teachers to gather, and no latrine was available.

Weaknesses in monitoring and technical assistance affect efforts at quality improvement. We identified several limitations in current monitoring and technical assistance procedures. These include ambiguity in quality standards for CPS and HBP and lack of communication of standards to all provincial, district, and commune officials involved in overseeing pre-primary education services; lack of precision of quality assessment; infrequent or irregular monitoring; and insufficient targeting of technical assistance.

Parent participation is not adequately addressed in CPS services. Parent involvement in preschool education is a key element of service quality and can enhance learning for both children and parents. By design, the HBP engages parents in the process of educating their children and demonstrates to parents how they can take an active role in supporting child development. The CPS model does not currently include specific mechanisms for engaging parents, and current training for CPS teachers may not adequately address the importance of parent engagement.

Planning, Management, and Coordination

Intersectoral coordination on ECD is currently limited. We saw very little evidence of coordination on planning or implementation of ECD services across national ministries or local-level agencies. At the national level, ministries have not engaged in joint planning for ECD, and it does not appear that services are co-located or coordinated. For instance, health screenings or other health-related services for families and children are not offered during CPS or HBP sessions. Opportunities for volunteers engaged in pre-primary education services to receive health-related training also appear to be rare. This lack of intersectoral coordination may be due to several factors, including continued reliance on sectoral approaches to planning; the absence of structures to facilitate ongoing communication and coordination across sectors; and the absence of clear models or plans for integrated services, which would more clearly define goals for cross-sectoral collaboration. Implementation of the National ECCD Policy offers an opportunity to increase connections among MDAs in different sectors by establishing coordinating bodies and identifying concrete opportunities for collaboration and integration in service provision.

Results-based management and planning for ECD is inhibited by the absence of comprehensive indicators for ECD and incomplete monitoring of programme-specific results. Some respondents expressed a lack of clarity regarding how to assess the status of ECD holistically. Although UNICEF and its partners currently monitor indicators for many discrete elements of ECD, such as preschool enrollment and rates of early and exclusive breastfeeding, there is no defined set of indicators to assess progress related to children's psychosocial development. In addition to existing school readiness standards (available in the ELDS for 5 year-olds), new indicators and measurement systems need to be identified and implemented to capture the range of outcomes related to holistic ECD. In addition, UNICEF and its partners have not systematically measured outputs or outcomes related to changes in capacity among key stakeholders in ECD, although capacity development at all levels is a major goal of ECD programming. There is a need for clearer definition and more consistent monitoring of outcomes in this programming strand.

Coordination related to ECD activities appears to occur reliably among UNICEF sections. UNICEF Cambodia staff members have an awareness of shared responsibility for ECD, as evidenced by distribution of Dutch funds across multiple sections and collaborative programming on C-IMCI. The Seth Koma section's intersectoral work related to local governance also seems to facilitate its collaboration with the Education and Child Survival sections on ECD issues. Finally, senior-level staff we interviewed

indicated that establishing a culture of creating linkages and working together was a priority for the country programme; this culture facilitates coordination across sections.

Incorporation of Human Rights Based Approach and Strategies to Improve Equity and Participation of the Disadvantaged and Marginalized

Programming approaches emphasize participation of local stakeholders in planning and implementation. UNICEF Cambodia's focus on promoting localization of social services, including pre-primary education, is in keeping with principles of a human rights based approach. This strategy promotes the capacity of duty-bearers at all levels to meet needs in their communities. In addition, the HBP in particular represents a culturally sensitive approach to providing pre-primary education that engages parents in a participatory learning process. Similarly, programming approaches that employ village volunteers, such as C-IMCI, increase the likelihood that local context will be taken into account in service provision.

Gaps in access appear to exist for disadvantaged groups, including the poorest families. The poorest families may be unintentionally excluded from pre-primary education services, particularly CPS. Families of children not enrolled in CPS who participated in our focus groups noted they did not send children to CPS because attending to their livelihoods was a higher priority and prevented them from taking time to get children to and from school. Village officials also suggested that parents whose children are malnourished may not send them, because a snack is not available, and children are unable to focus on the teacher if they are hungry. In addition, it was reported that parents in one village we visited were expected to make a small monetary or in-kind contribution toward the stipend of the CPS teacher if their children enrolled. Thus, problems related to access may result, in part, from perceptions among parents that sending children to CPS will interfere with economic pursuits, that children are not healthy or nourished enough to attend, or that payment will be required. The extent to which the poorest families do, in fact, access services is unclear, as data on enrollment are not disaggregated by poverty level. The same is true for children with disabilities, ethnic minorities, and children living in remote areas.

MOEYS data indicate that boys and girls are accessing pre-primary education services in roughly equal numbers. According to data from the MOEYS EMIS, girls represented 50 percent of all 3-to-5-year-old children enrolled in preschools in the 2009-2010 school year. In all three preschool models, roughly equal proportions of boys and girls participate.

Limited representation of women on commune councils may have implications for provision of services to women and children. The commune councils we interviewed were entirely male, except for the commune FPWC. At the commune level, women do not appear to be well represented among people making policy for ECD. The minority status of women on these councils also is likely to make the responsibility of the FPWC to advocate for women and children's issues more challenging.

Sustainability and Scale-Up of ECD Services and Initiatives

Decentralization in governance of services for young children appears to have bolstered ownership of ECD at the provincial and local level in UNICEF-supported provinces, increasing the potential for sustainability. Our interviews with provincial, district, and commune-level officials suggest that their roles in overseeing and operating ECD services have increased their knowledge of ECD and may motivate efforts to sustain services over time. Key informants at high levels of the provincial government expressed an understanding of health, nutrition, and education issues relevant to young children and an appreciation for importance of early education. Although these officials' views may not be representative of those across the country, their responses suggest that devolving responsibility for ECD services has increased awareness of ECD and the potential that services will be sustained.

Sustainability of ECD services is susceptible to changes in the level of donor support or local allocations for services, and to problems in local management. The national government currently provides little to no funding for pre-primary education services other than SPS, putting established CPS and HBP sites at risk of closure if donor funding is not available or if competing priorities result in a reallocation of resources at the local level. Although CPS and HBP are relatively low-cost modes of

providing pre-primary education, they do require expenditures for teacher compensation, materials, and ongoing training and monitoring. In addition, services may be interrupted if local-level officials do not expeditiously address such issues as teacher or volunteer turnover.

Local control over financing and implementation appear to have influenced the pace of scale-up for CPS and HBP. With very limited budgets at their disposal, local-level authorities are unlikely to implement services that require substantial investment of financial resources. Although the CPS and HBP models do require certain financial or human resources to operate, they appear to be relatively economical approaches compared with SPS. (The actual costs of these models are expected to be elaborated through an FTI-funded study of CPS and HBP costs, which is currently underway.) The feasibility of implementing CPS and HBP in a resource-limited environment increases the potential that they can be scaled up.

Decentralized implementation of services necessitates ongoing efforts to train and provide technical assistance to local-level administrative entities. The pace of scale-up of ECD services in Cambodia is affected by how quickly and willingly local-level administrators can assume responsibilities for managing services. UNICEF's Seth Koma programme has worked closely with commune councils in the provinces it supports, to increase capacity and build commitment to social service provision. It is unclear how quickly or effectively commune councils in areas that are not benefiting from similar support can assume responsibility for initiating and maintaining provision of ECD services.

Conclusions

We draw conclusions about progress that has been made and ongoing challenges faced by Cambodia and its partners as they continue to develop ECD policy and support programme implementation and scale-up.

Appropriateness and Alignment with National Goals and Priorities

- ECD programming is highly appropriate for promoting holistic ECD and mainstreaming ECD into other sectors, particularly health, but it has not fully addressed opportunities for cross-sector integration, especially at the local level.
- ECD programming in Cambodia is aligned with national priorities as expressed in national policies and plans.

Effectiveness: Increasing Access and Coverage

- Efforts to expand access to ECD services have produced positive results, but coverage rates have not yet met Cambodia's goals due to insufficient government resources for expansion and constrained capacity to initiate and manage services at the local level.

Effectiveness: Building Capacity for ECD

- Capacity to implement ECD programming has improved at the local level.
- Additional capacity building in the areas of monitoring and supporting programme improvement is needed at all levels.
- Additional capacity-building support is needed in the area of parenting support to provide efficient and integrated programming that results in parental behavior change.

Effectiveness: Generating Knowledge for ECD

- The recently completed ELDS have the potential to strengthen curriculum development, programme monitoring, and support for programme improvement.
- Recent descriptive studies of child outcomes for children who participated in pre-primary education services are promising and suggest that more rigorous evaluation may be warranted, as well as costing information for scaling up services.

Effectiveness: Mainstreaming ECD into National Policies and Services

- Although the ECCD policy establishes the government's commitment to ECD, national budgets for pre-primary education remain small.
- Expansion of BFCl and C-IMCl through revision of modules to incorporate messages on psychosocial development represents a step toward integrated services for ECD.

Efficiency and Quality of ECD Services

- Cambodia's system for monitoring ECD programming has the potential to support quality-improvement efforts, but system improvements are needed.
- Quality of CPS services can be improved by taking steps to better involve parents.

Processes for Programme Planning, Management, and Coordination

- Integration of ECD programming across sectors can be enhanced by greater intersectoral coordination at both national and local levels.
- Measurement systems and programme-quality indicators should be designed to support programme planning and management.

Incorporation of a Human Rights Based Approach and Strategies to Improve Equity and Participation of the Disadvantaged and Marginalized

- Lack of data on pre-primary enrollment by income group and disability status limit capacity to monitor access for disadvantaged and marginalized populations and target them for enrollment.

Factors Affecting Sustainability and Scale-Up

- Decentralization has fostered scale-up of ECD services and increased potential for sustainability as local communities take ownership of ECD programming.
- Scale-up of ECD services is likely to require continued capacity building and other supports at the commune level.

Role of the UNICEF-GoN Funding

- GoN funding provided key support for capacity building related to implementation of ECD services at the local level and for integration of ECD into community-based health initiatives.

Lessons Learned

Cambodia's experience designing and implementing programming to promote ECD offers lessons in policy development and service integration, monitoring of services and outcomes, sustainability and scalability, and reaching the most disadvantaged. Key lessons include:

Advocacy for intersectoral ECD policy must be sustained and can build upon sectoral efforts.

Development and approval of Cambodia's National ECCD Policy occurred over years and included periods of limited activity or progress. UNICEF and its partners remained engaged in the effort and used the expectation of expansion in ECD services with FTI funding as motivation for clarifying government policy in this area. Meanwhile, education- and health-specific policies and plans moved toward incorporating goals and strategies supporting ECD. These sectoral commitments to ECD were helpful in delineating the roles and responsibilities of individual ministries in the national policy.

Achieving holistic services for ECD requires an explicit vision for cohesive service provision and clear avenues for intersectoral coordination.

Although progress has been made in incorporating information on psychosocial development into community health interventions, provision of ECD services in Cambodia remains largely uncoordinated across sectors. Without clear expectations or structures for collaboration across sectors, it is difficult to identify and pursue opportunities for more comprehensive, coordinated services.

Monitoring processes must be clearly defined and consistent to promote service quality.

Processes for monitoring community-based ECE in Cambodia currently lack quality standards and tools that support continuous improvement. Developing clear, evidence-based guidelines for quality and aligning monitoring tools to support these standards are essential steps.

Appropriate and comprehensive indicators of ECD should be identified and measured to track progress toward stated goals. UNICEF and its partners in Cambodia already track many aspects of ECD, particularly those related to health and nutrition. Definition of goals related to policy implementation, children’s developmental status, and improved school readiness has been less systematic, however, inhibiting measurement of progress on ECD. Defining and collecting data on a set of ECD indicators is necessary to clarify the goals of ECD programming and facilitate assessment of its results.

Linking ECD to governance reforms is apt to create a basis for sustainability. Devolving responsibility for ECD service provision to the local level has the potential to broaden the number of duty-bearers who understand the importance of ECD and to promote widespread capacity building to implement or oversee ECD-related services. It also encourages the development of cost-efficient models of ECD interventions. A risk of this approach is that resource allocation at the local level may not favor social services.

Expansion of the evidence base on ECD interventions supports scale-up. UNICEF Cambodia and its partners have supported timely and targeted research to provide information on the results of community-based pre-primary education interventions. This information has helped justify additional and continued investment in these services.

Strategies for reaching the disadvantaged and marginalized must be clearly delineated to increase access. As noted above, despite mention of disadvantaged groups in national policies and plans, evidence of systematic, concerted action to increase access among the disabled, ethnic minorities, and the poorest is scarce. What appear to be needed are plans of action, including a timetable and funding commitments, that provide clear guidance regarding next steps. Cambodia’s Master Plan for Education for Children with Disabilities provides a model, although the plan has not yet been fully implemented.

Recommendations

We offer the following recommendations to enhance ECD programming in Cambodia. We present separate recommendations for the Royal Government of Cambodia, focused on intersectoral collaboration and programme implementation, and for UNICEF, focusing on advocacy and provision of technical support.

Table 1. Recommendations

Government of Cambodia	UNICEF
Programme Alignment with National Goals and Priorities	
Continue to develop structures and processes, such as provincial- and local-level coordinating bodies, that promote ECCD Policy implementation and integration of services across sectors.	Continue to advocate for comprehensive approaches and connections among services to ensure promotion of holistic ECD.
Increasing Access and Coverage	
Develop strategies to continue expanding access to pre-primary education services to meet targets set by the Education Sector Strategic Plan.	Continue advocating for increased resources for pre-primary education services to support expanded access.
Continue to expand coverage of C-IMCI modules, especially the module on psychosocial development.	
Capacity Building for ECD	

Government of Cambodia	UNICEF
<p>Conduct capacity assessment to identify current resources and gaps related to planning for and delivering ECD services.</p> <p>Take steps to enhance the existing ECD monitoring system by adding appropriate measures of child cognitive and socioemotional development and enhancing local monitoring tools to include aspects of quality related to child-teacher interaction.</p> <p>Explore options for supporting national and local structures for ECE oversight to use monitoring results for programme improvement.</p> <p>Consider options for refining the PS initiative that will reduce redundancy with other programmes and identify training needed to increase capacity to support its implementation at the local level.</p>	<p>Provide technical support for enhancing existing ECE monitoring tools and systems to include additional measures and to use the information gathered for programme improvement.</p>
Knowledge Generation for ECD	
<p>Begin using ELDS and other resources as the basis for developing indicators and targets for ECD and standardized tools for collecting and reporting data on these indicators.</p> <p>Initiate rigorous impact evaluations of selected ECD interventions.</p> <p>Conduct analysis of budget allocations and financing for ECD services and initiatives in Cambodia.</p>	<p>Collaborate with other donors to support rigorous impact evaluations of selected ECD interventions.</p> <p>Support analysis of budget allocations and potential financing options for ECD services in Cambodia.</p>
Mainstreaming of ECD into National Policies and Plans	
<p>Continue mainstreaming ECD into sectoral policies to promote integrated services.</p>	<p>Advocate for planning related to integration of ECD-related services, such as the incorporation of health and nutrition services into pre-primary education models.</p> <p>Advocate for budgeting and fiscal space for ECD.</p>
Efficiency and Quality of ECD Programming	
<p>Prioritize advancement and maintenance of quality, through enhanced standards and monitoring, during CPS and HBP expansion.</p> <p>Develop strategies to improve parent engagement in CPS services, such as requiring parent-teacher meetings, providing volunteer opportunities for parents, or facilitating the creation of parent associations.</p>	<p>Provide technical support to enhance monitoring tools and support parent engagement in CPS services.</p>
Planning, Management, and Coordination	
<p>Establish ECD coordinating bodies and identify concrete opportunities for collaboration and integrated service provision to increase connections among MDAs in different sectors.</p> <p>Expand the scope of indicators of ECD currently monitored by developing and implementing a set of indicators to assess children's progress in psychosocial development.</p> <p>Measure outputs or outcomes related to change in capacity among key ECD stakeholders.</p>	<p>Provide technical support for establishment of coordinating bodies and identification of opportunities for integrated service provision.</p> <p>Provide technical support for development of indicators and their integration into existing data and monitoring systems.</p>

Incorporation of Human Rights Based Approach and Strategies to Improve Equity

Track pre-primary enrollment rates separately for children from disadvantaged groups to facilitate monitoring their access to programming.

Continue advocating for inclusion of children from disadvantaged groups in ECD programming and provide support for capacity building to work with these children.

Begin developing strategies for targeting children with disabilities for enrollment in ECD, in line with recent national policies that promote service access for this population.

Sustainability and Scale-Up

Using existing efforts in UNICEF-supported provinces as a model, expand capacity-building support to commune councils to facilitate further scale-up of ECD services, including pre-primary education.

Increase coordination with other donors to explore integration of ECD services into existing programmes and increase ECD service coverage.

1. INTRODUCTION

Research confirms the fundamental role that good health, adequate nutrition, and responsive interactions with caregivers play in the emergence of critical physical, cognitive, and socio-emotional skills during a child's early years. Achievement of key milestones in early development (from the prenatal period through age 8) creates a basis for health, learning capacity, and productivity throughout a person's life. Studies of public policies and programmes focused on enriching early childhood development (ECD) also offer evidence that high-quality interventions can produce substantial benefits later in life in such areas as communication and cognitive development, school enrolment and completion, health status, and earnings and self-sufficiency (Engle et al. 2007; Love et al. 2005; Young 2007).

These findings have helped advance the incorporation of ECD into international agreements and agendas related to children's rights. The Convention on the Rights of the Child affirms children's basic rights to survival and development of their full potential. The World Fit for Children agenda prioritizes ECD, asserting that nations must promote the "physical, psychological, spiritual, social, emotional, cognitive and cultural development of children," and Education for All commitments include expansion and improvement of early childhood care and education among goals to be met by 2015 (United Nations Children's Fund [UNICEF] 2002; United Nations Educational, Scientific, and Cultural Organization [UNESCO] 2000). Moreover, ECD is closely related to achievement of the Millennium Development Goals (MDGs), particularly MDG1, Reduction of Poverty; MDG2, Universal Primary Education; and MDG4, Reduction of Child Mortality. For most countries, a holistic approach to improving outcomes for young children requires that national ministries/agencies and their subnational counterparts work across sectors to develop policies and programmes that enhance child and parent health and psychosocial well-being and prepare children for success in school and life.

1.1 UNICEF's Approach to ECD

In keeping with UNICEF's mission to "advocate for the protection of children's rights, to help meet their basic needs and to expand their opportunities to reach their full potential" and in accord with its Medium-Term Strategic Plan (MTSP; covering 2006-2013), UNICEF identifies ECD as a cross-cutting issue. Although all five focus areas of the current MTSP are relevant to ECD, organizational targets and areas of cooperation that specifically mention ECD appear under Focus Area 1 (FA1, Young Child Survival and Development) and Focus Area 2 (FA2, Basic Education and Gender Equality). The ECD Unit in UNICEF's New York headquarters (HQ) works closely with the regional offices (ROs) and country offices (COs) to provide support for meeting the MTSP targets. UNICEF's aims for ECD include policy and programme development and implementation with a holistic approach that attends to children's unique developmental needs from pregnancy through age 8 (UNICEF ECD Unit 2006). Holistic approaches aim to address the needs of the whole child and fulfil child rights by considering health, nutrition, child protection, early learning, education, and other factors. To reach these aims at the country level, UNICEF works with partner nations to support the development and implementation of both intersectoral and sectoral policies and strategies promoting ECD. UNICEF's work is grounded in its human rights based approach to promoting access to services equitably across gender, income levels, and the marginalized and disadvantaged population. In addition, UNICEF works to ensure that ECD in emergencies incorporates holistic and intersectoral approaches.

Each host government enters into a programme of cooperation with UNICEF. The resulting five-year Country Programme Action Plan (CPAP), a broad contract between UNICEF and the host country, is developed in mutual agreement and signed by both parties. CPAP defines the results to be achieved and basic strategies to be used. ECD is included in CPAP to the degree upon which it is mutually agreed. The joint work conducted under a given CPAP may evolve over time, and activities can include more or less of what was originally specified in the CPAP. There is an opportunity to revise the CPAP formally during the Mid-Term Review, usually conducted in the third year of country programme implementation, or if a significant emergency occurs.

The CPAP for UNICEF Cambodia includes six components: (1) Advocacy and Social Mobilization, (2) Child Protection, (3) Child Survival, (4) Expanded Basic Education, (5) Human Immunodeficiency Virus/Acquired Immune-Deficiency Syndrome (HIV/AIDS) Prevention and Care, and (6) Community

Action for Child Rights (Seth Koma). Seth Koma focuses on collaboration with provincial and local authorities to support local governance and address water and sanitation needs. Activities of this programme component include working at the commune level on improved collaboration for services for families and children. Within the UNICEF office, an ECD specialist and ECD officer are situated within the Education Section. They work with other sections, particularly Seth Koma and Child Survival, on ECD-related programming. Key expected outcomes related to ECD articulated in the Child Survival and Expanded Basic Education components of 2006-2010 CPAP are:

- 90 percent of children under age 1 vaccinated against seven preventable diseases
- 90 percent of children exclusively breastfed for six months
- 50 percent of children ages 3 to 5 attending pre-primary education in target communities

Although these targets are particularly relevant to ECD, outputs related to other components of the CPAP also contribute to ECD outcomes in a broad sense.

The UNICEF–Government of the Netherlands (GoN) Cooperation Programme on ECD represents a major investment toward furthering UNICEF’s work in this area and advancing comprehensive programming approaches to ECD, with a focus on sustainable policy development and partnership to scale up successful interventions. Under this programme, GoN funded UNICEF HQ to work with 7 ROs, 10 COs, and country partners in Africa and Asia to achieve three strategic objectives: (1) build the capacity of policymakers, service providers, and parents to fulfill duties and claim rights related to ECD; (2) generate and disseminate knowledge in support of ECD policies and programming; and (3) mainstream ECD policies and programmes in national development agendas. These three strategic objectives of capacity building, knowledge generation and dissemination, and mainstreaming are defining elements of the framework for the UNICEF–GoN Cooperation Programme and UNICEF ECD programming generally. Country-specific inputs, activities, outputs, and outcomes in each strategic area are expected to produce ECD programming that results in all children entering school developmentally ready and on time, staying in school, and learning.

1.2 National Context for ECD in Cambodia

In step with its economic expansion, Cambodia has in recent years experienced improvements in some indicators of health, nutrition, and education for infants and children under 5, but many risks to young children remain. The mortality rate for children under 5 per 1,000 live births dropped from 117 to 90 between 1990 and 2008, and rates of immunization among 1-year-old children were 89 percent or above in 2008. Reduction in the maternal mortality ratio (470 deaths per 100,000 live births), which is higher than in other countries in the region, has been more difficult to achieve. Although nutrition indicators have also shown progress, and rates of exclusive breastfeeding have increased dramatically (from 12 percent to 60 percent between 2000 and 2005), malnutrition remains a widespread problem. Nearly three in ten children under 5 (28 percent) are moderately or severely underweight, and more than two-fifths of children under 5 (42 percent) suffer moderate to severe stunting (UNICEF 2010; UNICEF East Asia and Pacific Regional Office [EAPRO] 2008).

Primary Needs of Young Children in Cambodia

- Health and nutrition services to reduce young child malnutrition and stunting
- Opportunities to receive cognitive stimulation and support for socio-emotional development through pre-primary education so that children enter school ready to learn
- Focused support for especially vulnerable children, including children from the poorest households, members of minority ethnic groups, and disabled children

Most Cambodian children are enrolled in primary school, but a minority access preschool. Net enrollment rates in primary school stand at 95 percent for both boys and girls, and the completion rate to the last primary-school year was 83 percent in 2009-2010, according to Education Management Information System (EMIS) data (Ministry of Education, Youth, and Sports [MOEYS] 2010a). A much smaller percentage of children are enrolled in preschool. Among 3-to-5-year-olds, 20 percent attended some form of preschool in the 2009-2010 school year, according to data from the MOEYS; half those enrolled were girls (MOEYS 2010b). According to national strategic development plans, children who are particularly disadvantaged in terms of school access and other factors include those from the poorest families, those who are members of minority ethnic groups, and those who are disabled.

The Royal Government of Cambodia (RGC) has declared its commitment to addressing the developmental needs of children through national policies and plans. The National Strategic Development Plan Update for 2009-2013, an overarching document focused on achievement of the Cambodian MDGs, notes expansion of early childhood education as a measure to support increases in education access and human-resource development. In addition, Cambodia's Education for All National Plan for 2003-2015 establishes goals of "expanding and improving comprehensive early childhood care and education" and "participation of all Cambodian children from birth to school entry in integrated and inclusive community-based health, nutrition, development, and early education programs of good quality" (RGC 2003).

Cambodia's National Policy on Early Childhood Care and Development (ECCD)⁴, adopted in February 2010, articulates a vision that "all Cambodian children, from conception to age six, especially disadvantaged, vulnerable and poor children, shall be provided with care and development services..." (Council of Ministers 2010). The policy also specifies strategies for achieving this vision, including, for example, establishment of legal frameworks and mechanisms for specifying the duties of key stakeholders and implementing the policy; improvement of monitoring and coordination mechanisms; capacity building for practitioners, parents, and guardians; and expansion of access to key health care and education services among pregnant women, infants, and young children.

The RGC and UNICEF, as part of their programme of cooperation, have taken steps to enhance ECD and achieve ECD-related goals outlined in national policies and strategic development plans. This programming includes three main strands: (1) support for ECD-related policy development; (2) enhancement and expansion of pre-primary and parenting education services, particularly community preschools (CPS), home-based programmes (HBP), and the Parenting Support (PS) initiative; and (3) enhancement of health and social protection services that promote ECD. These activities and associated outputs are expected to lead to policies supporting ECD and enhancing intersectoral collaboration; increase knowledge and skills among parents and service providers and increase reach and quality of pre-primary education services; improve health and nutritional status for pregnant mothers and young children; and enhance opportunities for disadvantaged children. (We detail the logical framework for ECD programming in Cambodia in Section III.)

1.3 Purpose of this Report

This report presents the results of a case study of the ECD programming undertaken by the UNICEF in collaboration with the Government of Cambodia and other country partners. The evaluation team carried out the study as part of an evaluation of the UNICEF-GoN Cooperation Programme on ECD, 2008-2010.⁵ Under the Cooperation Programme on ECD, Cambodia and nine other countries, along with UNICEF ROs and UNICEF HQ, received funding to further existing ECD work, support new activities, and advance

⁴ We generally use the term "early childhood development" in this report. Cambodia's national policy on early childhood uses the phrase "early childhood care and development."

⁵ In April 2010, the UNICEF Evaluation Office (New York) contracted with Mathematica Policy Research to conduct an evaluation of the UNICEF-GoN Cooperation Programme. The evaluation includes case studies of four countries receiving GoN funding: Cambodia, Ghana, Nepal, and Tanzania. The case study countries were selected to represent multiple regions and exhibit diversity in context and ECD programming. UNICEF CO and partner availability to receive a visit during our study period was an additional factor considered in the final selection of case study countries.

comprehensive programming approaches to ECD.⁶ The Cooperation Programme on ECD emphasizes three strategic objectives:

1. Building capacity for developing and implementing policies and initiatives to promote ECD
2. Generating and disseminating knowledge to support evidence-based policymaking
3. Mainstreaming ECD into national policies, plans, and budgets and into existing community-based interventions

In addition, the programme focuses on cross-cutting issues, such as use of a human rights based approach to planning and providing ECD services as well as gender equity and outreach to the marginalized.

The case study addresses a range of policy and programmatic initiatives in Cambodia, with an emphasis on those supported by UNICEF in collaboration with the Cambodian government during the period covered by the current Programme of Cooperation between the Government of Cambodia and UNICEF, 2006-2010. The remainder of this section describes the focus of the case study, the research methods used to conduct the study, and limitations regarding the case study approach and findings.

1.4 Case Study Scope and Methods

To explore the design, processes, and results of ECD programming, we conducted a retrospective study employing qualitative analysis methods. The study focuses on initiatives that UNICEF has supported in cooperation with the government and other partners, as expressed in a logical framework for ECD programming in Cambodia (presented in Appendix A) that was developed and specified in consultation with key stakeholders. The analysis primarily addresses UNICEF, government, and partner activities prioritized for investment of the GoN funds and completed as of September 2010, the end of the study period. Specific services and initiatives supported through this investment included Community-Based Preschools, Home-Based Preschools, the PS initiative, the Baby-Friendly Communities Initiative (BFCl)/Community-Integrated Management of Childhood Illnesses (C-IMCI), and the Baby-Friendly Hospital Initiative (BFHI). The report also provides findings and conclusions about the role of the GoN funding in catalyzing and strengthening new and ongoing ECD programming.

The study explores the following topics and questions, which are based on the terms of reference for the evaluation of the UNICEF-Government of Netherlands Cooperation Programme on ECD:

- ***Appropriateness and alignment of ECD programming with national vision and priorities for young children.*** Why were specific programming strategies adopted? How well do they align with national priorities as expressed in development plans and strategic documents?
- ***Planning, management, and coordination.*** How successful have planning and coordination for ECD programming been within and among UNICEF, the government, and development partners?
- ***Effectiveness⁷ in expanding coverage of ECD services.*** Have strategies to increase coverage contributed to changes in service availability or participation rates? If so, how?
- ***Effectiveness in building capacity for ECD.*** How successfully has programming increased the capacity of service providers, caregivers, and decision makers to support ECD? What capacity gaps exist?

⁶ The 10 countries receiving funding through the Cooperation Programme on ECD are Cambodia, Democratic Republic of the Congo, Ghana, Malawi, Mongolia, Nepal, Sri Lanka, Swaziland, Tajikistan, and Tanzania.

⁷ In this study, we use the Organization of Economic Cooperation and Development (OECD) definition of effectiveness: “the extent to which a development intervention’s objectives were achieved, or are expected to be achieved, taking into account their relative importance” (OECD 2002).

- **Effectiveness in generating knowledge for ECD.** How successfully has programming promoted measurement of children's development and family and community care and increased the knowledge base regarding the effectiveness of ECD interventions?
- **Effectiveness in mainstreaming ECD into policies, plans, and services.** How, if at all, has the level of national and subnational engagement and ownership of ECD changed?
- **Quality and efficiency of ECD services.** What is the current quality of ECD services provided, and how has it been enhanced through ECD programming? What is known about the costs and efficiency of ECD services?
- **Sustainability and scalability of ECD services.** What factors have supported or inhibit sustainability and scale-up of ECD services?
- **Use of a human rights based approach to programming, gender equity, and reaching the most disadvantaged.** How successfully has programming involved key stakeholders in design and implementation? How have national and local context been taken into account in programme design and implementation? To what extent has programming promoted gender equity and access among marginalized groups?
- **Lessons learned.** What general lessons emerge from the strengths and weakness of the design and implementation of ECD programming in Cambodia, as well as its results?

The study was guided by a case study matrix (Appendix B) that details specific research questions and links the questions to relevant programming outputs or outcomes and indicators. Several elements of the case study matrix directly align with components specified in the UNICEF-Government of Cambodia programme of cooperation; others are designed to addresses issues and results that are important to the broader evaluation of the UNICEF-GoN Cooperation Programme on ECD.

Data Collection

Data for the case study is drawn from primary and secondary sources. In May 2010, researchers from the evaluation team and a local consultant conducted primary data collection during a five-day visit to Cambodia. The visit included field visits facilitated by UNICEF Cambodia staff to locations where ECD programming is implemented in Kampong Thom and Kampong Speu provinces. Our data collection activity during the country visit comprised the following components:

- **Interviews with key informants.** We interviewed members of the UNICEF CO staff, representatives of national ministries and provincial offices involved in providing services related to ECD, members of local commune councils, volunteers providing education and health-related services, and representatives of nongovernmental organizations (NGOs) involved in ECD programming.
- **Observations of ECD programming.** We observed four community preschool classrooms and two sessions of BFCI/C-IMCI at locations selected by UNICEF Cambodia staff.
- **Focus groups with parents.** We conducted two focus groups with parents of children enrolled in community preschools and two focus groups with parents of children not enrolled. Focus group participants were recruited with the assistance of UNICEF Cambodia and its local partners.

Appendix C presents details regarding primary data collection for the Cambodia case study—specifically, a list of individuals interviewed and focus groups conducted. In addition to these primary data sources, we reviewed a range of secondary sources including reports and strategic plans, data from surveys and management information systems, and the results of external studies. Appendix C also includes a list of documents reviewed for the Cambodia case study.

Analysis Methods

We employed two main qualitative evaluation methods in analyzing case study data: (1) thematic framing and (2) triangulation. Thematic framing involves the systematic review, sorting, and interpretation of data according to a specified structure. Our analysis was structured around the questions, outcomes, and indicators specified in the case study matrix. We used triangulation to confirm patterns or identify important discrepancies across data sources and respondents participating in interviews and focus groups.

1.5 Limitations of the Study

The study's findings and recommendations must be understood in the context of four important limitations:

1. **Timing.** Because the evaluation includes one round of data collection and focuses on programming experiences through summer 2010, we have not directly assessed conditions at multiple points in time. This limits our ability to ascertain definitively the extent of change that may have occurred in Cambodia's ECD programming and results over time.
2. **Representativeness of field visit sites.** The Cambodia data collection included one country visit and observations and interviews in field visit sites in two provinces. Because the field visit sites were not selected at random, they may not be representative of ECD programming throughout the country.
3. **Programme stakeholders as primary data sources.** Our analysis relies largely on reports from individuals in Cambodia who are affiliated with or affected by ECD programming. Although many individuals offered frank assessments of the programme's strengths and weaknesses, as well as its outcomes, affiliation with the programme may have influenced respondents toward positive assessments.
4. **Quality and comprehensiveness of secondary data.** In many cases, we do not have detailed information on the quality or accuracy of secondary data. This is generally true for data obtained from ministry management information systems. In addition, we were unable to identify data sources that disaggregated information on access to ECD services among marginalized groups, including children with disabilities, ethnic minorities, and the poorest families.

Within the scope of these limitations, we addressed each of the case study topics and questions and provide the most accurate findings and logical recommendations possible.

1.6 Organization of the Report

The remainder of this report is organized into five sections. Section II describes the policy and governance framework for ECD in Cambodia. Section III presents an overview of ECD services and initiatives in Cambodia and activities to support ECD conducted under the programme of cooperation between the Cambodian government and UNICEF. Section IV presents case study findings in each of the topic areas, including findings on the appropriateness of the programme design; coverage, quality, and efficiency of ECD services; programming effectiveness; and application of a human rights based approach to programming. Section V addresses the prospects for sustainability and scalability of ECD services and initiatives, and Section VI offers conclusions, lessons, and recommendations intended to enhance future ECD programming in Cambodia.

2. POLICY, GOVERNANCE, AND PARTNERSHIPS FOR ECD

Efforts to promote ECD in Cambodia are governed and implemented through a variety of policies and institutions in multiple sectors. This section summarizes key policies and institutions that provide a framework for ECD advancement and service delivery in Cambodia. It then reviews donor and NGO partners engaged in resource provision and programming for ECD in Cambodia.

2.1 Relevant Policies

Policies and plans that address aspects of ECD in Cambodia have been established in the education, health, and social protection sectors. In addition, the National Programme on Sub-National Democratic Development, which focuses on decentralization and deconcentration (D&D) of administrative functions, has important implications for oversight and delivery of social services to children and families. Table II.1 presents key policies and plans that address ECD in each sector, along with national and local institutions involved in implementing policy. We describe the relevance of key policies to ECD briefly below.

Table 2.1. Policies and Governance for ECD in Cambodia

	Sector/Policy Area			
	Education	Health	Social Protection	Decentralization and Deconcentration
Policies and Plans	<p>Law on Education (2007)</p> <p>Education Sector Plan and Strategic Support Plan (2006-2010)</p> <p>Education for All National Plan (2003-2015)</p> <p>Policy on Education of Children with Disabilities (2008) and Master Plan (2009-2011)</p>	<p>National Policy on Infant and Young Child Feeding (updated 2008)</p> <p>National Nutrition Strategy (2009-2015)</p>	<p>Law on Protection and Promotion of the Rights of Persons with Disabilities (2009)</p> <p>National Plan of Action for Persons with Disabilities (2009-2011)</p>	<p>Law on Administrative Management of Communes/Sangkats (2001)</p> <p>Strategic Framework on D&D Reforms (2005)</p> <p>Law on Administrative Management of the Capital, Province, Municipality, District, and Khan (Organic Law, 2008)</p>
	<p>National Strategic Development Plan, 2006-2010 (intersectoral)</p> <p>National Policy on ECCD, 2010 (intersectoral)</p>			
National-Level Institutions	Ministry of Education, Youth and Sports	Ministry of Health	<p>Ministry of Social Affairs, Veterans, and Youth Rehabilitation</p> <p>Ministry of Women's Affairs</p>	<p>Ministry of Interior</p> <p>National Committee for Sub-National Democratic Development (NCDD)</p>

Table 2.1 (continued)

Sector/Policy Area				
	Education	Health	Social Protection	Decentralization and Deconcentration
Provincial and Local-Level Institutions	Provincial and District Offices of Education	Provincial Health Departments Operational Districts Local Health Centers	Provincial and District Offices of Social Affairs, Veterans, and Youth Provincial and District Offices of Women's Affairs	Provincial and District Local Administrative Units Communes/Commune Committees on Women and Children

Sources: UNICEF Cambodia, Cambodia country visit and document review.

Education

Laws and strategic plans for education in Cambodia reveal an increasing emphasis on expanding access to pre-primary education through low-cost, community- and home-based services, rather than by expanding formal, state-funded preschools. Cambodia's 2007 Education Law delineates the scope of the education system and declares that the state will support early childcare and education for children from birth through kindergarten, primarily through community-based centers or at home. Commitments to expand early childhood education appear in the Education for All National Plan for 2003-2015, which highlights priorities including increased overall enrollment in pre-primary education, community-supported services, and access among the poorest families. The Education Sector Plan (ESP) and Education Strategic Support Plan (ESSP) for 2006-2010 establish strategies and targets for MOEYS, including its efforts in pre-primary education, and specify ministry funding levels for pre-primary education services. ESP and ESSP detail two national enrollment targets for pre-primary education: (1) increasing enrollment among 5-year-old children to 50 percent by 2010, and (2) increasing enrollment of 3-to-5-year-olds to 30 percent. Education sector policies also are in place to address inclusion for children with disabilities. The National Policy on Education of Children with Disabilities, adopted in 2008, outlines strategies and an implementation plan for increasing awareness and acceptance of children with disabilities, providing early identification and intervention services, and facilitating enrollment.

Nutrition and Health

ECD-related goals in nutrition and health policies and plans include improving the nutritional status of women and young children, increasing access to maternal and newborn health services, and enhancing family practices related to child health. Cambodia's first National Nutrition Strategy, covering 2008-2015, specifies among its objectives increased rates of early and exclusive breastfeeding, increased complementary feeding, and increased rates of appropriate care for and feeding of sick children. Accordingly, the strategy stresses expanded coverage of interventions in these areas, including BFCI to promote breastfeeding and C-IMCI to promote positive care practices for sick children. (Section III describes these interventions in detail.) The National Policy on Infant and Young Child Feeding, updated in 2008, also focuses on promotion of exclusive breastfeeding during a child's first six months and appropriate complementary feeding thereafter. The Health Strategic Plan for 2008-2015 addresses ECD-related issues in discussion of the reproductive, maternal, neonatal, and child health programme area, which includes objectives related to the nutritional status of women and children, as well as access to child health services and better family practices for health.

Social Protection and Inclusion

Policies and plans addressing the rights of people with disabilities are emerging. The Law on Protection and Promotion of the Rights of Persons with Disabilities, passed in 2009, is intended to protect the interests of the disabled, prevent discrimination, and promote full participation in society. It includes provisions requiring the expansion of community-based rehabilitation services and the development of plans and strategies to promote inclusive education and make educational facilities accessible. The National Plan of Action for Persons with Disabilities, covering 2008-2011, lays out goals, objectives, and actions for addressing the rights and needs of the disabled. Its agenda addresses psychological support and education inclusion for all children with disabilities.

Decentralization and Deconcentration

The Organic Laws of 2001 and 2008 and the Strategic Framework on Decentralization and Deconcentration Reforms, issued in 2005, are key elements of efforts to promote good governance and to devolve government functions, thereby increasing efficiency, accountability, and responsiveness. These policies have relevance for ECD in that they establish and define the functions of commune councils (local elected governing bodies that work with village chiefs and other community stakeholders to administer services and address issues across villages within their boundaries). Communes are responsible for ensuring the delivery of some social services, including pre-primary education, although they are not direct service providers. Commune councils are also responsible for monitoring and responding to issues and concerns aired through Commune Committees for Women and Children (CCWCs), which are advisory committees focusing on issues related to women and children.

Intersectoral Policy

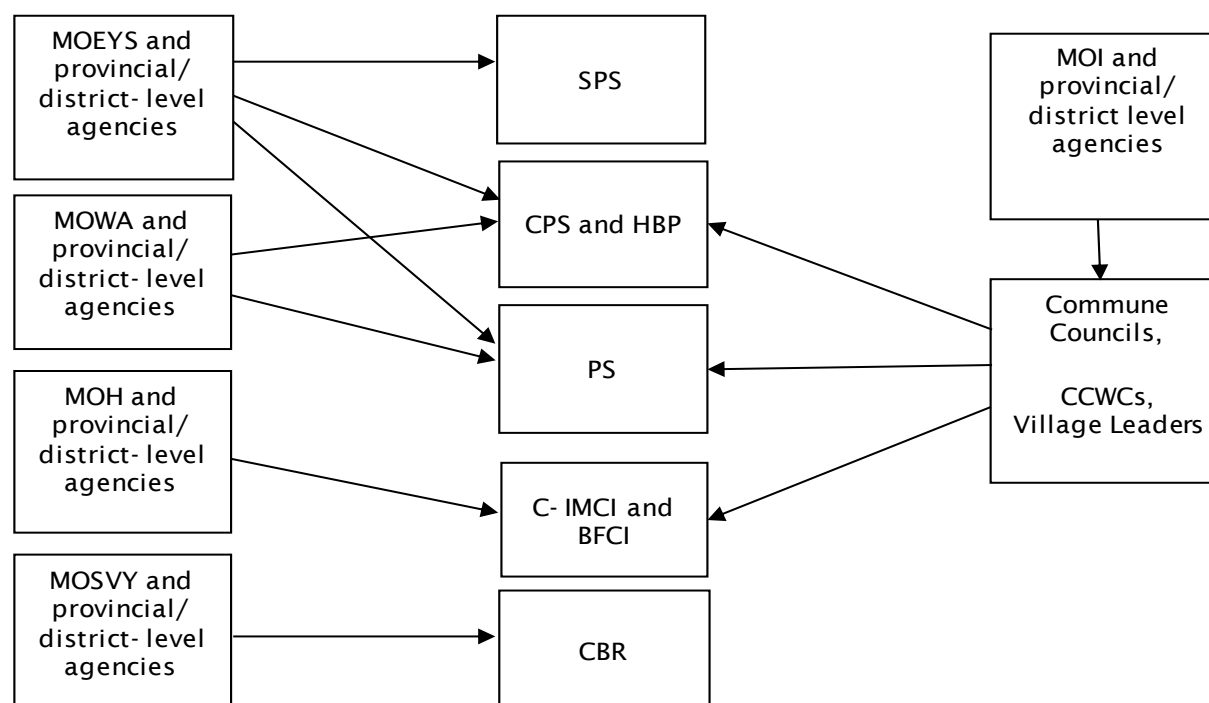
The National Policy on ECCD, endorsed in February 2010, establishes a vision, goals, and objectives with respect to care and development of young children. The policy stresses the provision of integrated, holistic ECCD services for all children from conception to age 6. It designates MOEYS as the coordinating agency for the policy and specifies roles and responsibilities for ECD across 11 ministries, parents and families, and development partners and civil society.

2.2 Governance Structures for ECD

At the national level, ministries including MOEYS; the Ministry of Health (MOH); the Ministry of Women's Affairs (MOWA); and the Ministry of Social Affairs, Veterans, and Youth Rehabilitation (MOSVY) take lead roles in developing policy and overseeing services related to ECD. The MOI provides guidance for local governing bodies (communes) that fund and implement certain social services. Provincial- and district-level offices linked to each ministry implement monitoring and technical assistance functions at sub-national levels. Key ECD services overseen by these agencies include pre-primary education (state preschool [SPS], CPS, HBP), PS, breastfeeding promotion and community-based promotion of child health (BFCL and C-IMCI), and community-based rehabilitation (CBR) for children with disabilities. (We describe these services in detail in Section III.)

Ministries and other agencies collaborate on the provision of some ECD-related services, as illustrated in Figure II.1. For instance, MOEYS and MOWA both have roles and responsibilities in community-based early childhood and PS initiatives. For the PS initiative, MOWA is primarily responsible for planning programme implementation, training facilitators in organizing sessions, and conducting some monitoring, while MOEYS administers training on parenting skills and provides inputs to the content of education sessions.

Figure 2.1. Links Among Ministries/Local Agencies and Services and Initiatives for ECD



Source: UNICEF Cambodia and document review.

The D&D process of government reform and subnational administration has established new governance structures relevant to early childhood services at the local level—specifically, commune councils—as described above. Commune councils are responsible for budgets related to infrastructure projects and some social services, including CPS. The councils oversee CPS budgets and contracting with CPS teachers. In addition, each council is expected to designate a Focal Point for Women and Children (FPWC), who advises and supports the council on projects benefiting women and children and serves as a link to CCWCs. Among the duties of the FPWC are monitoring attendance at CPS and HBP sites in the commune and mobilizing resources for CPS.

2.3 Key Partnerships

Multilateral agencies, donors, and NGOs that espouse an explicit focus on ECD or pre-primary education in Cambodia make up a small group. Multilateral agencies and donors who have incorporated ECD into programming and plans include UNICEF, UNESCO, the World Bank, and the Fast Track Initiative (FTI). These agencies have engaged in technical assistance to build national and local capacity and coordination for ECD, and, in the case of FTI, provided resources for expanding pre-primary education coverage substantially. International NGOs including Save the Children Norway, Plan International, Handicap International, and CARE International have taken roles in supporting ECD services in communities and developing models of ECD service delivery. Local NGOs, such as Kroesur Yoeng and New Humanity, also advocate and provide community services for ECD. The ECCD Technical Coordinating Committee has been a forum for communication among development partners addressing ECD and contributed to development of the national policy on ECCD. In contrast to the relatively small number of agencies and organizations focused on ECD per se or pre-primary education, development partners working in Cambodia’s health and nutrition sector are numerous and include bilateral and global donors, NGOs, and educational institutions.

3. ECD SERVICES AND DESIGN

This section describes key ECD services and initiatives that have been a focus of UNICEF's efforts in collaboration with its partners. It then presents a logical framework for ECD programming in the UNICEF-Government of Cambodia Cooperation Programme, which we based on data collected and reviewed for the case study. This framework provides a means for documenting and understanding the strategies adopted and outcomes anticipated for ECD programming. Finally, we describe the positioning of ECD within the UNICEF Cambodia country office, provisions for collaboration on ECD across sections, and financial resources allocated to ECD strategies.

3.1 Overview of ECD Services and Initiatives

A variety of services and initiatives support ECD in Cambodia by addressing the education, health, and nutrition needs of young children and their families. This section describes key services related to pre-primary education, community-based health and nutrition promotion, parenting support, and inclusion and rehabilitation for children with disabilities—areas related to ECD that have been emphasized in the UNICEF-RGC Programme of Cooperation.

Pre-Primary Education

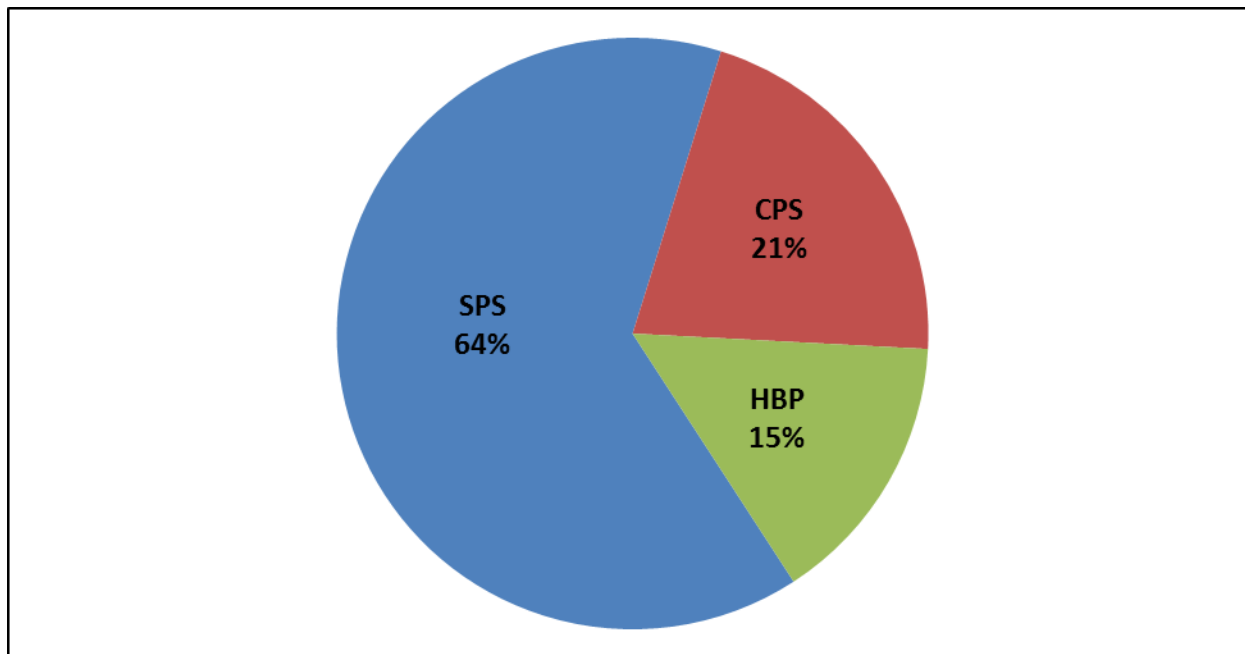
Three publicly supported models of pre-primary education exist in Cambodia: (1) state preschools, (2) community preschools, and (3) HBP. MOEYS establishes curricula for all three models. SPS and CPS are intended to serve children ages 3 to 5, while HBP serves children from birth up to age 5. Key characteristics of each model are as follows:

- **SPS.** SPS have been in operation at least since the year 2000, and possibly earlier. (The exact year of their establishment is unknown.) These schools are usually attached to primary schools and provide a three-hour-per-day session, five days per week during the school year (38 weeks per year). SPS teachers must have 12 years of basic education (9 years for those working in disadvantaged areas) and two years of training at the national teacher training institute. (We did not find information regarding ongoing training requirements for SPS teachers.) Teachers are government employees, receiving a monthly salary of approximately US\$20.
- **CPS.** The CPS model, started in 2004, targets children ages 3 to 5 in rural villages or communities. Communes are responsible for identifying locations and mobilizing resources for the preschool, as well as contracting with teachers. Classes are held five days a week for two hours each day, 24 to 36 weeks per year. They may take place under the teacher's home, in a community shelter, or in an open area in a village. CPS teachers in UNICEF-supported provinces¹ receive a small stipend of about US\$8 per month, which can be supplemented by the commune. They are required to have at least six years of basic education and are expected to receive 8 to 10 days of initial training and 5 to 8 days of annual in-service training.
- **HBP.** The HBP model, a two-generational approach initiated in 2004, serves parents and children ages 0 to 5 together. Core mothers, who are volunteers, facilitate groups of mothers and children that generally meet once a week or once a month at the time and location of their choice. The core mother may oversee multiple mother team leaders who facilitate separate groups. The content of HBP sessions follows a calendar provided by MOEYS. Sessions focus on educating parents about stages of development, encouraging child-friendly caregiving, and demonstrating techniques and activities that promote children's competencies and skills using readily available materials. The programme also addresses sanitation and nutrition issues. Core mothers receive approximately six days of pre-service training and are expected to have refresher training each year.

¹ In its 2006-2010 country programme, UNICEF has targeted 6 of Cambodia's 18 provinces for intensive support under its Seth Koma programme: Kampong Speu, Kampong Thom, Oddar Meanchey, Prey Veng, Stung Treng, and Svay Rieng.

Of the three preschool models, SPS currently serves the largest percentage of children (see Figure III.1). Approximately 156,000 children ages 3 to 5 attended one of the three types of preschool during the 2009-2010 school year. Of this total, 64 percent attended SPS, 21 percent attended CPS, and 15 percent attended HBP (MOEYS 2010b).

Figure 3.1. 2009-2010 Enrollment of Children Ages 3 to 5 in SPS, CPS, and HBP, as a Percentage of All Children Enrolled



Source: MOEYS 2010b.

Health and Nutrition Promotion

Services to advance the health and nutrition of young children occur within health facilities and at the community level. UNICEF's programming on ECD has focused on community-level services, including immunizations and micronutrient supplementation, breastfeeding promotion, and education on childhood illness and development. Delivery of vaccinations and nutritional supplements in villages occurs through periodic outreach sessions conducted by health center staff and village health support groups. These efforts include two specific initiatives²:

- **BFCI.** BFCI engages village health volunteers, traditional birth attendants, mother support groups and "model mothers," and village leaders to impart and reinforce positive practices related to breastfeeding and complementary feeding.
- **C-IMCI.** C-IMCI aims to improve 12 key household and community health practices by providing information to parents on caring for children, illness prevention, and appropriate treatment of illnesses. Village volunteers convey information from modules in group meetings and home visits. C-IMCI sessions may also be coordinated with health center outreach and campaigns for micronutrient supplementation.

Parenting Support

The PS initiative, which is managed by MOWA, is another pathway for communicating to parents messages about child development and parenting skills. It is currently available only in provinces that

² We were unable to gather detailed information on the amount of training received by volunteers in these programs.

receive UNICEF support. The initiative aims to promote school enrollment and enhance parenting practices through PS sessions organized at the village level, facilitated by FPWCs or other volunteers. The amount of training received by facilitators is unclear and may vary across villages where the service is offered. PS sessions cover children's stages of development, recommend activities parents can do with their children, and provide health and safety advice. The sessions also emphasize the importance of pre-primary education.

Community-Based Rehabilitation

CBR programming, which is overseen by MOSVY, is available to a small proportion of children with disabilities. CBR involves counseling and training for parents to support family-based care, facilitating access to devices, providing referrals for therapy, and advocating for educational inclusion. NGO partners provide these services.

3.2 Logical Framework for ECD in the UNICEF-Cambodia Country Programme

UNICEF's longstanding commitment to improving the lives of young children and its work in multiple sectors and with many partners at the global, regional, national, and subnational levels have positioned it well for supporting holistic ECD in developing country contexts, including in Cambodia. As part of the case study, the evaluation team worked in consultation with key stakeholders and drew on primary and secondary data sources to develop a logical framework for ECD programming in the UNICEF-Cambodia Country Programme (presented in Appendix A). According to this analysis, UNICEF's collaboration with its country partners to enhance ECD in Cambodia includes three main strands. Each strand encompasses a distinct set of activities, outputs, and outcomes. The three strands are:

- **Support for policy development.** This component of ECD programming focuses on development and implementation of national and subnational policies establishing government commitments, action plans, and guidelines regarding ECD. A particular focus is development and implementation of the intersectoral National Early Childhood Care and Development Policy approved in February 2010.
- **Enhancement and expansion of pre-primary and parent education services.** This component comprises support for development of training materials for early childhood educators, development of guidelines and curricula, development of monitoring and evaluation tools, and advocacy within communities to enhance and increase the reach of pre-primary education services, particularly CPS and HBP, and the PS initiative. In addition, this strand of programming involves development of the knowledge base on pre-primary education through support for studies and data gathering regarding existing services.
- **Enhancement of health and social protection services to promote ECD.** A third strand of ECD programming addresses the health and social protection needs of young children. It includes support for development of modules to integrate child development and early stimulation into community health programmes, specifically, C-IMCI and BFCI; support for breastfeeding promotion; and support for addressing the needs of children with disabilities through development of training modules on early intervention and detection and development of guidelines on community-based rehabilitation.

Table 3.1 summarizes the activities undertaken in each strand of ECD programming. These activities and associated outputs are expected to lead to several outcomes: policies that support ECD and enhance intersectoral collaboration; increased knowledge and skills among parents and service providers and increased reach and quality of pre-primary education services; and improved health and nutritional status for young children and enhanced opportunities for children with disabilities. In the medium term, the expected impact of ECD programming is sustainable and effective ECD services delivered equitably, at scale, and with quality to all children and parents. Over the longer term, the expected impacts of ECD include enhancing child well-being and ensuring that all children enter school developmentally ready and on time, stay in school, and learn.

Table 3.1. ECD Activities in the RGC-UNICEF Programme of Cooperation

ECD Strategy	Activities
Support sectoral and intersectoral policy development and implementation	<ul style="list-style-type: none"> • building for stakeholders to strengthen understanding of roles and responsibilities in provision of ECD services • ECD conceptual framework development • Advocacy and technical assistance for development and adoption of National ECCD Policy • Advocacy and technical assistance for development of ECCD National Action Plan • Advocacy and technical assistance for development and adoption of policies and plans for education of children with disabilities • Support for development of ECD resource package
Enhance pre-primary education and parenting support services	<ul style="list-style-type: none"> • Review of the conceptual framework for CPS and HBP • Development of PS Implementation Plan, PS guidelines, and materials • Capacity building for commune councils and CCWCs • Training of core trainers • Support for development of ELDS for 3-to-5-year-olds • Support for curriculum development • Support for development of materials: flipcharts and calendars • Development of monitoring tools and checklists • Capacity assessments and studies of effects of pre-primary education participation
Table III.1 (continued)	
Integrate and promote ECD in health and social protection initiatives	<ul style="list-style-type: none"> • Revision of C-IMCI module on care for development • Assessment and reassessment of BFHI, monitoring of BFHI, printing of BFHI-related materials, refresher training of trainers on BFHI • Expansion of C-IMCI module on newborn care in two focus provinces supported by UNICEF, including printing of materials, training of trainers, monitoring, and supervision • Implementation of BFHI through three modules of C-IMCI on breastfeeding, complementary feeding and ECD, including support for communities, training of trainers, training of health center staff, recruitment of MSG members, printing materials, and monitoring • Expansion of C-IMCI module on appropriate care seeking and care of sick children in the family/community package in six UNICEF-supported provinces • Support for development of community-based rehabilitation guidelines

Source: Document review and case study country visit conducted by Mathematica.

Note: ELDS = early learning development standards, MSG = mother support group.

The Royal Government of Cambodia-UNICEF Country Programme Action Plan (CPAP) for 2006-2010 established health, nutrition, and education targets related to ECD for the six priority provinces where UNICEF works (Royal Government of Cambodia and UNICEF Cambodia 2006). These targets address such areas as rates of immunization (90 percent of children under age 1 vaccinated against seven preventable diseases), breastfeeding (90 percent of children exclusively breastfed for six months), and participation in pre-primary education (50 percent of children ages 3 to 5 attending pre-primary education in targeted provinces). A key feature of the 2006-2010 CPAP is its two-tiered approach, in which UNICEF supports policy development at the national level while working closely with authorities at the local level in selected provinces to promote behavior change and improve service delivery and use.

3.3 ECD in the UNICEF Country Office

As described in Section I, the UNICEF Cambodia country office is organized into six sections, in line with programme components of the CPAP: (1) Advocacy and Social Mobilization, (2) Child Protection, (3) Child Survival, (4) Expanded Basic Education, (5) HIV/AIDS Prevention and Care, and (6) Community Action for Child Rights (Seth Koma). Seth Koma focuses on collaboration with provincial and local authorities to support local governance and address water and sanitation needs. Activities of this

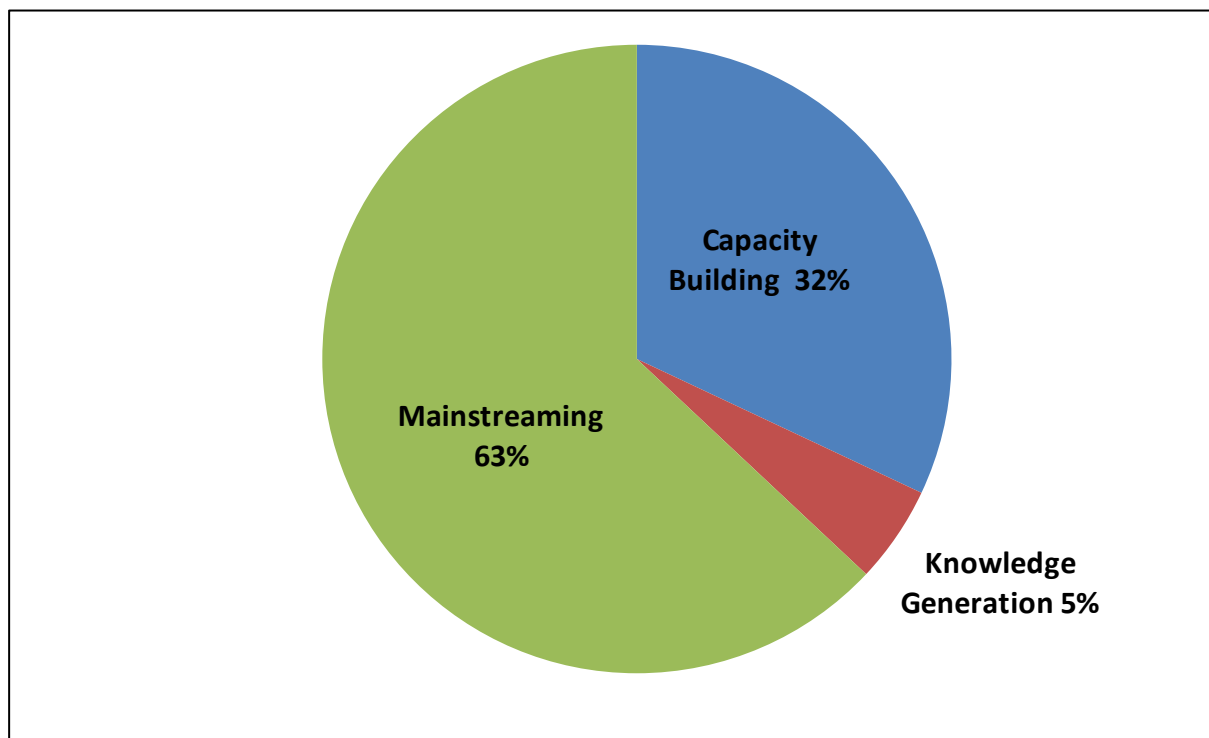
programme component include working with commune councils and CCWCs on improved collaboration for services for families and children. Within the UNICEF office, an ECD specialist and ECD officer are situated within the Education Section. They work with other sections, particularly Seth Koma and Child Survival, on ECD-related programming.

Precise figures for financial resources allocated to ECD within UNICEF Cambodia are difficult to obtain, as activities are integrated into the work of multiple sections. Staff estimate that annual expenditures on ECD activities between 2008 and 2010 ranged from US\$1.5 million to US\$1.85 million, not including child-survival interventions focused on children ages 0 to 6. Most of the US\$1.5 million—about US\$900,000 per year—has been expended on ECD-related activities through the Education section. Of the remainder, roughly equal amounts have been expended in the Seth Koma, Child Protection, and Child Survival sections for activities related to integration of information on early stimulation into C-IMCI only.

Use of the UNICEF-GoN ECD Programme Funds

A notable aspect of UNICEF Cambodia's allocation of Dutch funding is that, of the US\$865,000 in funding over three years received through the UNICEF-GoN Cooperation Programme, only a small portion (about 6 percent) has been allocated to the Education section, where the ECD focal point resides. Instead, most of the funding was directed toward the Seth Koma section for support of capacity building in provision of ECD services and toward the Child Survival section for work on BFHI, BFCI, and C-IMCI. UNICEF staff cited two reasons for this allocation: (1) It was expected to facilitate work across sections in the country office, and (2) funds from other resources were already allocated to support ECD programming conducted by the Education section. Considering all funding sources, Dutch funding represents just 20 percent of resources available for ECD programming in 2010 (Burwick et al. 2010). Figure III.1 presents the approximate allocation of GoN funds among strategic objectives defined for the funding. As the figure shows, activities related to mainstreaming ECD, especially into community health initiatives (BFHI, BFCI, and C-IMCI), were expected to use nearly two-thirds of the GoN funds in Cambodia.

Figure 3.2. Approximate Allocation of UNICEF-GoN Funds Among Strategic Objectives in Cambodia (2008-2010)



Source: Adapted from UNICEF Cambodia 2010c and UNICEF Cambodia 2009.

4. EVALUATION FINDINGS: CAMBODIA CASE STUDY

In this section, we present findings from the case study in five broad areas: (1) alignment with national plans and policies; (2) planning, management, and coordination; (3) programme effectiveness; (4) the quality and efficiency of ECD services; and (5) incorporation of a human rights based approach and strategies to improve equity.

4.1 Appropriateness and Alignment with National Priorities and Goals for ECD

ECD programming has supported progress toward holistic approaches to ECD but does not consistently emphasize integrated services. The National Policy on Early Childhood Care and Development advances a vision of holistic services for children from conception to age six, founded on close collaboration among government institutions that serve women and children. Some activities under the country programme reflect important steps toward comprehensive, integrated service for ECD. Two examples of this movement are: (1) support for integration of basic health and nutrition information in CPS and HBP curricula and (2) the integration of messages on psychosocial development into C-IMCI. However, additional opportunities for integrated or comprehensive services have not been realized. For instance, it does not appear that programming has emphasized building connections between health and education services at the commune level. This gap may in part be the result of an initial focus on building commune capacity for overseeing pre-primary education services and a lack of emphasis on service coordination in the provision of technical assistance.

Programming on ECD under the UNICEF-Cambodia Programme of Cooperation is aligned with priorities of the Government of Cambodia as expressed in national development plans and sector strategic plans. In particular, programming reflects an emphasis on support for CPS and HBP expansion to meet enrollment targets outlined in National Strategic Development Plans for 2006-2010 and 2009-2013 and the Education Strategic Plan. The country programme also conforms to national priorities regarding health and nutrition through projects focusing on breastfeeding and community-based health promotion. Finally, the programme's focus on capacity building for commune councils in social service delivery is in keeping with good governance elements of Cambodia's overall development strategy, as expressed in the National Strategic Development Plan.

4.2 Effectiveness of ECD Programming

Our findings on effectiveness of ECD programming address four issues related to the logical framework we have presented and the goals of the UNICEF-GoN Cooperation Programme: (1) increasing access to and coverage of ECD-related services, (2) building capacity for developing and implementing policy and interventions to promote ECD, (3) generating and using knowledge on ECD services and outcomes, and (4) mainstreaming ECD into national policies, plans, and services.

Increasing Access and Coverage

Enrollment rates for pre-primary education services have risen since 2006-2007 but fall short of government targets. Nationwide, 20 percent of children ages 3 to 5 were enrolled in some type of pre-primary education during the 2009-2010 school year, according to EMIS data from MOEYS (Table IV.1). Enrollment is substantially higher among 5-year-old children (38 percent in 2009-2010) compared with 4-year-olds and 3-year-olds (13 percent and 9 percent, respectively, not shown). Between the 2006-2007 school year and 2009-2010, enrollment among 3-to-5-year-olds in all types of pre-primary education (including SPS, CPS, HBP, and private preschools) increased approximately 5 percentage points nationwide. In UNICEF-supported provinces, the increase in pre-primary enrollment among 3-to-5-year-olds between 2006-2007 and 2009-2010 was slightly greater (5.6 percentage points). Comparing the number of 3-to-5-year-old children enrolled in CPS and HBP over time, a marked increase is evident between 2006-2007 and 2009-2010; the number of children in CPS grew by 35, and the number of children in HBP by 40 percent (not shown). These figures indicate that efforts to expand access have produced positive results but have not fulfilled goals established by the Cambodian government. Current rates of enrollment fall short of the 2010 targets for 3-to-5-year-olds (30 percent) and 5-year-olds (50 percent) specified in the Education Sector Strategic Plan.

Table 4.1. Pre-Primary Education Enrollment among 5-Year-Olds and 3-to-5-Year-Olds, Nationwide and in Six UNICEF-Supported Provinces

School Year/Location	Percentage of 5-year-olds			Percentage of 3-to-5-year-olds		
	CPS	HBP	All Models ^b	CPS	HBP	All Models ^b
2009-2010, National	5.3	2.7	37.6	3.9	2.4	20.0
2009-2010, UNICEF Provinces	12.1	2.3	39.6	10.5	2.7	22.9
2008-2009, National	4.0	1.7	32.0	3.0	1.6	16.7
2008-2009, UNICEF Provinces	11.9	1.6	36.5	10.2	1.6	21.2
2007-2008, National	5.2	2.3	32.2	3.0	1.6	15.1
2007-2008, UNICEF Provinces	15.4	1.5	36.3	9.2	1.4	18.2
2006-2007, National	3.3	1.4	30.0	2.9	1.9	15.1
2006-2007, UNICEF Provinces	10.2	1.4	33.3	8.1	1.1	17.3

Source: Ministry of Education, Youth, and Sports Education Management Information System data provided by UNICEF Cambodia.

Note: Data on enrollment of children under 3 were not available.

^aUNICEF-supported provinces include Kampong Speu, Kampong Thom, Otadar Meanchey, Prey Veng, Stung Treng, and Svay Rieng.

^bIncludes community preschools, home-based programmes, state preschools, and private preschools.

Two factors that appear to have inhibited achievement of stated goals for enrollment in pre-primary education include insufficient government resources for expansion and constrained capacity at the local level to initiate and maintain services.

C-IMCI coverage is higher for modules on breastfeeding and complementary feeding than modules on other topics. UNICEF measures coverage of community-based health interventions for ECD by the number of health centers and villages in which specific C-IMCI modules have been implemented. (In all, nine C-IMCI modules have been or are expected to be put into service.) In the six provinces targeted for UNICEF support under the 2006-2010 CPAP, according to UNICEF data, the highest level of coverage has been achieved for the C-IMCI module on breastfeeding and complementary feeding, which is promulgated through BFCI. This module has been applied in more than half of health centers (57 percent) and villages (53 percent). Coverage of all other modules is less extensive. The module on home care of sick children has reached 28 percent of health centers and 26 percent of villages, while the module on prenatal and antenatal care has been rolled out in just 9 percent of health centers and 7 percent of villages. The C-IMCI module on psychosocial development had not been implemented in any health centers or villages as of August 2010.

We were not able to gather data on access to CBR services for this study. According to MOSVY representatives, however, coverage is currently very limited.

Building Capacity for ECD

The ability of the MOEYS Early Childhood Education Department to facilitate cooperation on ECD at the national level appears to have increased. Our interviews with representatives of MOEYS suggest that the capacity of the Early Childhood Education (ECE) Department to serve as a coordination point for ECCD policy and programming has been enhanced. The main evidence for this change is the department's role in shepherding the adoption of the National ECCD Policy over the past two years. This process required extended consultation across the 11 involved ministries, as each made contributions to the policy and conducted reviews of it. According to ECE Department staff, UNICEF's participation in a push to restart policy development, ongoing technical assistance, and support for department staff to

participate in a regional workshop on early childhood policy workshop contributed to the department's ability to assume a leadership role.³

Commune council members reported that they can oversee CPS functions but their ability and commitment to leveraging resources for ECD appears to vary. Members of commune councils we interviewed conveyed that they did not have difficulty managing their functions related to implementation of CPS, such as recruiting and contracting with teachers, although some members noted teacher turnover is a problem. It also appears that commune councils are supportive of efforts to expand preschools, as the number of CPS has increased from 839 to 1,345 in the past two years. Nevertheless, we noted differences between the two councils we interviewed in the extent to which they appeared to devote commune resources or leverage other resources to support ECD services. These differences were apparent, for example, in the variation in the physical structures available for CPS. (Identifying suitable locations for CPS is one responsibility of the commune council.) In one village we visited, the CPS session was conducted underneath the teacher's home. In another village, the session was in an unused classroom in the primary school. In a third village, the CPS was held in a community shelter and enclosure that included desks, play equipment, a latrine, and a small garden. According to UNICEF staff, the commune had successfully acquired resources from outside donors for building of the community shelter (which was used for multiple purposes) and the classroom furniture. Similarly, communes vary in their willingness to devote commune resources to supplement funds received from outside donors to compensate CPS teachers. Assessments by UNICEF Cambodia note additional issues linked to tentative local support for CPS in some communes, including a "slow down" in functioning due to waning attention from the community over time (UNICEF Cambodia 2010a).

The FPWC and the CCWC play important roles in advocating on issues related to women and children and requesting budget allocations and partnerships that promote inclusive, quality services. Studies of FPWC and CCWC capacity indicate that FPWCs are generally highly motivated but may face challenges in terms of limited decision making power in the commune, confidence in their roles, and understanding of planning processes (MOI/UNICEF Cambodia 2009). These factors may hamper the ability of Focal Points and CCWCs to influence decisions related to social service provision.

Gaps exist in national, provincial, and local capacity for monitoring of pre-primary education services. Although pre-primary education services are monitored at multiple levels and by multiple stakeholders, it is not clear that the information collected consistently supports tracking of progress toward goals or quality improvement. At the national level, MOEYS conducts periodic monitoring visits and collects data on preschool enrollment. Data on enrollment are disaggregated by type of preschool, child's age, and child's gender. However, enrollment data do not include the percentage of children from the poorest families, the percentage of children who have disabilities, or other key categories of disadvantaged and marginalized children.

At the local level, CPS and HBP services are monitored by Provincial and District Offices of Education, as well as by Commune Focal Points for Women and Children. A monitoring checklist is available for CPS and includes categories for classroom characteristics, teaching methods, child participation, and relationships with parents. The form is basic, offering options for only yes or no responses, rather than responses using a scale or rating. It also does not adequately address aspects of quality related to teacher-child interactions. For this reason, its use as a tool for providing instructive feedback to teachers is likely to be limited. It was not clear from our discussions with teachers that monitoring processes for CPS or HBP were structured to promote continued improvement in teaching practices. However, UNICEF's own assessment of HBP suggests that this type of supportive monitoring occurs in some instances (UNICEF Cambodia 2010b).

The Parenting Support initiative has encountered difficulties in positioning and implementation. Key informants indicated that the role of the PS initiative relative to other services and initiatives was unclear, and that it has faced challenges in implementation. Of particular concern is the possible redundancy of this service given the other sources of parenting information available, such as HBP, BFCI,

³ After our site visit in May 2010, the MOEYS ECE Department began coordinating development of the ECCD National Action Plan and prepared guidelines on implementation of the ECCD Policy, according to UNICEF staff.

and C-IMCI. In addition, capacity to implement the initiative fully has been reported to be low. Although we did not observe PS sessions directly during our country visit, other observers have noted a lack of clarity in conceptualization of the PS initiative, difficulty in use of materials among village-level facilitators, and methods of communicating information during sessions that are directive rather than participatory (Albion 2008). Our discussions with key informants suggested that these issues are well known, but a clear plan for addressing them has not been developed.

Trends in key indicators suggest parents have improved some health- and nutrition-related caregiving practices, such as early and exclusive breastfeeding. Evidence for improvements in psychosocial care is limited and primarily anecdotal. Increases in rates of early and exclusive breastfeeding since 2000 suggest that campaigns and initiatives such as BFHI and BFCI may have influenced parenting behaviors related to early nutrition. Mothers participating in a focus group we conducted at the site of a C-IMCI session indicated knowledge of appropriate breastfeeding practices. However, the persistence of high maternal mortality rates suggests that information regarding prenatal health and safe delivery is not being communicated as effectively as possible.

The extent to which parents are absorbing and applying information on appropriate psychosocial care is unclear. In documenting HBP practices, UNICEF staff members have reported that parents participating in HBP have improved knowledge of hygiene and sanitation and that children show basic knowledge of letters, numbers, and household materials. A few parents of children attending CPS who participated in focus groups noted that they had received information through parent meetings regarding hygiene and the entry of children into preschool and primary school at the appropriate age. However, it does not appear that changes in behavior among parents participating in these programmes have been systematically assessed.

Capabilities regarding ECD programming appear to be high within the UNICEF CO, but further definition of the framework for ECD programming is needed. UNICEF Cambodia staff members demonstrated knowledge and expertise regarding ECD and a commitment to advocating for a holistic approach to the care and education of young children. Some staff members, however, expressed uncertainty regarding the organization's definition and priorities regarding ECD, noting that nearly all UNICEF's programming could be construed as supporting ECD. Staff members also wondered how to reconcile the concept of holistic ECD with sectoral approaches to promoting young children's survival and development. A lack of clarity regarding ECD among some staff members may be linked to the absence of a clear overall framework for ECD programming in the CO. Although plans for developing this framework exist, it had not been completed at the time of our visit.

Generating Knowledge for ECD

Creation of ELDS has been completed and is expected to support curriculum revision. MOEYS has created and adopted ELDS for 3-, 4-, and 5-year-olds with support from UNICEF. The standards reflect a holistic view of development, covering areas including physical and health development, moral and cultural development, social and emotional development, awareness and thinking, and language development. Standards for 5-year-olds were used for curriculum revisions in 2009, and those for 3- and 4-year-olds were applied in curricula revisions during 2010..

Studies related to participation in pre-primary education services conducted to date have provided useful information on the results of preschool attendance. The UNICEF country programme has supported multiple studies related to outcomes for children who participate in pre-primary education. Although this research does not provide conclusive evidence of the effects of preschool services, the findings generally reinforce the notion that community-based preschool models are beneficial to children. A recent study of SPS, CPS, and HBP found that children who participated in any type of preschool had higher developmental functioning than those who did not (Rao and Pearson 2007). The study also found no differences in functioning between children attending CPS or HBP; children attending SPS scored significantly higher than CPS or HBP children, however. These findings suggest that enrolling children into either CPS or HBP will increase the likelihood of favorable outcomes but that

preschools with highly trained teachers may be even more advantageous.⁴ Results from a subsequent longitudinal study of the same sample of children indicated that children who participated in pre-primary education services were more likely to enter primary school at the right age than those who did not (Miyahara 2007).

Costing of ECD interventions remains a knowledge gap. Completed analyses of the costs of providing various ECD services in Cambodia were not available at the time of our site visit.⁵ It is apparent that certain types of interventions are intended to cost less than others; for instance, the CPS and HBP approaches to pre-primary education certainly require less expenditure on staff than the SPS model. However, without clear and reliable information on the per-capita costs of these services, planning for expansion or maintenance of existing services is difficult at any government level. In addition, it is unclear what resources might be required to support enhanced monitoring processes for CPS and HBP services. This information is necessary for government agencies that may be considering taking steps to promote quality improvement.

Mainstreaming ECD into National Policies, Plans, and Services

The national ECCD policy establishes the government's commitment to promoting ECD and is a step toward more coordinated planning and provision of services. The national ECCD policy delineates specific commitments to activities supporting ECCD from 11 national ministries. Participants in the policy-creation process noted that its adoption was facilitated by clarification of each ministry's role in ECCD and an emphasis on the idea that MOEYS's coordinating function would not impinge on the responsibilities or purview of other ministries. Mechanisms for supporting coordination across ministries and sectors must still be created. Strategies for accomplishing goals related to ECCD, and, indeed, further specification of the goals themselves, are also needed. In addition, many representatives of ministries, departments, and agencies (MDAs) we interviewed were unaware of the policy—probably because of its recent adoption; raising awareness of the policy will be another necessary element of its implementation.

Policy and planning for ECD and inclusion of children with disabilities has also progressed, but implementation faces substantial obstacles. Among the most disadvantaged groups, disabled children are of particular concern in Cambodia, which has one of the highest rates of disability among developing nations. The publication of the Policy on Education of Children with Disabilities in 2008 by MOEYS and the recent development of guidelines for community-based rehabilitation by MOSVY, both relevant to ECD, provide some evidence of mainstreaming of ECD for vulnerable populations into national policy. However, many challenges to full implementation of these policies exist, including lack of resources to address the needs of people with disabilities, the small number of NGOs working on these issues, and the social stigma that disabled people in Cambodia continue to face.

At the national level, funds budgeted for pre-primary education remain a very small percentage of overall education funding. The MOEYS budget for pre-primary education in 2010 is 1.2 billion riel—approximately 0.6 percent of the total budget (MOEYS 2009; Yoshikawa et al. 2010). Although the 2010 pre-primary education budget is 9 percent larger compared with the previous year's, the small proportion of the overall education budget devoted to pre-primary education does not appear to be in keeping with the government's stated prioritization of early education or the fact that achievement of enrollment goals is unlikely. The relatively low allocation for pre-primary education may reflect an expectation that donor partners and NGOs will continue to play a substantial role in supporting preschools.

⁴ Although this study assessed preschool quality and outcomes of children who participated in each type of service, it did not use an experimental or quasi-experimental design. Thus, differences between children may be attributable to selection or other unmeasured differences across groups, and the findings indicate associations between type of service and outcomes, not a causal link.

⁵ FTI is currently conducting a study of the costs of CPS and HBP. In addition, it is expected that costing of ECD services will be included in the National Action Plan on ECCD.

4.3 Quality and Efficiency of ECD Services

Although national, provincial, and local monitoring of ECD services address some aspects of service quality, data of this type do not appear to be collected or analyzed consistently and were not available to us for this study. Our findings on service quality are based in part on observations of a small number of CPS sites; as such, they cannot be generalized to other settings. In our observations, we focused on the nature of interactions between students and teachers, activities and teaching methods, facilities, materials, and student-teacher ratio, among other characteristics. We did not conduct structured observations of HBP, PS, or C-IMCI activities and thus are unable to address these services in our findings on observed quality. In addition to observations, we use data gathered through interviews and document review to explore general processes for maintaining and enhancing quality over time.

CPS sites we observed varied in quality of teaching methods, use of materials, and facilities. CPS teachers demonstrated mixed levels of ability to apply creative teaching techniques and manage classroom activities. In one site we observed, the teacher successfully engaged students in a series of small group activities, which helped facilitate participation among many children and more frequent interactions between the teacher and individual children. In another site, the teacher relied more on closed-ended question-and-answer approaches, such as calling children to the blackboard to respond to a specific query. Differences were also apparent in the availability and use of materials in the classroom. Students in one site were offered locally available materials to aid in counting and craft-making activities. In another site, almost no teaching materials other than chalk appeared to be available. We did not observe children freely accessing books or other reading material in any site. Finally, the quality of shelters and availability of sanitation facilities was not consistent across sites we observed. Some sites featured a shelter or classroom for CPS to meet and included access to a latrine. Other locations did not offer a sufficiently protected area for children and teachers to gather, and no latrine was available.

Weaknesses in monitoring and technical assistance affect efforts at quality improvement: We identified several limitations in current monitoring and technical assistance procedures:

- ***Ambiguity in quality standards for CPS and HBP and lack of communication of standards to all provincial, district, and commune officials involved in overseeing pre-primary education services.*** Guidelines regarding expectations for class environments, teaching methods, and interactions with families must be clearly defined and reflected in monitoring processes. Communicating the rationale and content of standards will facilitate stakeholders' advocacy for and implementation of high-quality services.
- ***Lack of precision of quality assessment.*** Tools for observations of CPS and HBP quality should allow for scaled assessments of key aspects of quality, including the environment, teaching methods, and interaction with parents.
- ***Infrequent or irregular monitoring.*** Our interviews with key informants suggest that monitoring does not occur often enough to support improvement, particularly for HBP and PS services. With multiple agencies conducting monitoring or technical support of specific services or initiatives, efforts may not be sufficiently coordinated to ensure that individual sites receive regular and consistent feedback.
- ***Insufficient targeting of technical assistance.*** Our interviews with teachers and officials suggest that approaches to technical assistance are not systematic enough to facilitate skill enhancement for teachers. Sites identified as needing improvement or teachers needing additional support in delivering high-quality pre-primary education services should be the target of more intensive technical assistance. Visits to these sites should be more frequent than others, and feedback to teachers should include specific steps the teacher can take to make improvements.

CPS services do not fully address parent participation. Parent involvement in preschool education is a key element of service quality and can enhance learning for both children and parents. By design, the HBP engages parents in the process of educating their children and demonstrates to parents how they can take an active role in supporting child development. The CPS model does not currently include specific mechanisms for engaging parents, and current training for CPS teachers may not adequately

address the importance of parental engagement. Possible methods for increasing parent involvement in CPS include:

- **Requiring that CPS teachers meet regularly with parents to discuss each child's progress.** To support the provision of useful information to parents, teachers could be trained to conduct a simple assessment of children at the beginning and end of each school year.
- **Providing opportunities for parents to volunteer as classroom assistants.** Assistants could aid the CPS teacher in managing the classroom and ensure that all children are engaged in activities. The role of parent assistants would need to be clearly defined and communicated.
- **Facilitating the creation of associations of CPS parents.** Parents of children attending CPS could gather regularly to discuss needs in the school and communicate concerns or recommendations to village and commune leaders.

4.4 Planning, Management, and Coordination

Intersectoral coordination on ECD is currently limited. We saw very little evidence of coordination on planning or implementation of ECD services across national ministries or local-level agencies. At the national level, ministries have not engaged in joint planning for ECD. Similarly, it does not appear that services are co-located or coordinated. For instance, health screenings or other health-related services for families and children are not offered during CPS or HBP sessions. Opportunities for volunteers engaged in pre-primary education services to receive health-related training also appear to be rare. This lack of cross-sectoral coordination may be due to several factors including continued reliance on sectoral approaches to planning; the absence of structures to facilitate ongoing communication and coordination across sectors; and the absence of clear models or plans for integrated services, which would establish more clearly defined goals for intersectoral collaboration. Implementation of the National ECCD Policy offers an opportunity to increase connections among MDAs in different sectors by establishing coordinating bodies and identifying concrete opportunities for collaboration and integration in service provision.

Results-based management and planning for ECD is inhibited by the absence of comprehensive indicators for ECD and incomplete monitoring of programme-specific results. Among some respondents we interviewed, there appeared to be lack of clarity regarding how to assess the status of ECD holistically. Although indicators for many discrete elements of ECD are currently monitored by UNICEF and its partners, such as preschool enrollment and rates of early and exclusive breastfeeding, there is not a defined set of indicators that can be used to assess progress related to children's psychosocial development. In addition to existing school readiness standards (available in the ELDS for 5 year-olds), new indicators and measurement systems are needed to capture the range of outcomes related to holistic ECD. UNICEF and its partners also have not systematically measured outputs or outcomes related to changes in capacity among key stakeholders in ECD, although capacity development at all levels is a major goal of ECD programming. There is a need for clearer definition and more consistent monitoring of outcomes in this programming strand.

Coordination related to ECD activities appears to occur reliably among UNICEF sections. UNICEF Cambodia staff members have an awareness of shared responsibility for ECD, as evidenced by distribution of Dutch funds across multiple sections and collaborative programming on C-IMCI. The Seth Koma section's intersectoral work related to local governance also seems to facilitate its collaboration with the Education and Child Survival sections on ECD issues. Finally, senior-level staff we interviewed indicated that establishing a culture of creating linkages and working together was a priority for the country programme; this culture facilitates coordination across sections.

4.5 Incorporation of Human Rights Based Approach to Programming and Strategies to Improve Gender Equity and Participation of the Disadvantaged and Marginalized

Programming approaches emphasize participation of local stakeholders in planning and implementation. UNICEF Cambodia's focus on promoting localization of social services, including pre-primary education, is in keeping with principles of a human rights based approach. This strategy promotes the capacity of duty-bearers at all levels to meet needs in their communities. In addition, the HBP in particular represents a culturally sensitive approach to providing pre-primary education that engages parents in a participatory learning process. Similarly, programming approaches that employ village volunteers, such as C-IMCI, increase the likelihood that local context will be taken into account in service provision.

Gaps in access appear to exist among disadvantaged groups, including the poorest families. The poorest families may be unintentionally excluded from pre-primary education services, particularly CPS. Families of children not enrolled in CPS who participated in our focus groups noted they did not send children to CPS because attending to their livelihoods was a higher priority and prevented them from taking time to get children to and from school. Village officials also suggested that parents whose children are malnourished may not send them, because a snack is not available, and children are unable to focus on the teacher if they are hungry. Indeed, we observed a child in one CPS who was sent home because she could not pay attention or engage in the activities; parents of other children in the school reported that the child likely was hungry. In addition, it was reported that parents in one village we visited were expected to make a small monetary or in-kind contribution toward the stipend of the CPS teacher if their children enrolled. Thus, problems related to access may result, in part, from perceptions among parents that sending children to CPS will interfere with economic pursuits, that children are not healthy or nourished enough to attend, or that payment will be required. The extent to which the poorest families do, in fact, access services is unclear, as data on enrollment are not disaggregated by poverty level. The same is true for children with disabilities, ethnic minorities, and children living in remote areas.⁶

MOEYS data indicate that boys and girls are accessing pre-primary education services in roughly equal numbers. According to EMIS MOEYS data, girls represented 50 percent of all 3-to-5-year-old children enrolled in preschools in the 2009-2010 school year. In all three preschool models, roughly equal proportions of boys and girls participate.

Limited representation of women on commune councils may have implications for provision of services to women and children. The commune councils we interviewed were entirely male, except for the commune FPWC. At the commune level, women do not appear to be well represented among people making policy for ECD. The minority status of women on these councils also is likely to make the responsibility of the FPWC to advocate for women and children's issues more challenging.

⁶ CO staff reported that two initiatives related to inclusive preschool education began after the evaluation team's site visit: (1) finalization of an in-service module on inclusion of children with disabilities and (2) development of a bilingual education preschool model with support from CARE International.

5. SUSTAINABILITY AND SCALABILITY

Questions regarding the sustainability and scalability of ECD services in Cambodia are of current concern, given expected adjustments in the UNICEF-RGC programme of cooperation and recent donor investments in service expansion. In the next country programme of cooperation, UNICEF Cambodia is likely to modify its approach to providing support and technical assistance at the local level, moving from a focus on selected provinces to a zonal approach that covers more of the country. This change raises concerns regarding whether the results of ECD programming to date can be sustained at the local level in the absence of intensive UNICEF support. In addition, the RGC has received more than US\$14 million in funding from the FTI directed to the expansion of pre-primary education. The success of this investment relies on effective approaches to replication of low-cost pre-primary education models. We identify below factors that are expected to affect the sustainability and scalability of ECD services.

5.1 Factors Affecting Sustainability of ECD Services and Initiatives

Decentralization in governance of services for young children appears to have bolstered ownership of ECD at the provincial and local level in UNICEF-supported provinces, increasing the potential for sustainability. Our interviews with provincial, district, and commune-level officials suggest that their roles in overseeing and operating ECD services have increased their knowledge of ECD and may motivate efforts to sustain services over time. Key informants at high levels of the provincial government expressed an understanding of health, nutrition, and education issues relevant to young children and an appreciation for importance of early education. Although these officials may not be representative of those across the country, their responses suggest that devolving responsibility for ECD services has increased awareness of ECD and the potential that services will be sustained.

Sustainability of ECD services is susceptible to changes in the level of donor support or local allocations for services, and to problems in local management. The national government currently provides little to no funding for pre-primary education services other than SPS, putting established CPS and HBP sites at risk of closure if donor funding is not available or if competing priorities result in a reallocation of resources at the local level. Although CPS and HBP are relatively low-cost modes of providing pre-primary education, they do require expenditures for teacher compensation, materials, and ongoing training and monitoring. In addition, services may be interrupted if such issues as teacher or volunteer turnover are not addressed expeditiously by local-level officials.

5.2 Factors Affecting Scale-Up of ECD Services and Initiatives

Local control over financing and implementation appear to have influenced the pace of scale-up for CPS and HBP. With very limited budgets at their disposal, local-level authorities are unlikely to implement services that require substantial investment of financial resources. Although the CPS and HBP models do require certain financial or human resources to operate, they appear to be relatively economical approaches compared with SPS. (The actual costs of these models are expected to be elaborated through an FTI-funded study of CPS and HBP costs, which is currently underway.) The feasibility of implementing CPS and HBP in a resource-limited environment increases the potential that they can be scaled up.

Decentralized implementation of services necessitates ongoing efforts to train and provide technical assistance to local-level administrative entities. The pace of scale-up of ECD services in Cambodia is affected by how quickly and willingly local-level administrators can assume responsibilities for managing services. UNICEF's Seth Koma programme has worked closely with commune councils in the provinces it supports, to increase capacity and build commitment to social service provision. It is unclear how quickly or effectively commune councils in areas that are not benefiting from similar support can assume responsibility for initiating and maintaining provision of ECD services.

6. CONCLUSIONS, LESSONS LEARNED, AND RECOMMENDATIONS

This section presents the evaluation team's conclusions and recommendations based on the nine evaluation elements that form the basis of the case study findings: (1) programme alignment with national goals and priorities; (2) increasing access and coverage; (3) capacity building for ECD; (4) knowledge generation for ECD; (5) mainstreaming of ECD into national policies and plans; (6) efficiency and quality of ECD programming; (7) processes for programme planning, management, and coordination; (8) incorporation of a human rights based approach and strategies to improve equity; and (9) factors affecting sustainability and scale-up. The evaluation team also offers broad lessons on ECD policy development and implementation based on the experience of Cambodia.

6.1 Conclusions

This subsection presents conclusions about progress that has been made and ongoing challenges the RGC and its partners face regarding the development and implementation of ECD policy and programming.

Appropriateness and Programme Alignment with National Goals and Priorities

ECD programming is highly appropriate for promoting holistic ECD and mainstreaming ECD into other sectors, particularly health, , but it has not fully addressed opportunities for cross-sector integration, especially at the local level. Efforts to support community-based pre-primary education and incorporate messages on psychosocial development into community health initiatives, in particular, reflect a programming strategy that encompasses multiple aspects of ECD. However, current strategies and activities do not appear to fully address opportunities for further integration and coordination of health and education services, especially at the provincial and local levels.

ECD programming in Cambodia is aligned with national priorities as expressed in national policies and plans. Programming strategies and activities have conformed with national priorities as outlined in the National Strategic Development Plan, the Education Strategy Plan, and the National Policy on ECCD. Specifically, strategies have supported ECCD policy adoption and implementation, the expansion of education and health services related to ECD, and development of local capacity to facilitate implementation of these services.

Increasing Access and Coverage

Efforts to expand access to ECD services have produced positive results, but coverage rates have not yet met Cambodia's goals due to insufficient government resources for expansion and constrained capacity to initiate and manage services at the local level. The number of 3-to-5-year-olds enrolled in CPS and HBP has increased substantially over time. In 2009-2010, 20 percent of 3-to-5-year-olds were enrolled in pre-primary education, compared with Cambodia's target of 30 percent by 2010. Among 5-year-olds, 38 percent were enrolled, compared to the national goal of 50 percent. Gains have also been made in implementing C-IMCI modules in the certain provinces, but coverage of individual modules is uneven. In particular, the module on psychosocial development had not yet been implemented by of May 2010.

Capacity Building for ECD

Capacity to implement ECD programming has improved at the local level. In provinces targeted for support by UNICEF and its partners, capacity building appears to have improved the ability of commune councils to oversee implementation of CPS.

Additional capacity building in the areas of monitoring and supporting service improvement is needed at all levels. To better support monitoring and service improvement efforts at the national level, pre-primary education enrollment data are needed for children from disadvantaged populations. At the local level, monitoring tools should include assessments of the quality of child-teacher interactions. Moreover, capacity building at all levels is needed to develop strategies for using the results of monitoring activities for improvements in service delivery, such as developing targeting strategies to increase equity of enrollment and providing feedback to teachers based on the results of monitoring visits to their classrooms.

Additional capacity-building support is needed in the area of parenting support to provide efficient and integrated programming that results in parent behavior change. At the national level, a review of parenting support and other potentially overlapping programmes (HBP, BFCI, and C-IMCI) is needed to eliminate possible redundancies and ensure consistent parenting messages. At the local level, some village-level facilitators may need additional capacity-building support to effectively use the parenting education materials and to implement all C-IMCI modules.

Knowledge Generation for ECD

The completed ELDS have the potential to strengthen curriculum development, programme monitoring, and support for programme improvement. These standards can be used as a basis for revision and alignment of existing curricula, for the creation of tools pre-primary teachers can use to assess children's progress, and for developing tools for monitoring ECD programming. Consistent use of these tools could provide important tracking data to assess the extent to which programming meets standards and the developmental progress of participating children.

Recent descriptive studies of child outcomes for children who participated in pre-primary education services are promising and suggest that more rigorous evaluation may be warranted, as well as costing information to scale up programming. Several UNICEF-supported studies of children's outcome suggest that community-based preschool models are beneficial for children and warrant more rigorous evaluation to provide more definitive evidence. These descriptive findings also point to the potential benefits of scaling up programming, but costing data about the resources required to maintain and scale up existing models is needed.

Mainstreaming of ECD into National Policies and Plans

Although the ECCD policy establishes the government's commitment to ECD, national budgets for pre-primary education remain small. The recently passed ECCD policy includes specific commitments from national ministries, including MOEYS. Budget allocations for ECD, however, are small, especially in proportion to the overall education budget. Increased allocations will be needed to implement the ECCD policy.

Expansion of BFCI through revision of C-IMCI modules to incorporate messages on psychosocial development represents a step toward integrated services for ECD. Funds from the UNICEF-GoN programme supported this effort, which was advanced through close coordination across UNICEF sections. The C-IMCI module focusing on psychosocial development had not been rolled out at the time of the evaluation team’s site visit; as such, the team was unable to observe or assess its implementation.

Efficiency and Quality of ECD Programming

Cambodia’s system for monitoring ECD services and initiatives has the potential to support quality-improvement efforts, but improvements in the system are needed. As noted in Section IV, multiple agencies monitor ECD services, but they do not use common methodologies and tools, and there is not a system in place for reporting monitoring findings; for using results to assess the implementation process, identify needs, and allocate resources; or to coordinate technical assistance responses. Under the current structure, it is possible that multiple monitors may duplicate their efforts due to lack of coordination and communication, while some critical elements of ECD programming (particularly HBP and PS services) and service quality may not be assessed frequently enough by any monitoring entity.

Quality of CPS services can be improved by taking steps to better involve parents. In contrast to HBP, parent engagement is not part of the current design of CPS; thus, an important parent education and involvement opportunity may be missed.

Planning, Management, and Coordination

Integration of ECD programming across sectors can be enhanced by greater intersectoral coordination at both national and local levels. The site visit team did not observe evidence of significant intersectoral collaboration. This situation may be attributed to reliance on sectoral approaches, lack of coordination structures to facilitate intersectoral approaches, and lack of clear plans for integrating programming. The ECCD policy provides an opportunity increase intersectoral work at all levels as planning for its implementation gets underway.

Measurement systems and quality indicators should be designed to support planning and management. Although indicators for some elements of ECD exist, Cambodia does not have a defined set of indicators to assess children’s progress holistically. The site visit team found little evidence of emphasis at local or national levels on systematically monitoring ECD services, reporting on basic outputs and key indicators of quality and efficiency, and evaluating the effectiveness and impacts of services on children’s outcomes.

Incorporation of Human Rights Based Approach and Strategies to Improve Equity

Lack of data on pre-primary enrollment by income group and disability status limit capacity to monitor access for disadvantaged and marginalized populations and target them for enrollment. Data on enrollment in ECD programming is not disaggregated by poverty level, disability status, or membership in an ethnic minority. This limitation hampers Cambodia’s ability to monitor access to services for children from disadvantaged groups. The site visit team did not find evidence of outreach or target efforts to engage families and children from these groups to enroll them in services.

Factors Affecting Sustainability and Scale-Up

Decentralization has fostered scale-up of ECD services and increased potential for sustainability as local communities take ownership of ECD programming. Based on site visit interviews, provincial, district, and commune-level officials appear to have increased their knowledge of ECD and may be motivated to sustain programming over time. This finding suggests that a decentralized approach to scale-up may be feasible if local level officials receive sufficient capacity-building support and adequate monitoring and technical assistance systems are in place to support quality. Moreover, CPS and HBP are relatively economical approaches, increasing the potential that they can be scaled up and sustained locally.

Scale up of ECD services is likely to require continued capacity building and other supports at the commune level. Results in districts targeted by Seth Koma suggest that capacity-building support provided to commune councils by UNICEF played an important role in their ability to manage and support ECD programming. Similar approaches may be needed in other districts to obtain comparable results.

Role of the UNICEF-GoN Funding

GoN funding provided key support for integration of ECD into community-based health initiatives and for capacity building related to implementation of ECD services at the local level. GoN funding helped UNICEF Cambodia and its partners take important steps toward mainstreaming information on care of young children and psychosocial development into health services. The funding supported development of materials, training of trainers, and monitoring activities related to BFHI and BFCI. In addition, GoN funding provided supplementary support for capacity-building related to local oversight and implementation of services for families and young children, particularly CPS and HBP.

6.2 Lessons Learned

Cambodia's experience designing and implementing programming to promote ECD offers lessons in the areas of policy development and service integration, monitoring of services and outcomes, sustainability and scalability, and reaching the most disadvantaged. Key lessons include:

- ***Advocacy for intersectoral ECD policy must be sustained and can build upon sectoral efforts.*** Development and approval of Cambodia's National ECCD Policy occurred over years and included periods of limited activity or progress. UNICEF and its partners remained engaged in the effort and used the expectation of expansion in ECD services with FTI funding as motivation for clarifying government policy in this area. Meanwhile, education- and health-specific policies and plans moved toward incorporating goals and strategies supporting ECD. These sectoral commitments to ECD were helpful in delineating the roles and responsibilities of individual ministries in the national policy.
- ***Achieving holistic services for ECD requires an explicit vision for cohesive service provision and clear avenues for intersectoral coordination.*** While progress has been made in incorporating information on psychosocial development into community health interventions, provision of ECD services in Cambodia remains largely uncoordinated across sectors. Without clear expectations or structures for collaboration across sectors, it is difficult to identify and pursue opportunities to achieve more comprehensive, coordinated services.
- ***Monitoring processes must be clearly defined and consistent to promote service quality.*** Processes for monitoring community-based ECE in Cambodia lack quality standards and tools that support continuous improvement. Developing clear, evidence-based guidelines for quality and aligning monitoring tools to support these standards are essential steps.
- ***Appropriate and comprehensive indicators of ECD should be identified and measured to track progress toward stated goals.*** Many aspects of ECD are already tracked by UNICEF and its partners in Cambodia, particularly those related to health and nutrition. Definition of goals related to policy implementation, children's developmental status, and

improved school readiness has been less systematic, however, which has inhibited measurement of ECD progress. Defining and collecting data on a set of ECD indicators is necessary to clarify the goals of ECD programming and facilitate assessment of its results.

- **Linking ECD to governance reforms is apt to create a basis for sustainability.** Devolving responsibility for ECD service provision to the local level has the potential to broaden the number of duty-bearers who understand the importance of ECD and thus promote widespread capacity building to implement or oversee ECD-related services. It also encourages the development of cost-efficient models of ECD interventions. A risk of this approach is that resource allocation at the local level may not favor social services.
- **Expansion of the evidence base on ECD interventions supports scale-up.** UNICEF Cambodia and its partners have supported timely and targeted research to provide information on the results of community-based pre-primary education interventions. This information has helped justify additional and continued investment in these services.
- **Strategies for reaching the disadvantaged and marginalized must be clearly delineated to increase access.** As noted above, despite mention of disadvantaged groups in national policies and plans, evidence of systematic, concerted action to increase access among the disabled, ethnic minorities, and the poorest is scarce. What appear to be needed are plans of action, including a timetable and funding commitments, that provide clear guidance regarding next steps. Cambodia's Master Plan for Education for Children with Disabilities provides a model, although the plan has not yet been fully implemented.

6.3 Recommendations

We offer the following recommendations to enhance ECD programming in Cambodia:

Appropriateness and Alignment with National Goals and Priorities

Government of Cambodia: Continue to develop structures and processes that promote integration of services across sectors. With the recent passage of the ECCD policy, Cambodia should develop intersectoral structures at both the national and local levels to facilitate implementation of the policy and integration of services. These structures may include coordinating bodies for representatives of relevant MDAs, service providers, and others at the provincial and local levels.

UNICEF: Continue to advocate for comprehensive approaches and connections among services to ensure promotion of holistic ECD. UNICEF can provide technical support and lessons learned from other countries about setting up intersectoral coordinating structures at all levels and identifying opportunities for integrating existing services. In addition, UNICEF can educate government officials about the benefits and efficiencies of intersectoral planning and implementation.

Increasing Access and Coverage

Government of Cambodia: Develop strategies to continue expanding access to pre-primary education services to meet targets set by the Education Sector Strategic Plan. As part of the planning process for ECCD, Cambodia should develop strategies for expanding access to pre-primary education services that include plans for financing and capacity building at the local level to oversee and manage programming.

Government of Cambodia: Continue to expand coverage of C-IMCI modules, especially the module on psychosocial development. Cambodia should move forward with implementation of C-IMCI modules, monitoring their implementation, and assess parent knowledge and behavior change as the modules are implemented.

UNICEF: Continue advocating for increased resources for pre-primary education services to support expanded access. For example, UNICEF should provide technical support for ECCD implementation planning, especially in the area of costing and financing.

Capacity Building for ECD

Government of Cambodia: *Conduct a capacity assessment to identify current resources and gaps related to planning and delivering ECD services.* While a capacity assessment has been completed for CCWCs, Cambodia would benefit from a broader appraisal of national resources related to ECD. The assessment should identify strengths and gaps related to the ability of government, service providers and parents to support ECD.

Government of Cambodia: *Take steps to enhance the existing ECD monitoring system including aspects of quality related to child-teacher interaction in local monitoring tools.* Develop consistent monitoring tools to be used at the local level that are designed to facilitate provision of feedback to teachers and support continuous improvement.

Government of Cambodia: *Explore options for supporting national and local structures for ECE oversight in the use of monitoring results for improvement of service delivery.* Cambodia and its partners need procedures for regular and consistent monitoring and reporting on service delivery. Cambodia should explore options for enhancing existing data systems to collect information on monitoring indicators. In addition, officials at national and local levels could benefit from training in how to collect and use these indicators to examine implementation progress and how to work with service providers on continuous improvement.

Government of Cambodia: *Consider options for refining the Parenting Support initiative to reduce redundancy with other services and identify training needed to increase capacity to support its implementation at the local level.* Review possible redundancies across Parenting Support, HBP, BFCI, and C-IMCI, and determine how to align parenting messages across them for consistency, clarity, and efficiency. Consider providing additional training to village-level facilitators across these programmes to ensure consistent messaging and appropriate use of materials.

UNICEF: *Provide technical support for enhancing existing ECE monitoring tools and systems to include additional measures and to use the information gathered for service improvement.* Rather than create new systems that might not be sustainable, UNICEF can provide technical support by assessing options for integrating indicators of programme implementation and child outcomes into existing data and monitoring systems. UNICEF could also provide technical support and training for local-level officials on how to use these indicators to monitor programme performance and direct support and resources to address areas of need identified through monitoring.

Knowledge Generation for ECD

Government of Cambodia: *Begin using ELDS and other resources as the basis for developing indicators and targets for ECD programming and standardized tools for collecting and reporting data on these indicators.* The ELDS, for example, can be applied in creating assessments of children's developmental progress. These data should be reported to decision makers at various levels for use in programme planning and decisions about where to direct resources for capacity building as well as scale-up.

Government of Cambodia: *Initiate rigorous impact evaluations of selected ECD interventions.* Descriptive studies of children's outcomes show promising results, indicating that more rigorous evaluation is warranted. The planned scale-up of CPS, in particular, provides an opportunity for implementing rigorous evaluations. Well-designed research and evaluation projects should be conducted to provide strong evidence about whether services are producing desired results for children and parents. Evidence of effective interventions would be invaluable in efforts to increase funding for ECD services. A rigorous evaluation that included an implementation study would also identify gaps in the service delivery system and provide data to guide programme improvement.

Government of Cambodia: *Conduct analysis of budget allocations and financing for ECD services and initiatives in Cambodia.* Clear and reliable information on per capita costs of ECD services, as well as financing options, is needed to plan for ECCD implementation and inform decisions about whether and

how to scale up individual programmes. Information about the resources required to support enhanced monitoring processes could help the government take steps to promote quality improvement.

UNICEF: Collaborate with other donors to support rigorous impact evaluations of selected ECD interventions. UNICEF should support the Government of Cambodia in building the evidence base for ECD interventions. One method of support is to pursue pooling of resources and expertise with other development partners to facilitate the planning and implementation of evaluations of key interventions.

UNICEF: Develop or commission a study on potential financing options for ECD services in Cambodia. UNICEF should support the Government of Cambodia in identifying sources of continued financing for ECD services, including pre-primary education. Analysis of current budget allocations and funding streams for ECD across sectors would help identify sources of financial support and gaps.

Mainstreaming ECD into National Policies and Plans

Government of Cambodia: Continue mainstreaming ECD into sectoral policies and planning to promote integrated services. National development plans and policies in key sectors, including education, health, and social protection, should identify services and targets relevant to ECD. In addition, cross-sectoral policies and plans should include options for integrating and coordinating services across sectors. The ECCD National Plan of Action for should be viewed as a key instrument for promoting service integration.

UNICEF: Continue to advocate and provide technical assistance related to integration of ECD services, such as the incorporation of health and nutrition services into pre-primary education models. UNICEF's provision of technical assistance and support for ECD service development and provision should include advocacy for mainstreaming of community health services into CPS and HBP. These models have high potential as an access point for a variety of services related to holistic ECD.

UNICEF: Advocate for budgeting and fiscal space for ECD. UNICEF should work with country counterparts and other partners to ensure that ECD remains a priority as national and local budgets are developed. Without sufficient funding, the ECCD policy cannot fulfill its potential as a means for preparing children for primary school.

Quality and Efficiency of ECD Programming

Government of Cambodia: Prioritize advancement and maintenance of quality, through enhanced standards and monitoring, during CPS and HBP expansion. As scale-up plans are developed, resources should be allocated for development and implementation of quality standards and monitoring systems that can support improvement, so that quality is maintained as scale-up proceeds.

Government of Cambodia: Develop strategies to improve parent engagement in CPS services. The CPS model does not currently include specific mechanisms for engaging parents. Several possible methods for increasing parent involvement could be successful. First, CPS could require that teachers meet regularly with parents to discuss each child's progress. To support the provision of useful information to parents, teachers could be trained to conduct a simple assessment of children at the beginning and end of each school year. Second, CPS could provide opportunities for parents to volunteer as classroom assistants. Assistants could aid the CPS teacher in managing the classroom and ensure that all children are engaged in activities; the role of parent assistants would need to be clearly defined and communicated. Third, CPS could facilitate the creation of associations of CPS parents. Parents of children attending CPS could gather regularly to discuss needs in the school and communicate concerns or recommendations to village and commune leaders.

UNICEF: Provide technical support to enhance monitoring tools and support parent engagement in CPS services. UNICEF should provide technical assistance focused on enhancing quality in pre-primary education. In particular, support should be offered in the areas of developing and implementing monitoring tools, providing ongoing feedback to CPS teachers for continuous improvement, and creating pathways for enhancing parent participation in CPS services.

Planning, Management, and Coordination

Government of Cambodia: *Establish ECD coordinating bodies and identify concrete opportunities for collaboration and integrated service provision to increase connections among MDAs in different sectors.* At both national and local levels, intersectoral coordinating bodies are needed to ensure involvement of multiple sectors in the development of holistic programming for children and families. Development of intersectoral working relationships can also enhance a sense of shared responsibility to ECD over time.

Government of Cambodia: *Develop a set of indicators to assess children's progress in psychosocial development and school readiness.* Cambodia should develop a set of indicators that align with its goals for children to facilitate progress monitoring. Indicators should be used across all ECD services and initiatives.

Government of Cambodia: *Measure outputs or outcomes related to change in capacity among key ECD stakeholders.* Because local-level capacity building is central to Cambodia's strategy for implementing and scaling up ECD, a set of indicators is needed to assess whether local-level officials have gained the knowledge and skills needed to manage and oversee ECD programming, identify gaps in knowledge, and redirect resources where additional training is needed.

UNICEF: *Provide technical support for establishment of ECD coordinating bodies and identification of opportunities for integrated service provision.* UNICEF can, for instance, support the Government of Cambodia in specifying the responsibilities and functions of ECD coordinating bodies and in training their members on strategies for service coordination.

UNICEF: *Provide technical support to help Cambodia develop indicators and integrate them into existing data and monitoring systems.* For example, UNICEF could commission a paper on contextually appropriate indicators for ECD in Cambodia and work with the government to assess options for integrating these indicators into existing data systems and monitoring tools.

Incorporation of Human Rights Based Approaches and Strategies to Improve Equity

Government of Cambodia: *Begin developing strategies for targeting children with disabilities for enrollment in ECD, in line with recent national policies that promote service access for this population.* Targeted outreach campaigns may be needed to educate parents of children with disabilities about the availability of ECD programming. Special efforts may be needed to identify children with disabilities, educate their families and communities about the necessary programming, and adapt environments to include them in pre-primary education.

Government of Cambodia: *Track pre-primary enrollment rates separately for children from disadvantaged groups to facilitate monitoring their access to programming.* Disaggregated data for children from disadvantaged groups—including children from the poorest families, children with disabilities, and children living in rural areas—in pre-primary education is needed to assess whether these children have equitable access to services. Targeting strategies can then be developed to increase access to specific groups as needed.

Sustainability and Scale-Up

Government of Cambodia: *Using efforts in UNICEF-supported provinces as a model, expand capacity-building support to commune councils to facilitate further scale-up of ECD.* Site visit interviews indicate that local-level capacity building provided to commune councils in UNICEF-supported provinces may have been effective in preparing local officials to manage and oversee ECD programming. A similar model should be considered for other districts as ECD is scaled-up more broadly.

UNICEF: *Increase coordination with the other donors globally to explore integration of ECD services into existing programmes and increase ECD service coverage.* Many donors provide sectoral funds to address needs in Cambodia. By raising awareness about ECD among existing donors, the Government of Cambodia and its partners, including GoN, could extend ECD's reach and integration into other services currently funded. Also, the government of Cambodia could seek to form a donor group

for ECD by asking for specific contributions from donors for implementation of the ECCD policy. Donors could coordinate, pool resources, and contribute to specific goals or activities in the ECCD policy.

BIBLIOGRAPHY

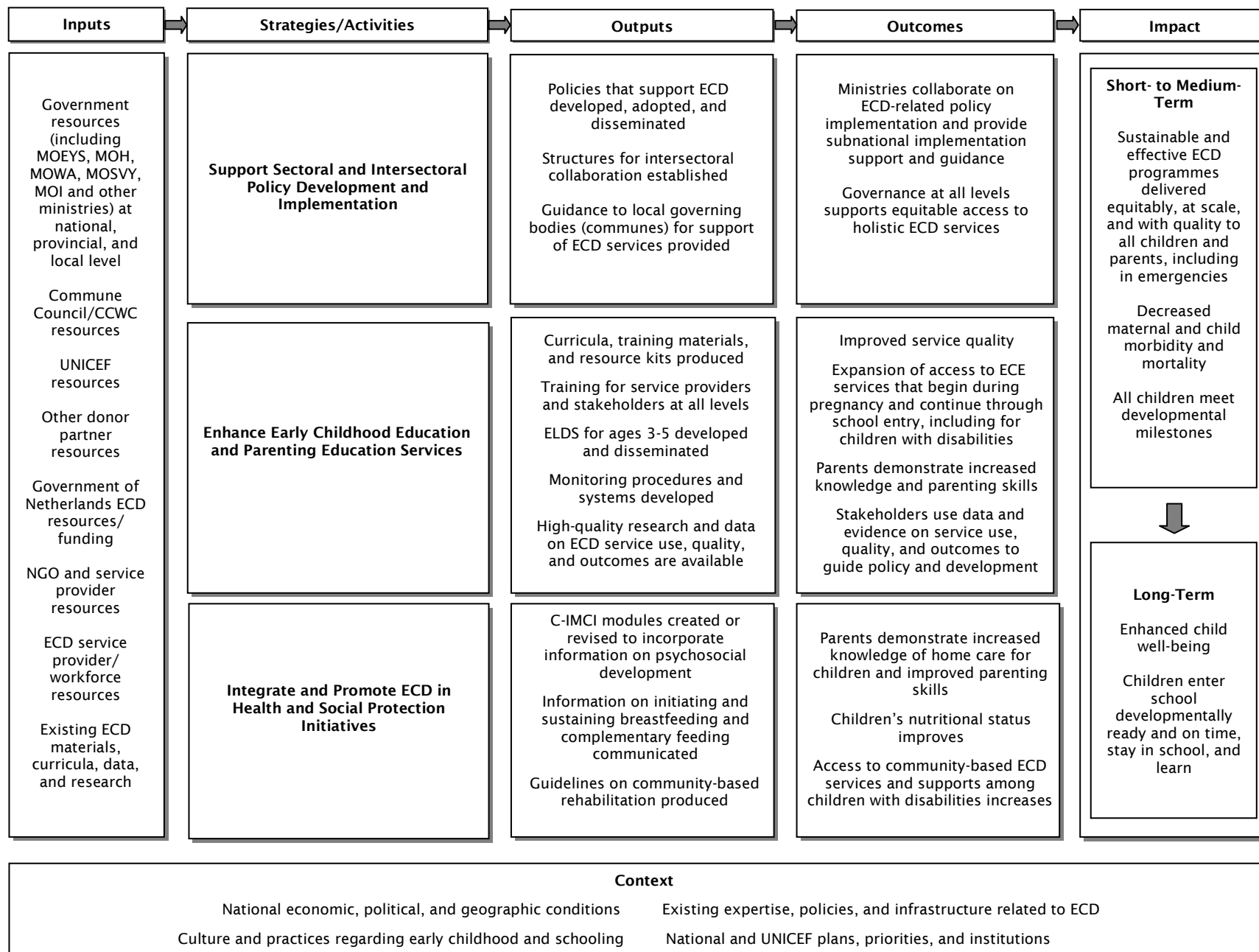
- Albion, Lisa. "Final Report for Development of Conceptual Framework for Parenting Education Consultancy." Report submitted to UNICEF Cambodia, December 2008.
- Burwick Andrew, Kimberly Boller, Samina Sattar, Minki Chatterji, Kathy Buek. "Evaluation of the UNICEF-Government of Netherlands Cooperation Programme on Early Childhood Development, 2008-2010: Inception Report." Princeton, NJ: Mathematica Policy Research, August 25, 2011.
- Council of Ministers. "National Policy on Early Childhood Care and Development." Phnom Penh, Cambodia: MOEYS, February 2010.
- Engle, Patrice L., Maureen M. Black, Jere R. Behrman, Meena Cabral de Mello, Paul J. Gertler, Lydia Kapiriri, Reynaldo Martorell, Mary Emig Young, and the International Child Development Steering Group. "Strategies to Avoid the Loss of Developmental Potential in More Than 200 Million Children in the Developing World." *The Lancet*, vol. 369, January 2007, pp. 229-242.
- Love, John M., Ellen Eliason Kisker, Christine Ross, Helen Raikes, Jill Constantine, Kimberly Boller, Jeanne Brooks-Gunn, Rachel Chazan-Cohen, Louisa Banks Tarullo, Peter Z. Schochet, Christy Brady-Smith, Allison Sidle Fuligni, Diane Paulsell, and Cheri Vogel. "The Effectiveness of Early Head Start for 3-Year-Old Children and Their Parents: Lessons for Policy and Programs." *Developmental Psychology*, vol. 41, 2005, pp. 885-901.
- Ministry of Interior (MOI)/UNICEF Cambodia. "CCWC Capacity Assessment." Phnom Penh, Cambodia: UNICEF, 2009.
- Ministry of Education, Youth, and Sports (MOEYS). "Education Statistics and Indicators 2009-2010." Phnom Penh, Cambodia: MOEYS, 2010a.
- Ministry of Education, Youth, and Sports (MOEYS). "Achievements in Terms of Addressing Learning Needs (Early Childhood Education)." Briefing document presented to evaluation team, May 2010b.
- Ministry of Education, Youth, and Sports (MOEYS). "Mid-Term Review Report of the Education Strategic Plan and the Education Sector Support Programme 2006-2010 Implementation." Phnom Penh, Cambodia: MOEYS, 2009.
- Miyahara, Junko. "Impact of Early Childhood Education Programmes in Cambodia: Summary Report on the First Preliminary Findings of a Longitudinal Study." Phnom Penh, Cambodia: UNICEF Cambodia, 2007.
- Organization of Economic Cooperation and Development (OECD). "Glossary of Key Terms in Evaluation and Results Based Management." Paris, France: OECD, 2002.
- Rao, Nirmala and Emma Pearson. "An Evaluation of Early Childhood Care and Education Programmes in Cambodia." Phnom Penh, Cambodia: UNICEF Cambodia, 2007.
- Royal Government of Cambodia (RGC). *Education for All National Plan, 2003-2015*. Phnom Penh, Cambodia: Royal Government of Cambodia, 2003.
- Royal Government of Cambodia and UNICEF Cambodia. *Country Programme Action Plan 2006-2010*. Phnom Penh, Cambodia: UNICEF Cambodia, 2006.
- UNESCO Institute for Statistics. "UIS Statistics in Brief: Education in Cambodia." Montreal, Quebec: UNESCO Institute for Statistics, 2010.

- UNESCO. "The Dakar Framework for Action. Education for All: Meeting Our Collective Commitments." Paris: 2000.
- UNICEF. *The State of the World's Children*. New York: UNICEF, 2010.
- UNICEF. "A World Fit For Children." Adopted by the UN General Assembly at the 27th Special Session, May 10, 2002.
- UNICEF Cambodia. "Early Childhood Education: Kampong Speu Province." Phnom Penh, Cambodia: UNICEF Cambodia, 2010a.
- UNICEF Cambodia. "Good Practice of Home-Based Programme in Kampong Speu Province." Phnom Penh, Cambodia: UNICEF Cambodia, 2010b.
- UNICEF Cambodia. "Second Progress Report to UNICEF HQ/RO on ECD for the Government of the Netherlands: January to December 2009." Phnom Penh, Cambodia: UNICEF Cambodia, 2010c.
- UNICEF Cambodia. "First Progress Report to UNICEF HQ/RO on ECD Dutch Funding: July to December 2008." Phnom Penh, Cambodia: UNICEF Cambodia, 2009.
- UNICEF East Asia and Pacific Regional Office (EAPRO). "Cambodia Country Profile: Maternal, Newborn, and Child Survival." Bangkok, Thailand: UNICEF EAPRO, 2008.
- UNICEF ECD Unit. "Programming Experiences in Early Childhood Development." New York: UNICEF, November 2006.
- Young, Mary Emig (ed.). "Early Childhood Development: From Measurement to Action." Washington, DC: The World Bank, 2007.
- Yoshikawa, Hirozaku, Soojin Oh, and Richard Seder. "Review of Early Childhood Education and Linkages with Other Sectors in the Nation of Cambodia: Debriefing Document." Unpublished manuscript submitted to UNICEF Cambodia, June 2010.

APPENDIX A

**LOGICAL FRAMEWORK FOR ECD PROGRAMMING IN THE ROYAL
GOVERNMENT OF CAMBODIA-UNICEF PROGRAMME OF COOPERATION**

Figure A.1. Logical Framework for ECD Programming in the UNICEF-Royal Government of Cambodia Cooperation Programme



A.2

APPENDIX B

CAMBODIA CASE STUDY MATRIX

Table B.1. Cambodia Case Study Matrix

Research Questions	Key Objectives/Outputs/ Outcomes	Indicators
Alignment of ECD Programming with National Priorities and Needs		
1. How closely does ECD programming in the UNICEF-Cambodia programme of cooperation relate to priorities and expected results expressed in development plans and strategic documents?	Programming is aligned with country priorities and policies	<ul style="list-style-type: none"> ECD programming addresses priorities expressed in programmes of cooperation, Cambodia development plans and strategy documents, and UNICEF's Medium-Term Strategic Plan
2. How appropriate are Cambodia's ECD programming strategies for expanding holistic ECD?	Programming strategies expand holistic ECD	
Planning, Management, and Coordination		
1. To what extent have key elements of results-based planning and management been applied in ECD programming at the country level?	Effective planning, coordination, and budgeting of ECD programming	<ul style="list-style-type: none"> A results framework provides clear guidance for steps that will lead to achievement of strategic results Monitoring and evaluation are used to track progress and promote continuous improvement Stakeholders report that intersectoral coordination on ECD coordination occurs and is effective The rationale for allocation of GoN and other ECD funds across UNICEF country office sections and projects is clear Programme activities produce outputs on time and do not exceed budgeted expenditures
2. How has ECD programming influenced partnerships among government, donors, nongovernmental organizations, civil society organizations, and other key actors?	Outputs are produced in a timely fashion using least costly resources	
3. How effective is intersectoral coordination on ECD in the government and within UNICEF Cambodia?		
4. How systematically and efficiently have resources been used to achieve ECD programming objectives?		

Research Questions	Key Objectives/Outputs/Outcomes	Indicators
Programme Effectiveness: Coverage of ECD Services		
1. What are trends in coverage and participation in key ECD services, including community preschools, home-based programmes, parenting education, BFCI/BFHI, and C-IMCI?	30 percent of children ages 3 to 5 attend ECD programmes organized at home, in their community, or at school	<ul style="list-style-type: none"> Percentage of children ages 3 to 5 attending ECD programmes Percentage of families or villages reached by parent-focused or two-generation ECD interventions that begin early (prenatal to age 3)
2. How, if at all, have strategies to increase coverage contributed to changes in service availability and participation rates?	Expansion of services that begin during pregnancy and continue through school entry	
3. What are trends in services across the age span (prenatal through preschool)?		
Programming Effectiveness: Building Capacity for ECD		
1. What results have been achieved through programming to enhance ECD-related capacity of parents, service providers, decision makers, and institutions in Cambodia?	Ministries collaborate on ECD-related policy implementation and provide subnational implementation support and guidance	<ul style="list-style-type: none"> Planned outputs related to ECD capacity building (training, infrastructure development) have been achieved Data on ECD activity outputs and outcomes are used for planning by country partners Service providers report and demonstrate improved practices related to ECD Parents report improved care-giving practices UNICEF country office staff report increased ability to articulate ECD programming and policy goals to partners UNICEF country office staff report increased ability to implement and/or support ECD programming
2. What factors have promoted or inhibited development of capacity to develop policies and implement services for ECD?	Service providers demonstrate increased knowledge and skills	
3. What results have been achieved through programming to enhance ECD-related capacity of UNICEF Cambodia country office staff? What new skills have these staff members developed, and how are these skills being used?	Parents demonstrate increased knowledge and parenting skills	

Research Questions	Key Objectives/Outputs/ Outcomes	Indicators
Programme Effectiveness: Knowledge Generation and Dissemination		
1. What results have been achieved through programming to promote knowledge generation and dissemination in support of ECD goals?	Stakeholders and decision makers increasingly use data and evidence about ECD service use, quality, and outcomes to guide policy and programme development	• Evaluations/studies of ECD interventions have been completed
2. Are core indicators agreed upon by key stakeholders in Cambodia? What has facilitated or inhibited the collection of core ECD data at the national and subnational levels?		• Results from evaluations/ studies of ECD programmes inform policy and planning
3. Do country counterparts have the skills they need to use ECD data effectively for policy and programme development? What could strengthen these skills?		• Data on ECD outcomes are available
4. Do UNICEF CO staff members have the skills necessary to use ECD data effectively to support policy and programme development? What could strengthen these skills?		• Data on ECD outcomes are used for planning by country partners
Programming Effectiveness: Mainstreaming ECD in Policies, Plans, and Services		
1. What results have been achieved through programming to mainstream ECD in national policies and programmes in Cambodia?	Policies that support ECD exist and are disseminated	• ECD policies have been adopted at the national level
2. Have national and subnational engagement and ownership of ECD increased (including increased budgetary allocations)?	Governance at all levels supports equitable access to holistic ECD services	• Roles and responsibilities on ECD are defined among government entities and sectors at the national and regional levels
3. Has ECD been integrated into community-based packages?	Existing community-based services and sectoral initiatives integrate early learning and early stimulation	• ECD-related allocations in national and subnational budgets have increased
		• Materials to integrate ECD into existing services and initiatives (e.g., C-IMCI) are prepared and rolled out

Research Questions	Key Objectives/Outputs/Outcomes	Indicators
Quality and Efficiency of ECD Services		
5. Has ECD programming contributed to increases in service quality? If so, how?	Increased quality of ECD services	<ul style="list-style-type: none"> Proportion of sites/locations where ECD service quality meets or exceeds standards in the field (for staff-child or staff-parent ratio; content conveyed; child/family engagement)
1. How useful and comprehensive are current methods of assessing service quality? What gaps exist, if any?	Increased use of ECD service quality information to inform service improvement	
2. What factors facilitate or inhibit the use of service quality information to inform and improve ECD services and policies?	Services are provided in a cost-efficient manner	<ul style="list-style-type: none"> Service quality information is available and systems for feedback exist
3. What is known regarding the per capita costs and efficiency of ECD services in Cambodia?		<ul style="list-style-type: none"> Per capita costs of services are measured and in proportion to stakeholder expectations and anticipated benefits
Sustainability and Scalability		
1. What successes or barriers have been encountered in costing policies, plans, and services related to ECD?	Policies, plans, coordinating structures, and funding mechanisms for ECD include provisions for sustaining and scaling up existing services	<ul style="list-style-type: none"> Methods to calculate and budget costs of ECD programming have been developed and applied
2. How likely are current interventions with an ECD focus (CPS, HBP, C-IMCI) to be sustained without support from UNICEF and other development partners and donors? What factors influence sustainability of current interventions?		<ul style="list-style-type: none"> Country, province, and local budgets include projections for maintaining or increasing allocations for ECD
3. How likely are current interventions with an ECD focus to be scaled up? What factors influence scalability of current interventions?		<ul style="list-style-type: none"> Stakeholders report willingness and ability to sustain services without donor support

Research Questions	Key Objectives/Outputs/ Outcomes	Indicators
Human Rights Based Approach, Gender Equity, and Reaching the Disadvantaged and Marginalized		
<ol style="list-style-type: none"> 1. How successfully have the key principles of a human rights based approach been applied in planning and implementing the ECD programming? 2. In what ways do ECD strategies and interventions respond to the rights of disadvantaged and marginalized families and children? 3. To what extent do disadvantaged and marginalized families and children have access to ECD services? 4. What factors support or inhibit access to ECD services among disadvantaged and marginalized children and families? 5. To what extent has gender equity existed in participation, decision making, and access to ECD-related programmes? 	<p>Human rights based approaches are fully applied in planning and implementing ECD programming</p> <p>Disadvantaged and marginalized families and children have access to ECD services</p> <p>Gender equity exists in participation, decision making, and access</p>	<ul style="list-style-type: none"> • Parents, ECD service providers, and other stakeholders are involved in programme design and implementation • National and local context (knowledge, beliefs, gender and cultural differences) are taken into account in programme planning and implementation • National ECD policies address the disadvantaged and marginalized • Parents, policymakers, and other stakeholders report that access for disadvantaged/marginalized has increased • Coverage data indicate access to ECD services has increased among the disadvantaged and marginalized • Men and women are equally represented in policymaking positions related to ECD • Boys and girls are served in equal numbers in ECD interventions • Policymakers and service providers monitor issues of gender equity in service provision and access

APPENDIX C

DATA SOURCES

Table C.1. List of Interview Respondents

UNICEF Cambodia
Representative
Deputy Representative
Monitoring and Evaluation Specialist
Chief of Education Section
Early Childhood Development Specialist, Education Section
Early Childhood Development Officer, Education Section
Water and Environment Sanitation Officers, Seth Koma Section
Senior Programme Assistant, Seth Koma Section
Child Protection Officer, Seth Koma Section
Chief of Child Survival Section
Mother Child Health Specialist, Child Survival Section
Social Policy Specialist, Child Survival Section
Child Protection Specialist, Child Protection Section
National Ministries
Director of Early Childhood Education Department and staff, Ministry of Education, Youth, and Sports
Director of Women and Children Education Department, Ministry of Women's Affairs
Director of Rehabilitation, Ministry of Social Affairs, Veterans, and Youth Rehabilitation
Director of Department of Health Prevention, Ministry of Health
Prevention of Child Injuries Office representative, Department of Health Prevention, Ministry of Health
Provincial Departments and Communes
Director and Early Childhood Education staff, Education Department, Kampong Thom Province
Director and C-IMCI staff, Health Department, Kampong Thom Province
Director and staff, Women's Affairs Department, Kampong Thom Province
Director and staff, Local Administration Unit, Kampong Thom Province
Commune Council, Sankor Commune
Commune Council, Thoam Ta-Or Commune
Deputy Provincial Governor and Local Administration Unit staff, Kampong Speu Province
Community Preschools, Home-Based Programmes, and BFCI/C-IMCI
Community preschool teacher, school director, and Department of Education staff - Sampov Meas village, Kampong Thom province
Community preschool teacher, school director, and Department of Education staff - Prey Viev village, Kampong Speu province
Village health volunteers - Krasaing village, Kampong Thom province
Health Center staff - Sankor commune, Kampong Thom province
Village health volunteers, Samroung Tong District, Kampong Speu province
NGOs
Plan International representative
Krouser Yoeng representative
Save the Children Norway representative

Table C.2. Focus Group Discussions Conducted

Locations	Participants	Estimated Number of Participants
Sampov Meas village, Sankor commune, Kampong Svay district	Parents of children enrolled in community preschool	15
	Parents of children not enrolled in community preschool	5
Krasaing village, Sankor commune, Kampong Svay district	Mother support group	12
Prey Viev village, Thoam Ta-Or commune, Samroung Tong district	Parents of children enrolled in community preschool	16
	Parents of children not enrolled in community preschool	3
Samroung Tong district	Mother support group	8

Table C.3. Documents Reviewed

UNICEF Cambodia Reports/Presentations
A Combined Presentation on ECD in Cambodia, 2010 (slide presentation)
Cambodia ECD Progress Report (presentation at annual review meeting, May 2009)
Country Programme Action Plan, 2006-2010
First Progress Report to UNICEF on ECD Dutch Funding, 2008
Second Progress Report to UNICEF on ECD Dutch Funding, 2009
Mid-Term Review of UNICEF Education Pilots and ECD Initiatives, 2006-2008
Situation Analysis, 2009
UNICEF Cambodia Annual Report, 2009
UNDAF Cambodia 2011-2015 Results Matrix and M&E Framework
Kampong Thom Provincial Profile
Kampong Speu Provincial Profile
Summary of Early Childhood Education in Kampong Speu Province
Good Practice of the Home-Based Programme in Kampong Speu Province
Government Data/Documents
Ministry of Education, Youth, and Sports Early Childhood Education Department statistics
Ministry of Education, Youth, and Sports Education Indicators 2003-2007
School Readiness Standards, 2008; Early Learning Development Standards for 3- and 4-year-olds, 2010
Community Rehabilitation Guidelines, 2010
Observation and Monitoring Form for Early Childhood Education Services
National Laws, Strategies, and Plans
Education Strategic Plan and Education Sector Support Programme, 2006-2010
Master Plan on Education of Children with Disabilities, 2009
Mid-Term Review Report of the Education Strategic Plan and Education Sector Support Programme, 2006-2010 Implementation
National Programme for Subnational Democratic Development, 2010-2019
National Policy on Early Childhood Care and Development, 2010
Organic Law, 2008
Policy on Education of Children with Disabilities, 2008
Policy on Alternative Care for Children, 2006
Studies and Evaluations
Rao, Nirmla and Emma Pearson. "An Evaluation of Early Childhood Care and Education Programmes in Cambodia." Phnom Penh, Cambodia: UNICEF Cambodia, 2007.
Covar, Prospero. "Family Care Practices and Child Rearing in Cambodia." Phnom Penh, Cambodia: UNICEF Cambodia, 2006.
Ministry of the Interior, UNICEF Cambodia, and VBNK. "CCWC Capacity Assessment." Phnom Penh, Cambodia: UNICEF Cambodia, 2009
Miyahara, Junko. "Impact of Early Childhood Education Programmes in Cambodia: Summary Report on the First Preliminary Findings of a Longitudinal Study." Phnom Penh, Cambodia: UNICEF Cambodia, 2007.
Department of Curriculum development, MOEYS. "Report on Evaluation of Learning Achievement and Qualification Test of Early-Year Second Graders, 2009." Phnom Penh, Cambodia: MOEYS, 2009.
Losert, Lynn. "Social Service Delivery by the Commune/Sangkats as Part of the Decentralization Process in Cambodia: An Example of Community Preschool Provision." Phnom Penh, Cambodia: UNICEF Cambodia, 2005.
Yoshikawa, Hirozaku, Soojin Oh, and Richard Seder. "Review of Early Childhood Education and Linkages with Other Sectors in the Nation of Cambodia: Debriefing Document." Unpublished manuscript submitted to UNICEF Cambodia, June 2010.
Other
Trainer's Session Plan and Handout, Parenting Education Training for Local Facilitators, 2007.
Organization of Community Preschool Programme Training Manual, 2004.

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