# KINGDOM OF CAMBODIA NATION RELIGION KING



# THE PHNOM PENH URBAN POOR ASSESSMENT

A Baseline Survey On The Social And Economic Situations And Capacity Of Existing Services In Urban Poor Communities

With Technical Support From UNICEF and IP3

Phnom Penh, December 2012









## PREFACE



This report presents the results of the "Phnom Penh Urban Poor Assessment" that was conducted by the Phnom Penh Capital Hall to gather baseline information on the situation of urban poor communities. The planning and implementation was delegated to the Urban Poor Office, a department of the Planning and Investment Division. The Urban Poor Office collaborated with the Phnom Penh Planning Department and received technical assistance from the United Nations Children's Fund (UNICEF).

UNICEF provided financial and technical support through the National Committee for Sub-National Democratic Development (NCDD) according to the contract No. 12/CP/1201-00 (IP3) dated 26 March 2012 between NCDD and the Phnom Penh Capital Hall.

The assessment gives an overview about the living conditions, the socio-economic status, and the issues that urban poor communities face across all nine Khans (districts) of Phnom Penh. Further more it takes stock on the availability of social services and existing infrastructure in urban poor communities. The assessment was a first systematic data collection aiming to facilitate the planning of appropriate development interventions that adequately address the needs of poor families in Phnom Penh. The report gives specific recommendations on possible actions for local authorities and development partners.

Through this publication the Phnom Penh Capital Hall shares the results of the assessment with relevant stakeholders and partners who are acting on the situation of urban poor communities.

I would like to express my appreciation to our partners from the NCDD Secretariat and UNICEF for their support to this study and the documentation. Finally I thank the leadership of the Urban Poor Office and civil servants from all levels for their cooperation and contributions to this study.

Let us build on the many foundations that have already been laid in many urban poor communities and together continue to improve the living conditions for the poor and vulnerable. Che specific

Covernor of Prinom Penh (2)

Kep Chuktema

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## **ABBREVIATIONS**

CDHS Cambodia Demographic and Health Survey
CMDG Cambodia Millennium Development Goal
CRUMP Cambodian Rural Urban Migration Project

CSES Cambodia Socio-Economic Survey

NCDD National Committee for Sub-National Democratic Development

SSC School Support Committee
UNICEF United Nations Children's Fund
VHSG Village Health Support Group

## 1. INTRODUCTION

From 1980 to 2011 the Phnom Penh municipality identified 516 areas of urban poor communities. Out of those, 342 are recognized and organized communities and 174 are yet to be acknowledged and organized.

The organization of urban poor communities in Phnom Penh is the result of an announcement by His Excellency Prime Minister Hun Sen in the year 2000, stating that 100 urban poor communities should be organized each year. To further strengthen the implementation of the Royal Government's policy on development and poverty reduction in urban poor communities, the Phnom Penh Municipality established an Urban Poor Office as part of the Planning and Investment Division.

When the Urban Poor Office was established in 2010 it became evident that there was a need for a systematic baseline assessment of poor communities' living conditions and needs. The survey was planned in mid 2011 and data collection was conducted in November 2011. Individual interviews with 2,033 sample families and 281 community representatives were conducted throughout the field survey. The assessment focuses on the socio-economic situations of the urban poor population and existing capacity in delivery of social services, with an emphasis on health, education, water and sanitation, child protection and public infrastructure. During analysis and reporting, assessment data was frequently compared with secondary data, namely from the Cambodian Rural Urban Migration Project (CRUMP), the population census 2008 and other surveys as indicated.

This report does not contain an executive summary. An overview of the main findings can be found in the Conclusions.

## 2. BACKGROUND

During the past two decades Phnom Penh has experienced rapid growth, with its population doubling from 1998-2008<sup>1</sup> mostly due to the in-migration of rural Cambodians seeking employment in the booming capital. While in 1998 one in every twenty Cambodians lived in the city of Phnom Penh, in 2012 it was estimated to be one in ten<sup>2</sup>. With a projected population of more than 1.6 million for 2012, the Phnom Penh Municipality estimates that urban poor communities account for about one quarter of the capital's residents. Projections made on the basis of assessment data would, at least, estimate the population in the 516 urban poor areas to be one-quarter of a million people.

Rapid unplanned urbanization and population growth has created pockets of poverty that will be extending. The expansion of the city has not been accompanied with the same level of investment in social services. In fact, investment in women's and children's issues has remained a low priority compared with construction of physical infrastructure, rather than addressing specific development needs of women and children. Data on urban poor communities and their living situation is limited due to a lack of systematic data collection and analysis, which prevents the generation of reports on key

<sup>&</sup>lt;sup>1</sup> Cambodian Rural Urban Migration Project (CRUMP) report page 18

<sup>&</sup>lt;sup>2</sup> CRUMP report page 1

social indicators that can be used as evidence for planning, resource mobilization and intervention purposes.

As a response, the Phnom Penh Municipality planned and implemented this assessment to gather and share information, and to strengthen its own capacity in independently conducting surveys and managing data.

## 3. OBJECTIVES OF THE URBAN POOR ASSESSMENT

- To study the current social and economic situation of urban poor families, especially women and children, living in hundreds of urban poor communities in the capital. The assessment has a special focus on the socio-economic situation, health, water/sanitation, education and child protection.
- 2. To reflect on the existing local infrastructure, and the capacity and accessibility of social services addressing the needs of vulnerable families.
- To strengthen the capacity of the Urban Poor Office in systematic data collection and data analysis.
- To share the information gathered with relevant partners for planning, resource mobilization and interventions for urban poor development, focusing on social services for vulnerable children and families.

## 4. METHODOLOGY

## 4.1 RESEARCH APPROACH

The survey was independently conducted by the Urban Poor Office, and used a highly participatory approach involving civil servants from the Phnom Penh Municipality and community representatives from all levels. Initially, preliminary data on the urban poor communities was collected. Officials from all nine Khans were invited for consultation and orientation on the aim of the assessment, and a plan for follow-up action down to Sangkat and village level was developed. Indicators and variables for questionnaires were developed, focusing on social and economic indicators reflecting the situation and vulnerabilities of families from urban poor communities. The results were two sets of questionnaires:

 Questionnaire 1, for interviews with duty bearers of the communities and local



Workshop on data collection to focal persons from urban poor communities

authorities to assess the capacity and current availability of services in each of the urban poor communities.

Questionnaire 2, for in-depth individual interviews with selected families to assess their living

situation and their access to social services

Training on data collection and interview methodologies was provided by the Urban Poor Office to officials from Khans, including IP3 advisers, responsible deputy governors, social service officers and members of the Solidarity for Urban Poor Federation (SUPF). These officials conducted the same training for Sangkat and village chiefs who then conducted the individual household interviews. Since the Urban Poor Office had very limited human resources and capacity, the IP3 Advisers and UNICEF Phnom Penh Zone staff provided active support in organizing and facilitating the training. Data was collected in November 2011, after which the



Interview with a community representative

Urban Poor Office set up Statistical Product and Service Solutions Statistical Product and Service Solutions (SPSS) data bases and started data entry and analysis. Being a learning process, the progress in analysis and reporting took time and was finalized mid 2012, with technical assistance from UNICEF.

## 4.2 SAMPLE SIZE AND LOCATION

Sample communities were proportionally distributed across all nine Khans and 52 Sangkats with urban poor communities. The sampled households were randomly selected. The overall sample sizes were: 2,033 individual interviews in urban poor households and 281 interviews with community representatives.

Table 1: Sample size per Khan: Interviews with community representatives and families

Name of Khan	Interviews with community representatives	% per Khan	Individual family interviews	% per Khan
Chamkar Mon	32	11.4%	112	5.5%
Doun Penh	24	8.5%	125	6.1%
Prampir Meakkara	5	1.8%	30	1.5%
Tuol Kouk	26	9.2%	172	8.5%
Dangkao	10	3.6%	138	6.8%
Mean Chey	65	23.1%	421	20.7%
Russey Keo	68	24.2%	398	19.6%
Saensokh	19	6.8%	199	9.8%
Pur Senchey	32	11.4%	438	21.5%
Total	281	100.0%	2033	100.0%

## 4.3 LIMITATIONS

As stated in Objective 3, the assessment was partly conducted as on-the-job capacity building for staff of the Urban Poor Office who proved to be very effective and fast learners. However owing to this fact some limitations should be mentioned that had implications on processing and analysing the data, as well as writing the report:

- Even though training in data collection was provided, the capacity of individual team members
  was very different. Many questionnaires, especially from the 2,033 interviews with families, were
  not filled out completely. The result is a high amount of missing data in many variables leading
  to different amounts of valid responses. In the report, the totals of the valid responses are
  indicated as "N=X".
- The reasons for not filling out certain variables are unclear. However by reviewing the data it becomes evident that especially sensitive questions such as asking for family members with chronic diseases or children with disabilities were often not filled out.
- Involving local community representatives/authorities and not neutral external survey personnel
  in the data collection might have led to situations where respondents felt uneasy about giving
  truthful answers.
- Other issues were a lack of assessing the educational status of the household head, and migration status of families.

## FINDINGS

## 5.1 DEMOGRAPHY OF URBAN POOR COMMUNITIES

## 5.1.1 Sizes of Urban Poor Communities

Table 2: Estimated population numbers of 281 communities

Name of Khan	Number of communities	Total population per community	Average population of community
Chamkar Mon	32	5,391	168
Doun Penh	24	18,460	769
7. Meakkara	5	571	114
Tuol Kouk	26	12,372	476
Dangkao	10	8,278	828
Mean Chey	65	26,049	401
Russey Keo	68	20,078	295
Saensokh	19	11,017	580
Pur Senchey	32	23,904	747
Total	281	126,120	449

Urban poor communities have grown as informal settlements at multiple locations scattered all over Phnom Penh. Since 1980, 516 different urban poor communities have been identified by the Phnom Penh administration. In the 281 communities that were part of this survey, the total population as estimated by community representatives was 126,120 people, thus the average community size was 449 inhabitants.

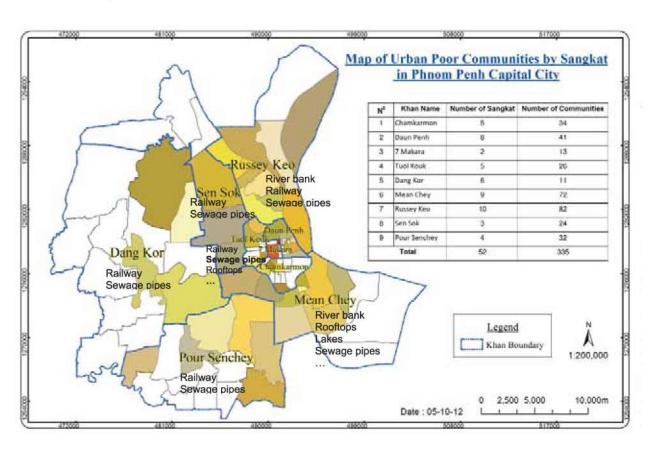
However, there was a large number of very small communities. Within the first quartile (25 per cent of the communities) the settlements only had 130 inhabitants or less.



Examples of river bench, railway and sewage system settlement-sites

(Source: Interviews with community representatives)

Table 2 shows that in the centre of the city in Khan 7. Meakkara the average size of communities is smallest, with only 114 people, followed by Chamkar Mon with an average of 169 people per community. There is a significant increase in the size of urban poor communities with a difference of an average 600-700 people more, in Khans such Dangkao in the south of Phnom Penh, with a mean of 828 inhabitants per settlement.



## 5.1.2 SETTLEMENT AREAS

Common settlement areas are along the infrastructural life lines into and out of the city: main roads, along the railways and along sewage systems, but also on lakes and on the flat roofs of buildings. Until recent years there were few regulations to manage the influx of populations onto public land. Authorities tolerated the practice or did not enforce regulations, giving people the chance to settle down.

Table 3: Settlement areas of interviewed families

Settelment area	Number of households N=627	Percent
Sewage pipe	161	25.7%
River bank	142	22.6%
Road side	110	17.5%
Railway	108	17.2%
Roof of a building	30	4.8%
On a lake	22	3.5%
Pagoda/stupa	12	1.9%
Others	42	6.7%
Total responses	627	

(Source: Individual family interviews)

Phnom Penh's current rapid growth and modernization means that the city needs land and needs to further develop its infrastructure. This dilemma poses huge challenges to finding appropriate solutions that satisfy public interests and the needs of inhabitants of urban poor communities. According to the Capital Office, until 2008, 42 urban poor communities have moved to developed resettlement sites.

Despite the fact that public land is used for settlement, 83 per cent of the families who responded (N=1578) in the assessment referred to their house as "their own house", their property. It can be assumed that they might also have developed a conception that the land the house is built on is their property too.

#### 5.1.3 Types of houses

Simple one-room wooden houses are the main type of dwelling among urban poor communities. In areas exposed to flooding, they are built on stilts in countryside tradition. The term The map indicates some characteristic types of settlement sites. It shows that in all Khans, sewage systems are areas of urban poor communities. In the northern Khans, settling along the railways in the direction of Battambang and Kompong Saom is popular, while in Khans bordering the rivers, there are settlements close to the water.

A general issue that most urban poor communities have in common is that they developed on public land.





Wooden house with zinc roof and concrete houses in Andong 3, Kor Roka, Saensokh

'concrete house' refers to small brick buildings or flats. At resettlement sites, small concrete houses that were often built with external aid or government support are more common. The majority of dwellings are permament homes and people refer to them as their property. Only 17 per cent of respondents stated they were "renting" their living space. Only a small minority of 2 per cent live in temporary shelters.

Table 4: Construction of homes

Type of housing	Number of households N=1325	Percent
Wooden house with zinc or cement roof	848	64.0%
Concrete house	206	15.5%
Wooden house with tiled roof	74	5.6%
Shelter built from small wood with thatched roof/or cloth tent	107	8.1%
Temporary shelter with plastic tent	25	1.9%
Others	65	4.9%
Total responses	1,325	100%

(Source: Individual family interviews)

## 5.1.4 HOUSEHOLD SIZE

Urban poor households are more crowded than the average Phnom Penh household. Figure 1 compares the household sizes of urban poor communities (in red) with the results of the 2008 census (green) and the CRUMP<sup>3</sup>. The overall average per population in the legend shows that with 5.68 members per household, there is one person more to feed in an urban poor household than in the standard 'Phnom Penh census family', and two more to feed compared to households of the CRUMP survey.

In small households from one to four members, the proportion of urban poor is smaller compared to the census data and the CRUMP sample group. Single and up to three-member households that appear among the CRUMP survey sample and the Phnom Penh average, only make up a small minority of less than 20 per cent among the urban poor. Starting at households sizes of five, there is a turning point, and the proportion of urban poor households with many members exceeds those of the others. More than 45 per cent of urban poor households have six or more members.



Family having lunch Stoeng Mean Chey, Khan Mean Chey

<sup>&</sup>lt;sup>3</sup> CRUMP report p26.

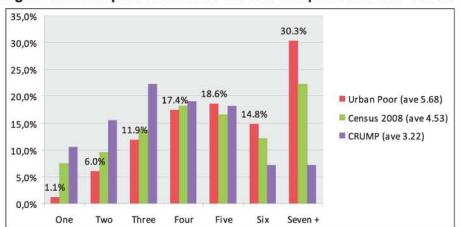


Figure 1: Urban poor household sizes in comparison to the census and CRUMP

(Source: Individual family interviews % only for Urban Poor Assessment)

## 5.1.5 Proportion of Children and Gender Profile

Children make up 35 per cent of the total population (Figure 4). This is similar to the overall census data 2008 with a proportion of 33.7 per cent children <14 years, 62 per cent 15-64 years, and 4.3 per cent elderly<sup>4</sup>. Consistent with the findings of household size described above, the average number of children in urban poor households is higher than the Phnom Penh average. While there is an average of 1.96 children per household in urban poor communities, there are only 1.5 in the average Phnom Penh population<sup>5</sup> and only about one child among sampled migrants of the CRUMP survey<sup>6</sup>. Figure 2 shows that half of the Cambodian Intercensal Survey (CIS) and CRUMP sample groups have no children, while 57 per cent of the urban poor households have two children or more.

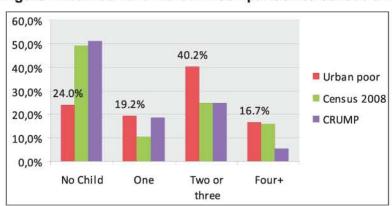


Figure 2: Number of children in comparison to census and CRUMP

(Source: Individual family interviews, CRUMP report, census 2008)

<sup>6</sup> CRUMP report p21.

<sup>&</sup>lt;sup>4</sup> General Population Census 2008.

<sup>&</sup>lt;sup>5</sup> CIS Cambodian Intercensal Survey 2004, CRUMP report p21.

Among the 2,033 families interviewed, the ratio of the sexes is 52 per cent female to 48 per cent male, which mirrors exactly the result of the 2008 census for urban areas. This indicates that the survey covered a valid sample group.

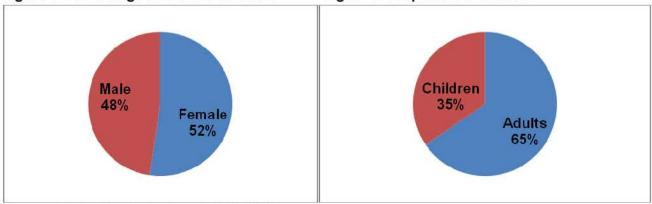
Table 5: Population numbers divided by gender and proportion of children

Name of Khan	Number of	Househ	old member	'S	Number of
	families	Total family members	Female	Male	children (<18)
Chamkar Mon	112	705	358	347	188
Doun Penh	125	656	341	315	182
Prampir Meakkara	30	172	92	80	38
Tuol Kouk	172	991	518	473	337
Dangkao	138	782	405	377	254
Mean Chey	421	2,495	1,293	1,202	924
Russey Keo	398	2,194	1,181	1,013	760
Saensokh	199	1,074	560	514	390
Pur Senchey	438	2,486	1,311	1,175	921
Total	2,033	11,555	6,059	5,496	3,994

(Source: Individual family interviews)

Figure 3: Percentage of women and men

Figure 4: Proportion of children



(Source: Data from family interviews total N=11,555)

## 5.1.6 HOUSEHOLD HEADS

Close to 60 per cent of households in Urban Poor Communities are headed by men. However, in urban poor communities, there are significantly more households headed by females than the country average. Whereas the 2008 census data shows that 25.6 per cent of Cambodian households are headed by women, the proportion of female-headed households in urban poor communities was 38.3 per cent, and out of those, 27.0 per cent were single mothers or widows. Only a very small proportion of households was headed by elderly persons or children.

Table 6: Household heads of families in urban poor communities

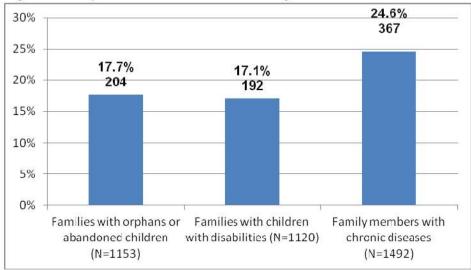
Household head	Number of households	% of households
Man/Husband	1,206	59.3%
Single mother	548	27.0%
Female/Wife	228	11.2%
Child	3	0.1%
Grandparents	28	1.4%
Others	20	1.0%
Total	2,033	100.0%

(Source: Individual family interviews)

## 5.1.7 VULNERABLE PEOPLE AMONG THE URBAN POOR

The survey assessed three categories of vulnerable groups per household: orphans or abandoned children in the family; children with disabilities; and family members with chronic diseases. Figure 5 indicates that one out of six families has at least one vulnerable family member and one-quarter of families have a family member with a chronic disease. These are very high rates and pose an additional burden to the families who provide care. The treatment of chronic diseases and care for people with disabilities is most often related to expenses, such as medication and rehabilitation aids. Chapter 5.2 shows that the economic conditions of many urban poor families is very weak, thus the high proportion of people who need additional care and who provide only limited contributions to income generation must be seen as a major challenge for the families affected.

Figure 5: Proportion of families with family members from vulnerable groups



(Source: Individual family interviews)

## 5.2 SOCIO ECONOMIC SITUATION

Socio-economic conditions are important indicators to assess a society's development status. The results of the assessment show that the low socio-economic status of urban poor communities poses a significant threat to people's well-being, especially that of vulnerable groups. Most families lack sufficient resources to respond to social needs such as health care or providing education to their children.

## 5.2.1 OCCUPATION AND SOURCES OF INCOME

Most households in urban poor communities have multiple income sources, with a median of two family members working to support the family. The average number of females who are working per family is slightly higher than the average number of males, probably owing to the higher proportion of women in the overall population.

Referring to the CRUMP survey, occupations are gender specific<sup>7</sup>. For example men are working more in construction while women work more in the manufacturing industry, or more women are community vendors, while men are motor-taxi/tricycle drivers. The CRUMP identified three top income sources which are: factory/construction worker; small vendors in the community; and motor taxi/tricycle drivers. These income sources are all low-paid, low-skilled labour or service jobs that can be carried out with any level of education. Observations of the Urban Poor Office show that most of the inhabitants of urban poor communities come from a low educational background. (Unfortunately the level of education was not assessed during the survey).







Men producing handicrafts, a community vendor and on the right a tricycle, moto taxi and garbage collectors

<sup>&</sup>lt;sup>7</sup> CRUMP report p30.

Table 7: Occupation or main sources of income of people in communities

Type of job	Respo	Responses	
	N	Percent of responses (N=2744)	cases/house holds (N=1971)
Factory/construction workers	860	31.3%	43.6%
Vendor in community	547	19.9%	27.8%
Motor taxi driver	445	16.2%	22.6%
Employees in private/public sector	285	10.4%	14.5%
Rubbish collectors	143	5.2%	7.3%
Service and labour	119	4.3%	6.0%
Family handicraft	61	2.2%	3.1%
Entertainment services	52	1.9%	2.6%
Agriculture worker	38	1.4%	1.9%
Others	194	7.1%	9.8%

(Source: Individual family interviews N= 1971)

Only 14.5 per cent of households indicated that family members were working in the private/public sector, as civil servants with the government or in companies. Most of those jobs require the applicant to have finished at least lower secondary education.

Factory/construction workers and public/private employees guarantee the household a regular monthly salary, while other jobs more or less depend on "day-to-day" business successes. For example, on a wet day with few people moving about, a driver would earn less than on a normal day.

Another interesting income opportunity for urban poor communities is handicraft production/home manufacturing, but the assessment shows that only 3 per cent of the households interviewed are engaged in this type of work. There are some good models in the communities. A woman began to sew pillows and blankets on a small scale and with customer numbers rising, she is now able to give work to others in the neighbourhood who help in production. According to the Urban Poor Office, it is critical to assist family enterprises in finding appropriate markets for their goods and to train them to produce quality goods that can compete in the market. As a medium-term option, increasing and fostering home manufacturing has great potential to generate income.



Her production is big enough to give work to neighbours

## 5.2.2 HOUSEHOLD INCOME

The income of urban poor households is very low, with 60 per cent earning less than \$75 per month. With average household sizes of more than five persons, the per capita resources in those families are only \$15 per person per month, or 50 cents per day. The Cambodia Millennium Development Goals (CMDG) report 2010 defines the poverty line as the income for a person to be able to consume a food

basket that provides at least 2,100 calories of energy per day, with a small allowance for non-food items such as shelter and clothing. The national poverty line for 2007 was 2,470 Riels per capita per day, or about 60 cents<sup>8</sup>.

Taking current prices for basic needs in Cambodia into consideration, the conclusion is that most families are living below the poverty line and are not able to accumulate money for expenditures that exceed daily subsistence. Access to public services or investment to improve living conditions is difficult for many people.

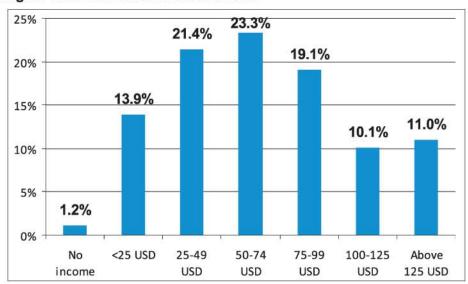


Figure 6: Income levels of households

(Source: Individual household interviews)

## 5.2.3 HOUSEHOLD ASSETS

More than 60 per cent of the families interviewed possess a motorbike which is both transportation and a business asset. The second important vehicle is the bicycle. Tricycles make up 4.4 per cent, and a car is only possessed by 0.4 per cent of the households interviewed. This is in stark contrast to the average Phnom Penh population, where 20.7 per cent possess a car<sup>9</sup>. Among the urban poor still close to one-fifth of families do not have any means of transportation.

<sup>&</sup>lt;sup>8</sup> CSES Population Estimates for 2007.

<sup>&</sup>lt;sup>9</sup> Cambodia Socio-Economic Survey 2009, CRUMP report p34.

Table 8: Means of transportation

	Respor	ises	Percent of cases/households (N=1836)	
Type of vehicles	N	Percent of responses (N=2203)		
Motorbike	1,140	51.7%	62.1%	
Bicycle	610	27.7%	33.2%	
Rumak/Tricycle	80	3.6%	4.4%	
Car	19	0.9%	1.0%	
Cyclo	7	0.3%	0.4%	
No vehicle	347	15.8%	18.9%	

(Source: Individual household interviews multiple responses)

Despite economic hardship, communication resources are vastly spread among the urban poor communities. A mobile phone is present at more than 80 per cent of households. As in many developing countries it has become an important asset to communicate for business and to stay in touch with family members. Television outnumbers the radio, with three-quarters of households owning a television, while less than one out of five households owns a radio.

Table 9: Communication/information assets

	Resp	onses	Percent of cases/households (N=1798)	
Means of communication/ information	N	Percent of responses (N=3217)		
Mobile phone	1,467	45.6%	81.6%	
TV	1,369	42.6%	76.1%	
Radio	320	9.9%	17.8%	
Others	61	1.9%	3.4%	

(Source: Individual family interviews)

## 5.2.4 DEBT SITUATION

An alarming 83 per cent of households interviewed said they were in debt. More than half the households had taken 'credit' to start income generating activities, however a large number of families also borrowed money to access medical treatment, including birth delivery. Close to one-third borrowed money because they needed to buy food, and one in ten households were in debt to educate their children.

The low income of urban poor households is the root cause of the debt. As mentioned, the low-skilled and low-paid occupations do not generate enough income to accumulate savings for investment, or expenses other than for subsistence.

Table 10: Reasons for households to borrow money

	Responses		Percent of	
	N	Percent of responses (N=2571)	cases/households (N=1593)	
To start a business	863	33.6%	54.2%	
Medical treatment	724	28.2%	45.4%	
Buy emergency food	464	18.0%	29.1%	
Education of children	215	8.4%	13.5%	
Build shelter affected by disaster	164	6.4%	10.3%	
Birth delivery service	86	3.3%	5.4%	
Others	55	2.1%	3.5%	

(Source: Individual family interviews)

## 5.3 CAPACITY OF EXISTING SERVICES AND LOCAL INFRASTRUCTURE

This chapter will give an overview of the efforts of the Government and other partners to develop basic infrastructure in urban poor communities, with a focus on road access, electricity, clean water supply and waste disposal. Many urban poor communities and resettlement sites have experienced infrastructural progress in terms of sanitation, hygiene and child-friendly safe environments. The road in the picture below is actually the same road in Korkliang 2 before and after development.

Note that the information regarding infrastructure was collected in interviews with community representatives.



Visible improvements: A road in Korkliang 2 community/Khan Saensokh before and after development

## 5.3.1 WATER SANITATION AND HYGIENE (WASH)

Five out of six communities have access to clean water supply, which is 96 per cent provided by the Government through the Phnom Penh Water Authority. In 41 communities without access to clean water or other water sources, there were: river/lake-water, rainwater, wells, and in only two cases, ponds. Khan Russey Keo has the most communities (24) without access to clean water, followed by Mean Chey (6) and Pur Senchey (5). Even though the coverage of clean water supply is already very high, one of the urgent issues of infrastructural development in urban poor communities will be to further expand this. Of the targeted area, 15 per cent is still not connected to the system.

Table 11: Water and sanitation infrastructure

	N responses of community representatives	Percent of communities
Access to clean water (N=280)	239	85.4%
Sewage system in community (N=273)	196	71.8%
Garbage collection system in community (N=274)	165	60.2%
Public toilet in community (N=268)	30	11.2%
Dissemination campaign to promote WASH (N=266)	174	65.4%

(Source: Interviews with community representatives)

Community representatives said sanitation and environmental hygiene were major concerns for 48 per cent of communities. This complies with the data of Table 11, showing the number of communities that still need to be connected to a sewage system and garbage collection. Some communities cannot be accessed by garbage collection vans and it will be necessary to develop alternatives in waste management.

Besides expanding sanitation infrastructure, the greatest challenge in the communities is people's lack of awareness about the potential risks of environmental pollution. Situations as



A breeding ground for many diseases: There is a lack of awareness about environmental hygiene and sanitation

shown in the picture are common. The old car tire is a perfect breeding ground for mosquitoes transmitting dengue fever, the polluted water is home to bacteria causing diarrhoea, and the decay of rubbish releases potentially dangerous substances into the water and food chain.

An example from the community:

A woman was throwing rubbish through her bamboo floor into the water under her house. When she was asked why, she answered: "When I throw the rubbish under my house, the waste will pile up and gradually replace the water. Then I only need some soil to put on top of the rubbish to live on dry land."

Table 11 also shows that only 11 per cent of communities have public toilets. However in family interviews it was found that about 80 per cent of households already have toilets, leaving only an average of 20 per cent needing to access public toilets. Those households without a toilet seem to come from a weaker socio-economic background. Figure 7 indicates that among households from the highest income group, more than 90 per cent have toilets at home, while at the other extreme, one-third of households with no income, or very poor households, do not have access to a toilet. Those groups need to be further identified to plan possible interventions and assistance.

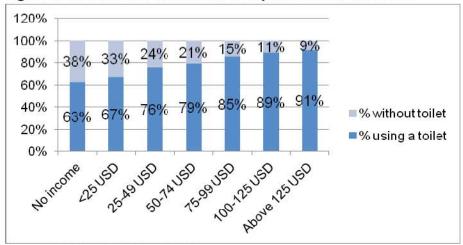


Figure 7: Households with toilets compared to income levels

(Source: Individual family interviews)

## 5.3.2 HEALTH CARE

Health issues were a major concern of urban poor community representatives. Half of them indicated HIV/AIDS and malnutrition to be an issue in their communities, and 32 per cent also raised diarrhoea in children as a concern. As shown above, many families need to borrow money to access health services, indicating a high need for health services.

The assessment of urban poor communities focused on health indicators regarding basic access and antenatal care, including immunization and nutrition.

## 5.3.2.1 BASIC HEALTH SERVICES

About half the communities have access to a nearby health centre or were reached by outreach services. HIV/AIDS services have expanded at the same pace and are available in more than half the communities.

Table 12: Health service provision

Health services available	N responses of community representatives	Percent of communities
Health centre nearby (N=273)	143	52.4%
Village health support group (VHSG) established (N=269)	143	53.2%
Outreach activities within last 3 months (N=269) <sup>10</sup>	122	45.4%
Services for people living with HIV/AIDS (N=265)	143	54.0%

(Source: Interviews with community representatives)

It is crucial to further expand the coverage of Village Health Support Groups (VHSG) which are only established in 53 per cent of communities. VHSG are the most decentralized official health structure of the Ministry of Health. VHSG staff (one man/one woman) are usually elected or selected by the community and thus have their trust and mandate. They have important responsibilities such as: health education, referral of patients to public health facilities and cooperating with outside partners. Many VHSG are also members of Health Centre Management Committees who advocate community needs, suggestions and urgent issues to the public health service.







Providing primary health care services at the Kilometer Number 9 Health Centre

<sup>&</sup>lt;sup>10</sup> Note that in urban Phnom Penh, health centres are not supposed to do regular community outreach. In rural areas, each village should be visited by public health care workers once a month. Outreach in this table refers to activities that were implemented by NGOs in cooperation with public health services.

## 5.3.2.2 MOTHER AND CHILD HEALTH

Table 13 shows data on accessing antenatal care and immunization. Of the households interviewed, 192 had pregnant family members. In eight out of ten families, pregnant women are receiving full prenatal care, meaning at least four consultations during pregnancy. Only in 9 per cent of households do pregnant women not receive any prenatal examinations.

Government health centres are mainly utilized to access antenatal care. Only five households out of 175 responding used a private clinic; traditional birth attendants were used by two.

Table 13: Utilization of health services

	N household responses	Percent of households
Families where women are receiving full prenatal care (N=192)	152	79.2%
Families using health centres for antenatal care (N=174)	146	83.9%
Families where children <12 months received full immunization (N=579)	482	83.2%

(Source: Individual family interviews)

In 83 per cent of families children under 12 months of age receive full vaccinations, and only in 4 per cent, do they receive none.

These results are comparable to those of the Cambodia Demographic and Health Survey 2010 (CDHS). According to the CDHS, 79 per cent of Cambodian children between 12-23 months had received full vaccinations, and only 4 per cent had not received any<sup>11</sup>. Antenatal care by a skilled provider was received by nine out of ten Cambodian women<sup>12</sup>.

Alarming for the health status of children is that 43 per cent of families (N=1216) reported a malnourished child in their family. Malnutrition among children also ranks third among the main problems identified by community representatives, of which 50 per cent stated malnutrition as a problem and 32 per cent mentioned diarrhoea in children as a problem. In this context it is important to note that the nutritional status children was not assessed measurements during the survey. The "malnourished child" is based on the subjective judgment of the respondents. However this means that parents see a difference in the development of



Mothers and children still need special protection

<sup>&</sup>lt;sup>11</sup> Cambodia Demographic and Health Survey (CDHS) Key Findings p11.

<sup>&</sup>lt;sup>12</sup> CDHS 2010 Key Findings p9.

their children compared to others. The CDHS 2010 found that 40 per cent of Cambodian children are stunted, meaning too short for their age, which indicates chronic malnutrition. It is less common in urban areas like Phnom Penh (25 per cent) and least common among well-educated mothers from wealthier families. Taking the critical socio-economic situation and educational status of urban poor families into account, their children are especially vulnerable towards malnutrition. Further research should be done to assess the nutritional status of children in urban poor communities. Adequate supply of nutrients during childhood is crucial for growth and proper development of body functions and must be seen as an important basis for an individual's health in particular, and community health in general.

## 5.3.3 EDUCATION SERVICE

In the second CMDG, Cambodia commits to achieve universal primary education and to ensure all children complete primary school, and to expand to nine-year basic schooling. In urban poor communities important structural foundations have been laid to contribute to the achievement of this CMDG. Still, poverty remains a major challenge on the way to equal education.

#### 5.3.3.1 BASIC INFRASTRUCTURE

In a great majority of urban poor communities (88 per cent) children have access to a primary school less than one kilometre away. This is a great achievement in terms of accessibility to primary education.

Half of urban poor communities have established a school support committee (SSC). School Support Committees consist of the school principal and community members and have an important role in school development. Through wider community consultation the SSCs ensure community participation in school development planning processes. As all primary schools should have an SSC, there needs to be further expansion.



A primary school class supported by Sangkat Steung Mean Chey

Only 30 per cent of community representatives reported

pre-schools, so there is clearly a need to expand early childhood education to urban poor communities.

Table 14: Pre- and primary-education infrastructure

	N responses of community representatives	Percent of communities
Primary school nearby (1 km) (N=273)	239	87.5%
Established functioning school support committees (N=254)	140	55.1%
Established pre-school in the community (N=269)	81	30.1%

(Source: Interviews with community representatives)

## 5.3.3.2 SCHOOL ATTENDANCE

Primary school enrolment in families of urban poor communities is very good, with 91 per cent of families sending their primary-school aged children to school. Unfortunately, there is a drop at the transition to lower secondary school. In 28 per cent of families with children 12-14 years of age, no child is attending secondary school. An adolescent with only primary school education will have fewer opportunities to find employment. Pre-school education is developing, with 43 per cent of families with children 3-5 years of age attending early childhood education; still there is much opportunity for expansion.

Table 15: School attendance at different levels

	N household responses	Percent of households
Families with children 6-11y in primary school (N= 864)	785	90.9%
Families with children 12-14y secondary school (N= 875)	627	71.7%
Families with children 3-5y in pre-school (N=666)	285	42.8%

(Source: Individual family interviews)

(Note that percentages do not represent the number of children but the proportion of families/households. We can thus neither verify the number of children attending school nor their sexes).

## 5.3.3.3 CHILD PROTECTION

Children are the most vulnerable members of society, while being the foundation of future development, and need to be protected. The milieu and environmental setting of urban poor communities is a potentially hazardous environment for children. Many risk factors were described above: social and economic situations where children do not get enough care or support, environmental pollution, lack of health awareness, construction and infrastructure issues.



Simply going for a walk can be life threatening

A positive step towards child protection is that 78 per cent of children (N=3994) from households interviewed during the assessment had a birth certificate, granting the children the rights of a citizen.

However many additional indicators are worrying: in 14 per cent of households (N=1082) children are working in "risky situations". (The assessment did not specify the nature of work those children do.)

Domestic violence was reported in 43 per cent of communities (N=251), drug abuse in 14 per cent, and 4 per cent reported sexual abuse.

#### 5.4 COMMUNITY ORGANIZATION AND SOCIAL SERVICE INFRASTRUCTURE

A great strength of urban poor communities is that most (86 per cent) have appointed a representative, an important human resource at community level. They may function as focal persons for interventions and community consultation.

Social affairs/service centres are established in one out of five urban poor communities. Probably because many communities are very small, the amount of centres is relatively small. Only 16 communities have resources to address children's needs. Impressive is that 20 per cent of communities have set up social funds run by themselves to respond to issues arising in the community, such as medical emergencies. Self-organized funds accountable to the community are great resources for future interventions.

Very encouraging is that most communities (almost 77 per cent) receive assistance from outside institutions or agencies.

Table 16: Community organization and social services

	N responses of community representatives	Percent of communities
Representative for the poor (N=274)	235	85.8%
Social affairs/service centre in the community (N=266)	52	19.5%
Resources to address children's needs (N=270)	16	5.9%
Orphanage in the community (N=266)	29	10.9%
Community social services/funds (N=263)	54	20.5%
Support services provided by other agencies (N=277)	212	76.5%

(Source: Interviews with community representatives)

Figure 8 shows multiple answers that were given by the respondents with regard to the sources of outside support. Local government, from Sangkat and Khan level provide support in more than 90 per cent of communities. Additionally, local and international development partners support 60 per cent of the communities surveyed, and in one of five communities, government technical departments or charitable persons have given assistance.

It is noticeable that despite the availability of support from outside, social structures and services are still relatively underdeveloped if compared to local infrastructure such as roads or power supply. It is also clear that local governance is taking the lead in supporting urban poor communities.

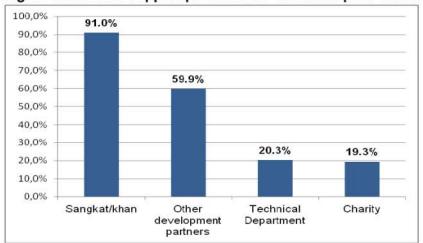


Figure 8: External support providers to 212 urban poor communities

(Source: Interviews with community representatives - multiple responses possible)

## 6 CONCLUSIONS

## 6.1 GENERAL SITUATION - SETTLEMENT LOCATIONS AND DEMOGRAPHY

Hundreds of urban poor communities are scattered across nine Khans of Phnom Penh presenting a heterogenic picture of different communities with individual conditions, issues and needs. "Blue print" approaches to respond to development needs of the urban poor will not be feasible, and a great challenge is to find individual solutions to people's needs.

Over decades, people have settled down along the lifelines in and outside the city without much regulation. Settlements grew along sewage pipes, the railway, rivers and smaller water ways and national roads, which are all public land. Some communities in the centre of town where land is rare have developed on the roof tops of houses. With Phnom Penh experiencing a large economic boom and population growth, the need for modernization of infrastructure and the pressure on land has increased. By now many urban poor communities have been organized and are recognized by the government. However there is a need to further study and clarify the land situation of urban poor communities. A systematic and comprehensive overview would give people the certainty they need to plan their communities' future development.

The homes people build in urban poor communities are mostly small wooden or concrete houses. However the great majority (83 per cent) of families refer to the houses as their property; and houses are built as permanent and not temporary constructions.

Households in urban poor communities are more crowded than the Phnom Penh average, with larger families and more children in less living space. The proportion of female-headed households is more than 10 per cent higher than the Cambodian average, with a high percentage of single mothers. Nearly one in four households care for vulnerable children and one in five households has members with chronic diseases. This demographic composition puts much social pressure on the families.

## 6.2 SOCIO-ECONOMIC SITUATION

Most people in urban poor communities have low-skill occupations, with 60 per cent of households earning less than \$75 per month. Main occupations are related to labour in industrial production, construction, or running small scale family businesses. 'White collar professionals' are rare owing to the generally low level of education of the urban poor.

Due to the low-income level, families do not have the possibility to accumulate savings because incoming cash is instantly reinvested in livelihood expenses such as food. Thus they have little or no resources to cope with unforeseen events such as the illness of a family member. As a consequence, an alarming 83 per cent of families have debts, which makes them even more vulnerable to drift deeper into poverty.

Increasing the economic capacity of families through better jobs with higher income will tackle a core problem of urban poor communities. Education will play an important role in short- as well as long-term interventions.

## 6.3 LOCAL INFRASTRUCTURE, WATER AND SANITATION

Road access (96 per cent), electricity (92 per cent) and water supply (85 per cent) have been widely developed under the leadership of the government. As contaminated water is a source for gastro-intestinal diseases, the further improvement of clean water supply must be seen as one of the main challenges in infrastructural development.

Less common are sewage systems (72 per cent) and garbage collection services (60 per cent) to improve environmental hygiene, which is still a huge risk factor for people's health and a concern of many community representatives.

Awareness about hygiene and environmental pollution is still low among the urban poor population. This is certainly a field where information, education and communication approaches can achieve improvements in a short term. The Urban Poor Office suggested that pilots and models of well-organized communities are a good way to attract the interest of other communities to adapt those examples.

Toilets are used by 80 per cent of the sampled households. The rate of households using a toilet increases with the level of income. Among very poor households, the proportion that does not use a toilet exceeds 30 per cent.

## 6.4 HEALTH SITUATION

Primary health care structures - health centres (52 per cent), VHSG (53 per cent) outreach (45 per cent) and HIV/AIDS services (54 per cent) - are established in half of the urban poor communities. Antenatal care (79 per cent) and immunization programmes (83 per cent) are well utilized by the sampled families. The preferred service providers for women accessing antenatal care were government institutions.

While services are available, some survey results related to health and access to services were worrying.

Many families (43 per cent) and community representatives (50 per cent) reported 'malnourished' children, and by their subjective judgment, diarrhoea in children was reported by 32 per cent of community representatives.

Regarding access to health services, there is the issue that out of the many people who are in debt, 45 per cent had to borrow money for medical expenses and 5 per cent for birth delivery services.

## 6.5 EDUCATION

Access to primary schools nearby (88 per cent) is very good for children from most urban poor communities, as is the enrolment rate into Grade 1. Of families with children aged 6 to 11 years, 91 per cent send them to primary school.

Challenging is the transition to lower secondary school, where only 72 per cent of families have their children at school. Early childhood education is reported by less than half (43 per cent) of families.

As mentioned above, improving the education level is very important, and crucial to achieving longterm, sustainable solutions to increase socio-economic capacity. Ensuring equal and higher education for children from urban poor communities must be a common aim among development stakeholders.

## 6.6 CHILD PROTECTION

Protecting the rights of the child to life, survival and development as stated in the Convention on the Rights of the Child is primarily the duty of the state and thus, of the duty bearers at all levels.

Local governance advocating for the rights of the child is crucial so that decision-making in development planning takes the needs and rights of children into account.

It is encouraging that many communities (77 per cent) receive support from institutions or agencies from outside, however only a small proportion (6 per cent) have resources to address children's needs. Only 11 per cent have a centre to respond to needs of orphans or abandoned children, and there are also few social affairs centres (20 per cent).

As most communities (91 per cent) receive support through the government - Khan and Sangkat - there is an opportunity to influence the design of community development plans. The expansion of community consultation through committees and working groups will be crucial. School Support Committees, Health Centre Management Committees, Commune Committees for Women and Children as well as the Commune Investment Committees will be crucial to advocate for measures to realize child rights in urban poor communities.

## 7 RECOMMENDATIONS/ACTIONS

The spectrum of recommendations is wide and it becomes clear that an integrated approach is necessary to address all the needs of urban poor communities.

Most recommendations suggest the Urban Poor Office follows up on the findings and conclusions of the assessment, and continues participation of stakeholders and the target group in further action.

## What the Phnom Penh capitol can do:

- Conduct dissemination workshops on the results of the Phnom Penh Urban Poor assessment at all levels: ministries, relevant institutions, national and international organizations and other development partners. The purpose of these workshops will be to establish a common understanding and approach among all actors regarding participation in the development of urban poor communities, according to the poverty reduction strategy.
- Cooperate with national level institutions as well as local and international organizations in implementation of activities related to the development of urban poor communities.
- Continue to cluster and organize the 175 communities that still have no official structure.
- · Continue to set up and maintain systematic data collection about urban poor communities.
- Cooperate with development partners to further study and identify needs for development in the communities.
- Encourage Line departments: rural development, education, health, social affairs... to increase support for urban poor communities.
- Allocate and mobilize sufficient financial resources to address the development of social resources, according to the development/investment plans of the capital.

## What local authorities can do:

- Cooperate closely with Commune Councils, Commune/Sangkat Committees for Women and Children, SSCs and Health Centre Management Committees to determine development needs, and include them into the commune development plan.
- Give guidance to communities to establish community development plans and decide on development projects.
- Liaise with development partners to elaborate on potential assistance to community development requests. Invite NGOs working in Sangkats to SC/SCWC meetings to build relationships and collaboration.
- Strengthen registration of vital events (birth certificate within 30 days; marriage certificates not before 18; death certificates and causes of death).
- SSC: to decrease informal fees, promote sanitation, increase community pre-school coverage and quality, oversee school management (e.g. distribution of teachers), monitor school attendance, drop out, child labour etc.
- Health Centre Management Committee: increase health outreach to the poorest, advocate for exemption of fees for the poor.
- Identify poor households and give out poor identification cards that exempt the holder from public fees, especially health care fees.

 Assess the land-use of urban poor communities according to the Government Decree 03 (Saracho 03) and inform settlers about the future of their settlement.

## What other development initiatives and development partners can do:

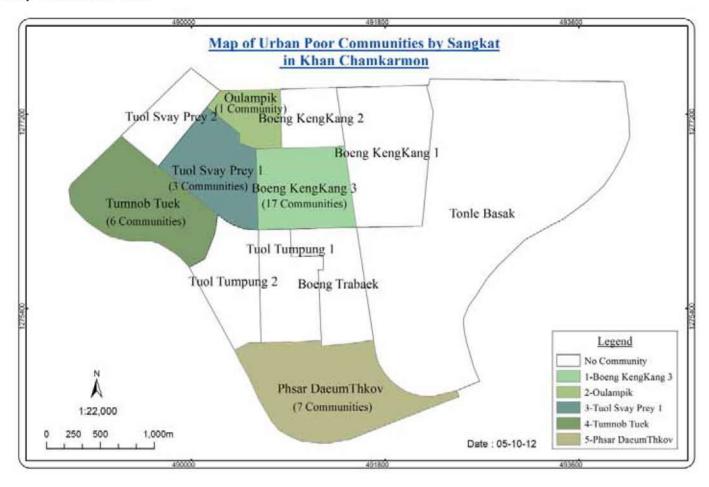
- Continue to expand the coverage of public services as initiated by the government.
   Development partners should take the opportunity to support line institutions in those efforts
- Liaise with micro-credit agencies to provide support for income generation, financial literacy (especially for young people); explore the possibility of credit for house renovation
- Liaise with development partners who could provide vocational training to urban poor families, for example on handicraft production on a family basis and other skills related to income generation; marketing, management, business-ownership, English and computer skills; assist in finding markets for products
- Liaise with service providers/development partners to organize provision of clean water supply, electricity and toilets to families who do not yet have access to this infrastructure. Pay particular attention to waste management in urban poor communities (private provider) to prevent outbreak of diseases/infections
- Provide non-formal education to children in urban poor communities and try to ensure school enrolment beyond primary school
- Provide food supplements to pregnant women and malnourished children in the communities
- Provide health care services to women, children and the elderly
- Roll out behaviour change communication on health, water and sanitation, and environmental hygiene

## 8 ATTACHMENTS

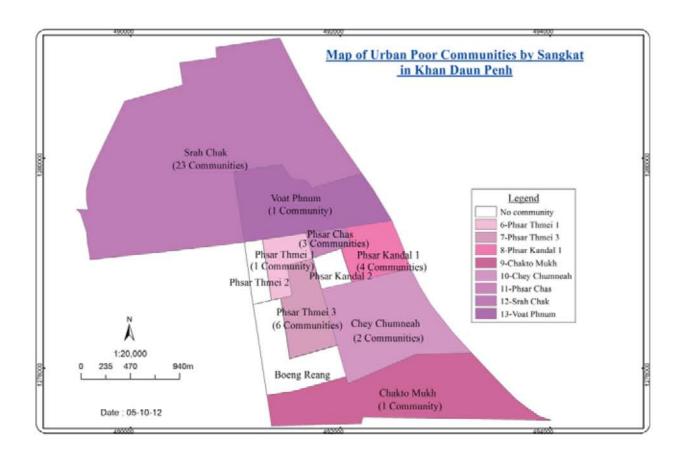
## ANNEX 1: MAPS OF KHANS

Coloured areas indicate organized urban poor communities in Sangkats.

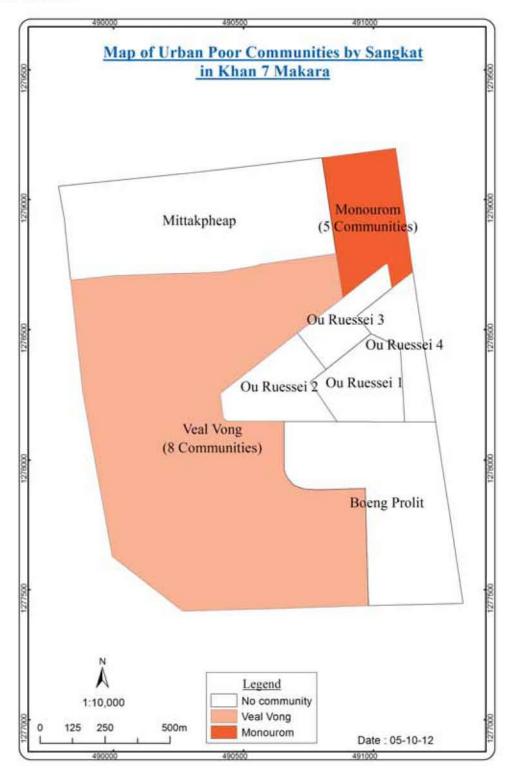
Map 1: Chamkar Mon



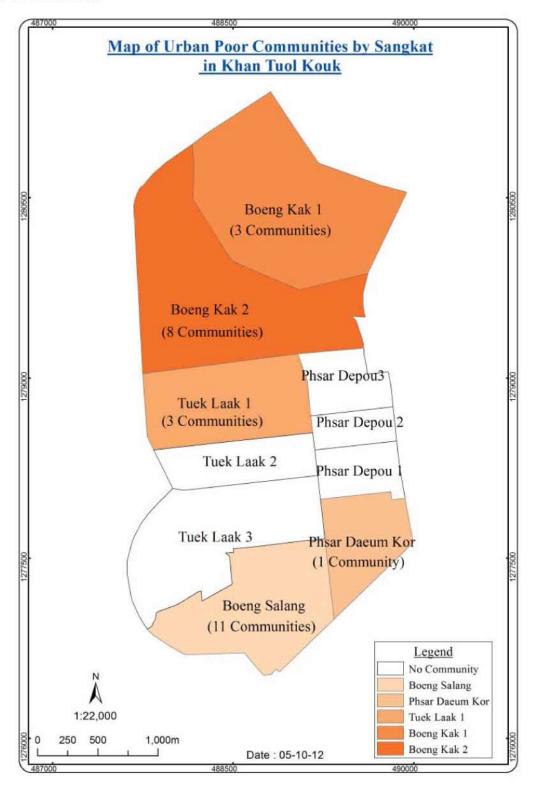
Map 2: Doun Penh



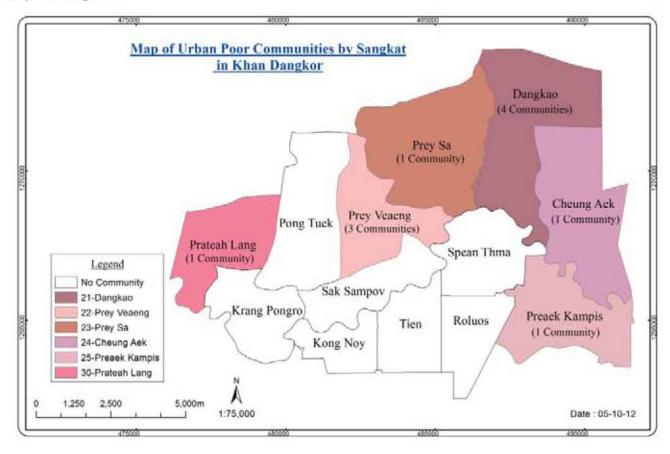
Map 3: 7 Makara



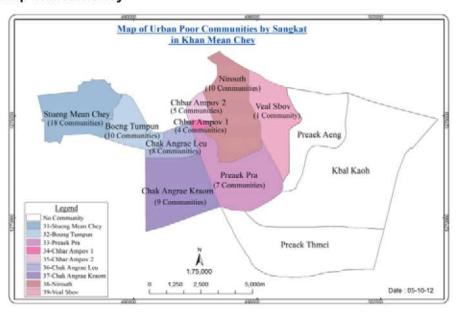
Map 4: Toul Kouk



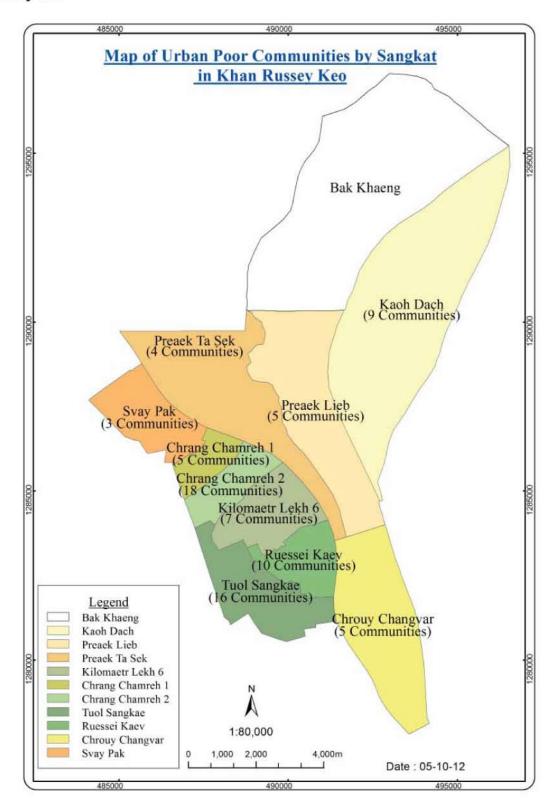
Map 5: Dangkao



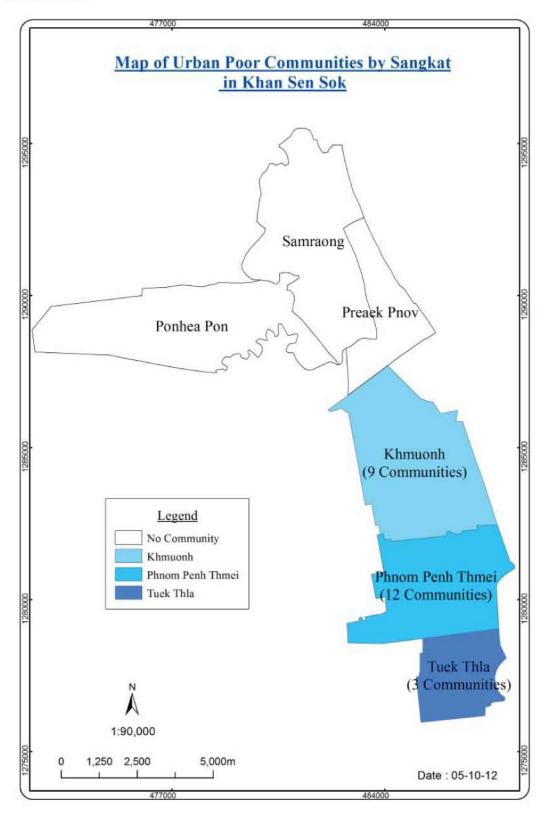
Map 6: Mean Chey



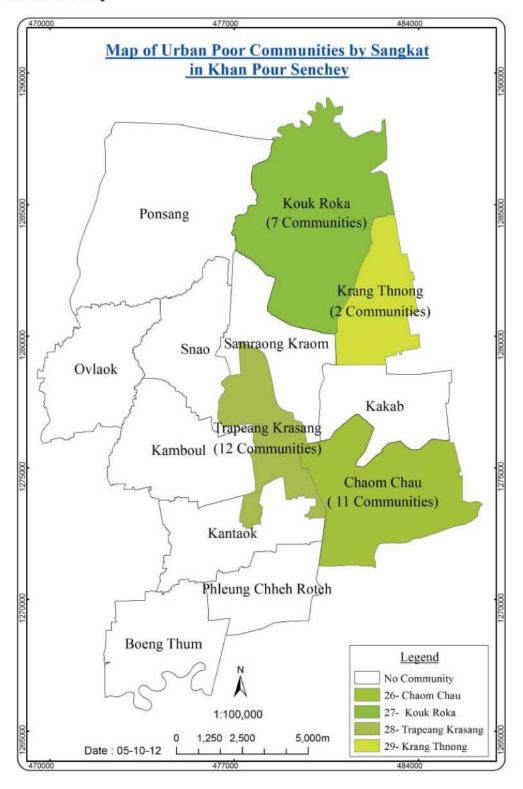
Map 7: Russey Keo



Map 8: Saensokh



Map 9: Pur Senchey



ANNEX 2: SUMMARY NUMBER OF ORGANIZED POOR COMMUNITIES BY KHAN, SANGKAT AND VILLAGE

No.	Khan Name	No. of Sangkat	No. of Village	No. of Community	Other
1	Chamka Mon	5	17	34	2 communities not interview
2	Daun Penh	8	29	41	16 communities not interview, added new 6
3	7 Makara	2	7	13	2 communities not interview
4	Touk Kok	5	24	26	All communities interview
5	Dangkor	6	9	11	Added new 2 communities
6	Mean Chey	9	42	72	7 communities not interview
7	Russey Keo	10	29	82	12 communities not interview
8	Sen Sok	3	12	24	All communities interview
9	Po SenChey	4	22	32	All communities interview
Tota	ì	52	191	335	

ANNEX 3: NAME OF POOR COMMUNITIES BY KHAN, SANGKAT AND VILLAGE

No.	Name of Poor Community	Village Name	Others			
I- Khan Chamkar Mon						
1. San	gkat Beoung Keng Kang III					
1	Punleu Thmey	Village 1				
2	Samaky Meanchey	Villaga 2				
3	Santepheap	Village 2				
4	Toul Sleng A					
5	Toul Sleng B	Village 3				
6	Phleang Thleak					
7	Chamroun Phal	1771				
8	Rasmey Samaky	Village 4				
9	Teouk Kok					
10	Samaky Rik Reay	Village 5				
11	Sen Sok	Village 6				
12	Sok San "Kor"	4.00-1				
13	Sok San "Khor"					
14	Sok San "Koor"	Village 8				
15	Sok San "Khoor"					
16	Chanthrea	7000 2				
17	Samaky Thmey	Village 8				
2. San	gkat O Lam Pik		<u></u>			
18	Moha Muntry Community	Moha Muntrey Village				
3. San	gkat Toul Svay Prey 1					
19	Khleang Krodas	Village 6				
20	Chey Chumneas	Village 7	Not interview			
21	Punleu Samaky	Village /				
4. San	gkat Tumnup Toeuk					
22	Tumnup Tuek Sok San	Village 4				
23	Tumnup Tuek Banteay Sleuk	Village 4				
24	Tumnup Tuek I	Village F				
25	Tumnup Tuek II	Village 5				

No.	Name of Poor Community	Village Name	Others
26	Tumnup Tuek III		
27	Tumnup Tuek IV		
5. Sar	ngkat Phsa Deoum Thkov		
28	Badeuk I	Village 1	
29	Badeuk II community	Village 1	Not interview
30	Badeuk community	Village 2	
31	Badeuk community	Village 3	
32	Samaky Rung Roeung Community		
33	Ponlok I Community	Village 5	
34	Ponlok II Community		
Total	34 poor communities	17 villages	2 Not interview
	II- Khan	Daun Penh	
1. Sar	ngkat Phsa Thmey I		
35	Montrey Sangkat	Village 5	
2. San	gkat Phsa Thmey III		
36	Sok San	Village12	
37	Plong Tanpa Thmey	Village 7	
38	Community village 53	Village 4	
39	Community #14	Village 14	
40	Daun Pen Community	Village13	
41	Phsa Thmey village 10 AB	Village 10	
3. San	gkat Phsa Kandal I		
42	Phsa Kandal #1	Village 11	
43	Phsa Kandal 1A		Not interview
44	Bagn Hoy	Village 16	Not interview
45	Trong Kok	Village 15	Not interview
4. San	gkat Chatomuk I		
46	Community 4/5	Village 4.5	
5. San	gkat Chey Chumneas		
47	Chey Chum Neas	Village 4	
48	Prom Bayon	Village7	
6. San	gkat Phsar Chass		
49	Hem Cheat	Village 2	

No.	Name of Poor Community	Village Name	Others
50	Community village 3	Village 2	
51	Community Vakvan	Village 3	
7. San	gkat Srah Chak		-
52	Kompong Phae 1	Village 12	New
53	Kompong Phae 2	Village13	New
54	Kompong Phae 3	Village 14	New
55	Makara 1		New
56	Makara 2	Village 15	New
57	Makara 3		New
58	Samaky village 3/1		
59	Samaky village 3/2	Village 3	Not interview
60	Samaky village 3/3		Not interview
61	Rum Chek	Village 9	
62	Preak Ketomealea	Village12	
63	Sur Sdey	Village 11	
64	Samaky village 6/3	Village 6	Not interview
65	Communty 22	1771	Not interview
66	Development village 2	Village 2	Not interview
67	Village 20 (Kor)	Village 20	Not interview
68	Rom Doul	\ /""	Not interview
69	Sopheak Mongkol	Village 21	Not interview
70	Rous Reay	Village 24	Not interview
71	Rasmey 24 (Kor)		Not interview
72	Rasmey 24 (Khor)		Not interview
73	Ta Prak 5	\ru = 22	Not interview
74	Ta Prak 4	Village 22	Not interview
8. San	gkat Wat Phnom	,!	
75	Wat Phnom	Village 10	
Total	41 poor communities	29 Villages	16 communities not interview, 6 newly created communities

III- Khan 7 Makara			
No.	Name of Poor Community	Village Name	Others
1. San	gkat Veal Vong	1	
76	Community building Kor		
77	Community building Khor		
78	Community building Koor	Village 12	
79	Community building Kkoor	Village 12	
80	Community building Gnor		
81	Community building Chor		
82	Pet Krong Community	Village 4	
83	Chulyna Community	Village 3	
2. San	gkat Monorum		
84	Angkor Mean Chey	Village 1	
85	Rasmey Monorom	Village	Not interview
86	Thvay Bangkum	Village 2	Not interview
87	Thmor Da	Village 3	
88	Sok Mean Chey	Village 5	
Total	13 poor communities	7 Villages	2 communities no interview
	IV- Khar	Toul Kork	<del>- / </del> -
1. San	gkat Teuk Laork 1		
89	Communities village 7	Village 7	
90	Communities village 15	Village 15	
91	Communities village 16	Village 16	
2. San	gkat Boeung Kok 1		
92	Communities village 3 (347 - 345)	Village 3	
93	Communities village 8	Village 8	
94	Communities village 14 (Group 54)	Village 14	
3. San	gkat Boeung Kok 2	_	_
95	Communities village 23	Village 23	
96	Communities village 21	Village 21	
97	Communities village 22 (Kor)	Village 22	
98	Communities village 22 (Khor)	Village 22	
99	Communities village 22 (Koor)	Village 22	
100	Communities village 12	Village 12	

No.	Name of Poor Community	Village Name	Others		
102	Communities village 8	Village 8			
4. Sangkat Phsa Deum Kor					
103	Communities Mittapheap	Mittapheap			
5. San	gkat Beoung Salang				
104	Community Samaky Village 1	Village 1			
105	Community Samaky Village 2	Village 2			
106	Poor Community Village 3	Village 3			
107	Community Samaky Village 4	Village 4			
108	Poor Community Village 6	Village 6			
109	Community Samaky Village 9	Village 9			
110	Community Samaky Village 10	Village 10			
111	Community Samaky Village 11	Village 11			
112	Community Samaky Village 14	Village 14			
113	Poor Community Village 16	Village 16			
114	Community Samaky Village 17	Village 17			
Total	26 communities	24 villages			
V- Khan Dangkor					
1. San	gkat Dangkor	982			
115	Community Samaky Moil village	572 SW			
116	Aphivat Moil 2 village	Moil			
117	Community new village	Thmey			
118	Community Beoung Tamat	Khva			
2. San	gkat Prey Veng				
119	Community Toul Sambo	T- 10			
120	Community Aphivat Toul Sambo	Toul Sambo	New		
121	Community Serey Dey Dos	Serey Dey Dos			
3. San	gkat Cheung Ek				
122	Community Cheoung Ek	Cheoung Ek			
4. San	gkat Bro Teas Lang				
123	Chey Chumneas Community	Kok Khsach			
5. San	gkat Prey Sar				
124	Anlong Korng Thmey Community	Anglong Kong	New		

No.	Name of Poor Community	Village Name	Others
6. San	gkat Prek Kampus		
125	Damnak Sangke Community	Damnak Sangke	
Total	11 communities	6 villages	Added 2 new communities
	VI- Khan	Mean Chey	
1. San	gkat Niroth		
126	Boeung Chuk Nirot Community	Decree Obb. I	
127	Boeung Mean Chey Community	Boeung Chhuk	
128	Boeung Chuk Bro Chum Vong Community		
129	Tagnov Leou Community		Not interview
130	Deoum Prin 1 Community	Ta Gnov	Not interview
131	Mit Tapheap Community		Not interview
132	Prek Barang Community		Not interview
133	Tagnov Kandal Community		
134	Koh Norea 1 Community	Koh Norea	Not interview
135	Koh Norea 2 Community	Kon Norea	Not interview
2. San	gkat Chba Anpov 1		
136	Deoum Makloeu Community	Deoum Makhleou village	
137	Prek Village Community	Prek Village	
138	Deoum Ampil 1 Community	Deoum Am Pil	
139	Deoum Ampil 1 Community	village	
3. San	gkat Chba Anpov 2	7	2
140	Deoum Chan 1 Community	Deoum Chan village	
141	Aphivat Deoum Chan Community	Deoum Chan village 1	
142	Kandal Community (Pich Chankiri)	Kandal village	
143	Samnang Meanchey Community	Kandal village 1	
144	Deoum Sleng 1 Community	Deoum Sleng village	
4. San	gkat Prek Pra	19	
145	Rik Chamroun	Or Andong 1	

No.	Name of Poor Community	Village Name	Others
146	Chamroun Aphivath (Kor)		
147	Prek Tapov 1	Prek Tapov	
148	Prek Tapov 1		
149	Chamroun Aphivath	Or Andong	
150	Preah Punlea	Preah Punlea	
151	Chey Chum Neas	village	
5. San	gkat Chak Angre Leou		
152	Prek Takong Community (Rung Roung)	Prek Takong village	
153	Prek Takong 1	Prek Takong village 1	
154	Prek Takong 2	Prek Takong village 2	
155	Prek Takong 3	Prek Takong village 3	
156	Prek Tanou 1	Prek Tanou 1	
157	Prek Tanou 2	Prek Tanou 2	
158	Prek Tanou 3	Prek Tanou	Not interview
159	Prek Tanou		
6. San	gkat Chak Angre Krom		
160	Toul Roka 1 Community	Toul Roka Village	
161	Toul Roka 3	1	
162	Toul Roka 2	Toul Toka	
163	Toul Roka 4	Tour Toka	
164	Prek Talong 3	Prek Talong 1	
165	Prek Talong 1	Prek Talong 3	
166	Preh Noreay	Frek raiong 5	
167	Prek Talong 2	Prek Talong	
168	Prek Talong 4	village	
7. San	gkat Beoung Tum Pun		
169	Chamreoung Phal	Thnot Chrum 3	
170	Thnot Chrum 3	Timot Chrum 3	
No.	Name of Poor Community	Village Name	Others
171	Thnot Chrum 8	Thnot Chrum 1	
172	Neary Chean Muk	Thnot Chrum	
173	Thnot Chrum 1	Thnot Chrum 4	

174	Thnot Chrum 4		
175	Thnot Chrum 5		
176	Community Thnot Chrum 6	Thnot Chrum 2	
177	Community Thnot Chrum 9	Innot Chrum 2	
178	Community 1	Kbal Tomnup 2	
8. San	gkat Steung Meanchey		
179	Chea Pheng	Russey village	
180	Village Russey Aphivat	Russey village 1	
181	Chamreoun Meanchey	Trea village	
182	Preah Chan Kroham		
183	Sovan Phum Meanchey		
184	Steung Meanchey	Meanchey village	
185	Arun Sour Sdey Meanchey		
186	Srey Samaky Meanchey		
187	Meanchey Srey Aphivat		
188	Sansambrak Deumbi Aphivat	Meanchey village	
189	Samaky Meanchey		
190	Phneat Aphivat	Phneat village	
191	Toul Send Chey 1		
192	Toul Send Chey 2	Prek Torl villages	
193	Toul Send Chey Aphivat		
194	Chamroeun Meanchey (kor)		
195	Aphivat Meanchey	Damnak Thom 2 village	
196	Meada Beida Ses Deoumbi Koma		
9. San	gkat Veal Sbov		
197	Community Krosa Preh Kriss	Svay Ta Ok	
Total	72 Communities.	42 Villages	7 communities not interview

No.	Name of Poor Community	Village Name	Others			
VII- Khan Russey Keo						
1. San	gkat Russey Keo					
198	Borey Mittapheap					
199	Borey Santephea					
200	Borey Deoum Srol	Mittapheap				
201	Community Mittapheap1					
202	Community Mittapheap2					
203	Community #3	Posuna Calona				
204	Community Boeung Salang	Boeung Salang				
205	Srey Khleang Sang					
206	Rasmey Sophea 2	Khleang Sang				
207	Rasmey Sophea 4					
2. San	gkat Kilo Met 6					
208	Chey Meang Kol					
209	Cheko Thmey	K-al Kar				
210	Krol Kor	Krol Kor				
211	Cheko					
212	Soun Thmey Group 1	Spean Khpos				
213	Tunle Sab 1	Bassing Chile				
214	Monorom	Boeung Chuk	Not Interview			
3. San	gkat Chrang Chamres 1	*				
215	Chamroeung Cheat	Village 1				
216	Sen Samang	Village 2				
217	Chamroung Phal					
218	Rik Reay	Village 3				
219	Lot Leas					
4. San	gkat Chrang Chamres 2					
220	Malis Rout	Village Khor 1	Not Interview			
221	Santephea	Village Knor i	Not Interview			
222	Srah Trey					
223	Vihea	Village Khor 2				
224	Chey Chumneas					
225	Nesat # 4-9 Community					

No.	Name of Poor Community	Village Name	Others
226	Nesat # 5 Community	Village Khoor	
227	Nesat # 6 Community		
228	Nesat # 7 Community		
229	Nesat # 8 Community		
230	Nesat # 9 Community		Not Interview
231	Chakrya Community		
232	Nesat # 10		
233	Nesat # 11		
234	Nesat # 3	Villago Kar	
235	Rasmey Kong Kea	Village Kor	
236	Nesat # 1		Not Interview
237	Nesat # 2		Not Interview
5. San	gkat Svay Pak		
238	Aphivat Thmey	Village Svay Pak	
239	Borey Kamakor	Lor Kambor	
240	Stueng Kombot	Lor Kambor	
6. San	gkat Chroy Changva		
241	Kolalorm 1 Community	Village #2	
242	Kolalorm 2 Community	Village #2	
243	Ek Rangsey 1 Community		
244	Ek Rangsey Community	Village #2	Not Interview
245	Brochum Sakor Community		Not Interview
7. San	gkat Prek Leap		
246	Khtor Lich	Village Khter	
247	Spean #3	Village Khtor	
248	Sopheak Mong Kol		
249	Prek Kvat	Prek Leap	
250	Dey Meas		
8. San	gkat Prek Tasek		
251	Prek Tarot Community	Prek tarot village	
252	Prek Takong Community	Deals Talsana	
253	Prek Taprak Community	Prek Takong	
254	Village Thmey Community		

No.	Name of Poor Community	Village Name	Others
9. San	gkat Koh Dach		- O
255	Roneas Chong Koh Samaky	Chung Koh	
256	Lvea village Community	Lvea	
257	Aphivat Neary K.D Community		
258	Aphivat Samky Kbal Koh	Kbal Koh	
259	Samky Kbal Koh		
260	Dambagn Kropum Pich	Koh Dach	
261	Kropum Pich Community		
262	Roneas Chong Koh Community	Roneas Villages	
263	Kropum Pich Community		Not Interview
10. Sa	ngkat Toul Sangke		
264	Phsar Touch A Community		
265	Phsar Touch B Community	Phsa Touch Village	
266	Boeung Tachon Community		
267	Toul Sangke 2=B		Not Interview
268	Toul Sangke 2=C	Toul Sangke	Not Interview
269	Toul Sangke 1=B	village	Not Interview
270	Phlov Rot Phloeung		
271	Kong Kea Phos I		
272	Kong Kea Phos II		
273	Kong Kea Phos III		
274	YuteThor Thmey		
275	Punleu Thmey 1	Toul Kok Village	
276	Prek Chik		
277	Boeung Tol Kok		
278	Toul Sampov		
279	Khleang Romsev		
Total	82 communities	29 villages	12 not interview

No.	Name of Poor Community	Village Name	Others			
	VIII- Khan Sen Sok					
280	Tumnup 3 Community					
281	Tumnup 1 Community					
282	Tumnup 2 Community	Tumnum Village				
283	Tumnup 3 Community					
284	Phnom Penh Thmey Community					
285	Borey Prey Norkor Community					
286	Community I					
287	Community II	Kok Khleang				
288	Community III					
289	Aphivat Srey Krey Kro Community					
290	Cheoun Leoun Community	Trapeang Svay				
291	Kasekor Community	Chress				
2. San	gkat Teuk Thla					
292	Theareasas Community	Chung Thnal				
293	Krey Kro Community	Koeut				
294	Community Samakey #1	Chung Thnal Lich				
3. San	gkat Khougn					
295	Sen Sabay, Sen Sok village 1	Sen Sok #1				
296	Sen Sok #2	Sen Sok #2				
297	Sen Rik Reay - Sen Sok village 5					
298	Sen Punleu1 - Village Sen Sok 5	0 0-k #E				
299	Sen Punleu2 - Village Sen Sok 5	Sen Sok #5				
300	Sen Soursdey - Sen Sok 5					
301	Samrong Meanchey - Samrong village	Samrong Villages				
302	Village Send Sok 7	Sen Sok #7				
303	Trapeang Reang Villages	Trapeang Reang Village				
Total	24 communities	12 Villages				

No.	Name of Poor Community	Village Name	Others
	IX- Khan F	o Sen Chey	
1. San	gkat Kork Roka		
304	Community Chres Thmey	Chres	
305	Community SamporThmey	Trapeang Sampor	
306	Community Svay Chek Thmey	Svay Chek	
307	Community Andung 1		
308	Community Andung 2	Andong	
309	Community Andung 3		
310	Community Khmer Leou Thmey	Khmer Leu	
	gkat Chom Chao		The state of the s
311	Community Kampeng	Prey Lagnor	
J11	Community Theory Vol. 4	r rey Lagrior	
312	Community Thmor Kol 1	Thor Kol	
313	Community Pong Ro Sen Chey	Toul Pong Ro	
314	Borey Santepheap 2 community 1		
315	Borey Santepheap 2 community 2		
316	Borey Santepheap 2 community 3		
317	Borey Santepheap 2 community 4	Damnak	
318	Borey Santepheap 2 community 5	Trayoung	
319	Borey Santepheap 2 community 6		
320	Borey Santepheap 2 community 7		
321	Borey Santepheap 2 community 8		
7. San	gkat Krang Thnong		
322	Krang Angkrong 2 Community	200 569 179	
323	Krang Angkrong 1 (271) Community	Krang Angkrang	
10. Sa	ngkat Trapeang Krosang		
324	Samaky 1 Community	Samaky 1	
325	Samaky 2 Community	Samaky 2	
326	Samaky 3 Community	Samaky 3	
No.	Name of Poor Community	Village Name	Others
327	Samaky 4 Community	Samaky 4	
328	Samaky 5 Community	Samaky 5	

Total	32 communities	22 Villages	
335	Trapeang Anchagn 6 Community	Trapeang Anchagn 6	
334	Trapeang Anchagn 5 Community	Trapeang Anchagn 5	
333	Trapeang Anchagn 4 Community	Trapeang Anchagn 4	
332	Trapeang Anchagn 3 Community	Trapeang Anchagn 3	
330	Trapeang Anchagn 1 Community	Trapeang Anchagn 1	
329	Samaky 6 Community	Samaky 6	

## ANNEX 4. QUESTIONNAIRES FOR FAMILIES IN POOR COMMUNITIES ID:.... ID ..... Interviewed by: ..... Tel: ..... Date/Month/Year of Interview: Community Name: 2 Village Name: 3 Sangkat Name: 4 Khan Name: 5 Section I: Family Basic Information /Interviewee Male 1 6 Sex of interviewee Female 2 Age of interviewee 7 ear Total Female How many family members? 8 How many family member under 18 years old? 9 How many family member who income-earner to support family? 10 Who is the earner? (if have please choose) 11 1 Man/Husband Female/Wife 2 Widow 3 Child/children 4 Grandmother/grandfather 5 Others, please specify:.... 12 How much income per month in the family? No income 1 Lest then 100,000 Riel 2 3 Between 100,000 to 200,000 Riel Between 200,000 to 300,000 Riel 4 Between 300,000 to 400,000 Riel 5 Between 400,000 to 500,000 Riel 6 Over 500,000 Riel 7 13 What are the family's income sources? Main occupation? (please choose)

			Factory	
			Worker/constructio	1
			n workers	
			Motor taxi driver	2
			Vendor in	2
			community	3
			Salary	
			(Government staff/	4
			Company staff/	7
			other agency)	
			Agriculture worker	5 6
			Family Handicraft	6
			Rubbish Collectors	7
			Bear	
			promoters/entertai	8
			nment services	
			Service/labor	
			(laundry/house	9
			cleaning/comping	
			coining)	ē
	Other occupation please			
	specify			
14	Who is the household head? (if have please choose)			
14		::*		
	Man/Husband	1		
	Female/Wife	2		
	Widow	3		
	Child/children	4		
	Grandmother/grandfather	5		
	Others, please			
	specify:			
15	Where does your family reside/the situation of the fai	mily? (ן	please choose)	
	Living along the railway	1		
	Living along the walking street	2		
	Living along the sewage pipe	3		
	170 SEC 177 ST 1770	4		
	Living along river bank	4		

	Living along the organised land	5		
	Living in zone/ land not yet organised	6		
	living on the building roof	7		
	Living at pagoda/ stupa	8		
	Living on the lake	9		
	Living on the other people's land	10		
	Living with Relative	11		
	Others please			
	specify:			
16	residence/house (please choose)			
	Rented house	1		
	Own house	2		
	Temporary house with plastic tent	3		
	House built from small wood with thatch roof/or cloth tent	4		
	House built from small wood with zinc or cement roof,	5		
	House with tile roof	6		
	Concrete House	7		
	Other type, please specify:			
	Section II. Information on Family Vulnerability			
		5	Yes	1
17	Does the family have family record book?		No	2
40	D (1) (1) (1)		Yes	1
18	Dose the family have residence record?		No	2
		Total	Female	
19	How many family members have birth certificate?/ birth certification?			
20	How many children (under 18 years old) have birth certificate?			
21	How many family member (under 18 years old) have Identification card?			

22	Currently do you have children under 12 months	Yes	1	If no, skip the
	old ( under 1 year) ?	No	2	next question
		Yes	1	
23	Do your children have received full Immunization (last Measles vaccine)?	No	2	
	(1.001.11.001.001.101.101.101.101.101.10	Some	3	
0.4	Currently, is there a pregnant woman in your	Yes	1	If no, skip the
24	family?	No	2	next (2) question s
		Fully	1	If no,
25	Does she receive antenatal care?	Not	2	skip the next
		Some	3	question
26	Where does she receive antenatal care?			·
	Health Center	1		
	Hospital	2		
	Private clinic	3		
	Traditional Birth Attendant in the community	4		
	Health Agent/ other Association	5		
	Other, please			
	specify:			
		,		
27	How does she go for antenatal care?			
	Own means/family fund	1		
	Support by development partners	2		
	Support by local authority	3		
	Other please specify:			
	Are there any children aged 3.5 in the family? /if no	ekin	Yes	1
28	Are there any children aged 3-5 in the family? (if no, the next 2 questions)	əvih	No	2

29	If YES, how many?		Total:	Fem:
30	Are there any children aged 3-5 in the family going to preschool?		Yes	1
	301001:		No	2
31	Are there any children aged 6-11 in the family (if no,	skip	Yes	1
	the next 2 questions)?		No	2
32	If yes, how many?		Total:	Fem:
33	Are there any children aged 6-11 going to primary school?			***
	Yes (studying)	1		
	Drop out of school	2		
	No	3		
24	Are there any children aged 12-14 in the family? (if r	no, skip	Yes	1
34	the next 2 questions)		No	2
35	If yes, how many?		Total:	Fem:
36	Are there any children aged 12-14 going to secondary school?			
	Yes	1		
	Drop out	2		
	No	3		
07	Do you have any children working in a risky		Yes	1
37	situation?		No	2
38	Do you have toilet for use?		Yes	1
			No	2
39	Are there any orphans or abandoned children in the family?		Yes	1
			No	2
40	Are there any family members who have chronic dise (AIDS)	ease?	Yes	1

			N	0	2
41	Are there any malnourished children in the family?	*	Ye	s	1
			N	0	2
42	Are there any children with disabilities, including physicand mental?	sical	Ye	s	1
	and mental:		N	0	2
43	Does the family have ID poor card?		Ye	s	1
			N	0	2
44	If YES, who provided?	- 2		- 1	
	Commune council/sangkat		1		
	Programme/Others NGOs		2		
	Don't know		3		
45	Currently, is the family in debt?	Yes	1		
		No	2		
46	If YES, for what?				
	To start a business	1			
	Medical treatment	2			
	Birth Delivery service	3			
	School fee (if private school or University)	4			
	Buy emergency food	5			
	Build shelter/ food affected by disaster	6			
	Others please,				
	specify:	7			
47	What transport means does the family have? (please choose)				
	Car	1			
	Motorbike	2			
	Rumak/Tricycle	3			
	Bicycle	4			
	Cyclo	5			
	No	6			

What communication tools does the family have? (please choose)		
TV	1	
Radio	2	
Mobile phone	3	
Others instrument please specify:	4	

## ANNEX 5: QUESTIONNAIRES FOR HOUSEHOLDS IN POOR COMMUNITIES

Interviewed by	:Tel:Tel:
interviewed by	

1	Date/Month/Year of Interview:				
2	Community name:				
3	Village name:				
4	Sangkat name:				
5	Khan name:				
	Section I. Community Basic Information		Total	Female	
6	Number of households living in community?				
7	How many households are headed by single moth the community?	ner/widow in			
0	How many households are headed by a mother/w	oman in the	2		
8	community?  How many households are headed by a child?		7		
	Total population in the community?				
10	Population under 18 years old?				
12	Total children with disabilities in the community?				
13	Total children living with HIV in community?				
13	Family living situation in the commune (please		Number	of family if	
14	choose)		known		
2	Family living along the railway	1			
	Family living along the walking street	2			
	Family living along the sewage pipe	3	r c		
	Family living along river bank	4			
	Family living along the organised land	5			
	Family living on land not yet organised	6			
	Family living on the building roof	7			
	Family living at pagoda/stupa	8			
	Family living on the lake	9			

	Family living on the other people's land	10		
	Other please specify:			
	оробну			
	Section II. Living Situation Information			
15	What are income sources in this community/ Main occupation? (If available, please choose)			of family if own
	Factory Worker/construction workers	1		
	Motor taxi driver	2		
	Vendors in community	3		
	Salary (Government staff/ Company staff/ other agency)	4		
	Agriculture worker	5		
	Family Handicraft	6		
	Rubbish Collectors	7		
	Beer seller/Entertainment club	8		
	Services/labor (laundry/house cleaning/comping coining)	9		
	Other occupation please specify			
16	What are the main problems faced by women and choose)?	children in th	is commun	ity (Please
	Lack of clean water	1		
	Lack of electricity	2		
	Lack of toilet	3		
	Birth Registration	4		
	Children suffer from diarrhea	5		
	Malnutrition	6		
	Domestic Violence	7		
	No shelter/home	8		
	Lack of sanitation/ rubbish collection	9		

7 8	i s			
	Using drug	10		
	Gangster	11		
	Sexual Abuse	12		
	HIV/AIDS	*20000		
	Other please specify:	13		
	Section III: Information on Basic Social			
Ę.	Services			
				Number (if
		Yes	No	known)
	a) Community Services	1	2	
17	Does the community have an established structure?	1	2	
18	Is there a representative of poor community?	1	2	
19	Does the community have services/ social funds?	1	2	
20	Does the community have resources to address children's needs?	1	2	
21	Does the community have support services provided by other agencies?	1	2	If no, skip the next question.
22	If yes, who are the providers?			
	Sangkat/Khan	1		
	Technical Department	2		
	Charity	3		
	Other development partners	4		
	LV Madamad Nambana and Strict William			
	b) Maternal, Newborn and Child Health and Nutrition Services	Yes	No	Number (if known)
23	Are there any established health support groups in the community?	1	2	
24	Are there any outreach activities in this area over the past 3 months?	1	2	
25	Is there a health center nearby?	1	2	
	c) Water Sanitation and Hygiene Service	1	2	

26	Do all households use rubbish collection service? If yes, what percentage?	1	2	
27	Do all households use toilets? If yes, what percentage?	1	2	
28	Do all households use clean water? If yes, what percentage?	1	2	
29	This year, are there any dissemination activities or campaigns to promote WASH in this area?	1	2	
	D) Child Protection Service		-	
30	Do all children have birth certificates?	1	2	
31	Is there Social Affairs Center and Service here / near community?	1	2	
32	Do there is orphanage children in this community?	1	2	
33	Are there any services available for AIDS patients?	1	2	
	E) Education Service			
34	Is there an established preschool for children in this community?	1	2	
35	Is there a primary school nearby (1 kilometer away)?	1	2	
36	Is there an established school support committee and does it meet regularly?	1	2	
Section IV. Community Infrastructure and Services Information				
		Yes	No	
37	Is the community accessed by road?	1	2	
38	Is there any sewage system in the community?	1	2	
39	Is there any garbage collection service in the community?	1	2	
40	Is there any public toilet service in the community?	1	2	
41	Is there any electricity service in the community?			If no, skip the next question.
42	If YES, what kind of service being provided?		L <sub>1</sub>	

	Government Service (Electricite du Cambodge)	1		0
	Private Service	2		
	Other Services	3		
43	Is there any clean water supply in this community?	Yes	No	If no, skip
		1	2	the next question.
44	If YES, what kind of service being provided?			
	Government Service (Phnom Penh Water Supply Authority)	1		
	Private Service	2		
	Other Services	3		
45	If NOT, what water supply does community use? Please choose the water sources below			
	Rain water	1		
	River/ lake	2		
	Pond	3		
	Well	4		