

9. Assisting Reintegration of the Demobilised Soldiers in Takeo and Kampong Speu Provinces

Project Formulation Study

**Assisting Reintegration of the Demobilised Soldiers  
in Takeo and Kampong Speu Provinces**

*JICA Project Formulation Mission*

January 2003  
Japan International Cooperation Agency (JICA)  
Tokyo, Japan

## Abbreviations

### **A**

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ADB	Asian Development Bank
AmRC	American Red Cross

### **C**

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CC	Commune Council
CDAF	Council for the Demobilisation of Armed Forces
CDC	Council for the Development of Cambodia
CDRP	Cambodia Demobilisation and Reintegration Project
CG	Consultative Group
CVAP	Cambodia Veterans Assistance Program

### **D**

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DAC	Disability Action Council
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### **E**

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ES	Executive Secretariat of the Provincial Veterans Committee
EVF	Extremely Vulnerable Families

### **G**

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GS	General Secretariat of the Council for the Demobilisation of Armed Forces
GTZ	Deutsche Gesellschaft für Technische Zusammenarbeit

### **H**

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HI	Handicap International
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### **I**

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ICRC	International Committee of the Red Cross
IOM	International Organisation for Migration
IPM	Integrated Pest Management

### **J**

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JICA	Japan International Cooperation Agency
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### **M**

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M&E	Monitoring & Evaluation
MAFF	Ministry of Agriculture, Forestry and Fisheries
MLMUC	Ministry of Land Management, Urbanisation and Construction
MND	Ministry of National Defence
MOEF	Ministry of Economy and Finance
MOH	Ministry of Health
MOI	Ministry of Interior
MRD	Ministry of Rural Development
MSALVY	Ministry of Social Affairs, Labour, Vocational Training and Youth Rehabilitation
MWVA	Ministry of Women and Veterans' Affairs

### **N**

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NBC	National Bank of Cambodia
NGO	Non Governmental Organisation
NTF	National Training Fund

### **P**

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PAP	Priority Action Plan
PDAFF	Provincial Department of Agriculture, Forestry and Fishery
PDOH	Provincial Department of Health
PDRD	Provincial Department of Rural Development
PDWVA	Provincial Department of Women and Veterans Affairs
PIF	Provincial Investment Fund
PRA	Participatory Rural Assessment
PRASAC	Programme de Rehabilitation et d'Appui au Sector du Cambodge

PRDC	Provincial Rural Development Committee
PRSP	Poverty Reduction Strategy Paper
PTC	Provincial Training Centre
PVC	Provincial Veterans Committee
PWT	Public Work Centre

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**R**

RCAF	Royal Cambodia Armed Forces
RGC	Royal Government of Cambodia

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**S**

SEILA	(クメール語で「礎」)
SIDA	Swedish International Development Cooperation Agency

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**T**

TOR	Terms of Reference
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**U**

UNDP	United Nations Development Programme
UNTAC	United Nations Transitional Authority in Cambodia

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**V**

VDC	Village Development Committee
VLA	Village Livestock Agent

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**W**

WB	World Bank
WFP	World Food Programme
WID	Women In Development
WV	World Vision

Note: Abbreviations for NGOs and other service providers are listed on Appendix 2.

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## **1. Executive Summary**

Project formulation study of JICA found that the majority of the veterans discharged in 2001 have not found alternative income sources to compensate military salary to date. It is obvious that the longer they stay without alternative means of living, the more likely that they fall into a chronic poverty. Assistance strategy should consider timely implementation of right mix of technical assistance and safety net provisions on the most needy veterans. Ideally, assistance should be extended within one year after discharge, before goods and monetary allowance provided at discharge are completely consumed.

As expected, most veterans and their families engage in agricultural production for living. Farming is a lifeline activity for them, not just for earning income but also for securing food for survival. However, It is non-farming income that has increased since the veterans became civilians. This indicates that there may be greater opportunities for rapid income generation in the non-farming sector than in farming sector. This is also a rationale for assisting skills enhancement activities, which could result in additional income for living.

Veterans tend to be vulnerable to poverty due to various factors. Factors are attributable to the economic and social background unique to the individuals. It is difficult to say that Category II veterans are unconditionally vulnerable. Vulnerability also depends on their ability to generate income. Even if the veterans themselves have disabilities or chronic illnesses, economically active family members can compensate the gap. Continuous cash income, no matter how small it is, can weather imminent difficulties.

There is a shared understanding among the Cambodian Government and donor community that the demobilisation programme would not be completed without successful reintegration of the veterans into self-sustained economy as civilians. Reintegration assistance does not end with the provision of start-up packages. It requires a localised help network to respond varied needs from medical services to food supply and livelihood assistance. This is the main reason why establishment of a service referrals system is proposed in respective Provinces.

In response, the JICA will grant technical assistance through the assignment of the Expert to the Cambodian executing agencies at the national and provincial levels for the total of three (3) years, commencing in February 2003. JICA's assistance is aimed at facilitating planning process of veterans' reintegration assistance and its successful implementation, which has the following goal and purpose.

### Goal

Improve living conditions of the veteran's households in Takeo and Kampong Speu Provinces.

### Purpose

Assist the veterans and their family members to obtain technical skills in agriculture and self-employment, which would contribute to increased income.

The JICA's technical assistance will also focus to achieve the following outputs:

- Develop a financing system through which the Non-Project Grant by the Japanese Government can be disbursed for the implementation of skills enhancement courses.
- Develop implementation arrangements in that the stakeholders collaborate in planning and implementation of reintegration assistance activities for the veterans.
- Conduct skills enhancement courses for the veterans and their families.
- Develop a service referral system in respective Provinces in that existing service providers including NGOs and Provincial agencies administer safety net assistance for the most vulnerable families.



### Demographic Information

	Kampong Speu	Takeo
Population (Male%/Female%)	598,882(47.9%/52.1%)	790,168(47.7%/53.3%)
Household	115,728	155,030
% Female-headed Household	25.6%	16.3%
Average HH size	5.2 persons	5.1 persons
Urban population	41,478 人(6.9%)	39,186 人(4.9%)
Rural population	557,404 人(93.1%)	750,982(95.1%)
*Military population	4,720(0.8%)	1,786(0.2%)
District	8	10
Commune	98	100
Village	1,319	1,116

Although the population of Takeo Province is bigger than that of Kampong Speu by approximately 100,000, the total military-related population in Kampong Speu is much higher than in Takeo. As a percentage of the total population, Kampong Speu has a military population that is 4 times larger than in Takeo. Kampong Speu is one of 5 military regions in the country with a concentration of military facilities and barracks.

Source: Final Population Totals, Kampong Speu Province, Takeo Province 1998  
\*General Population Census 1998, Final Results

### Settlement of discharged veterans in target Provinces

The most recent statistics regarding the demobilised soldiers settled in Takeo and Kampong Speu Provinces report a total of 975 veterans in Kampong Speu and 432 in Takeo. Category 1 veterans comprise approximately 23% of the total veterans discharged in the respective Provinces. The ratio of veterans to the total population is much higher in Kampong speu with 0.16% as opposed to 0.05% in Takeo.

Table 2: The first full-scale demobilisation in Takeo & KSP

District	Population	Discharged veterans(%)	Category 1	Category 2	Health centre	Referral Hospital
<b>Kampong Speu Province</b>						
Kon Pisey	97,006	56(0.06)	12	44	11	1
Phnom Srouch	74,651	377(0.51)	82	295	5	0
Udong	99,773	60(0.06)	12	48	8	1
Boseth	108,648	69(0.06)	8	61	9	0
Chha Mon	41,478	113(0.27)	44	69	3	1
Thpong	43,516	69(0.16)	6	63	4	0
Samrong Tong	118,142	177(0.15)	36	141	9	0
Ural	15,668	54(0.34)	21	33	1	0
<b>Total</b>	<b>598,882</b>	<b>975(0.16)</b>	<b>221</b>	<b>754</b>	<b>50</b>	<b>3</b>
<b>Takeo Province</b>						
Bati	113,693	59(0.05)	14	44	9	1
Angkor Borei	44,980	17(0.04)	6	11	5	0
Kirivong	92,446	46(0.05)	12	34	7	1
Traing	98,386	56(0.06)	11	45	10	0
Tram Kok	144,032	118(0.08)	18	100	12	1
Borei Chulsar	24,460	5(0.02)	0	5	4	0
Doun Keo	39,186	47(0.12)	9	38	3	1
Samraong	101,455	38(0.04)	12	26	8	0
Koh Andet	45,650	15(0.04)	7	9	5	0
Prey Kabbas	85,880	31(0.04)	10	21	7	1
<b>Total</b>	<b>790,168</b>	<b>432(0.05)</b>	<b>99</b>	<b>333</b>	<b>70</b>	<b>5</b>

### Poverty Mapping

The World Food Programme (WFP), Cambodia has recently issued a national poverty mapping based



on the Census '97. Communes across the country are categorised into 4 groups according to the ratio of the population whose income is below *poverty line*<sup>1</sup>; 1) more than 60%; 2) 50-60%; 3) 40-50%; 4) less than 40%.

Of 100 communes in Takeo Province, 9% of the communes are considered to be 'poorest' since more than 60% of the population in such communes live below the poverty line. The ratio of the poorest communes is almost the same in Kampong Speu (8% of the total 98 communes). But twice as many veterans live in the poorest communes in Takeo (8% of the total 432 persons) compared to Kampong Speu (4% of the total 975 veterans). See Appendix 1 for a complete list of communes categorised based on poverty mapping.

### **3.2 Host country strategy**

The Cambodia Demobilisation and Reintegration Project (CDRP) consists of four sequential stages: 1. Registration; 2. Demobilisation; 3. Reinsertion; and 4. Reintegration. The demobilisation stage administers services such as verification of soldiers' identify, health screening, orientation, disarmament, and formal discharge.

When the first full-scale demobilisation took place in 2001, 15,000 soldiers were provided a standard discharge allowance, a household kit, and food package at discharge. To help ease difficulties following discharge and during the transition of veterans, the CDRP provided further reintegration assistance, which comprised of packages to be used for improving livelihoods and implementation of health follow-up, shelter assistance, and land assistance.

Ongoing reintegration assistance focuses on skills training of the veterans and their families through which additional income can be earned to compensate military salary. This type of assistance requires a wider participation of donors, UN agencies, NGOs and Provincial institutions, which implement poverty reduction and other developmental projects/ programme. The executing agencies responsible for carrying out the aforementioned sequential staged-activities were established at the national level (CDAF/GS) and provincial level (PVC/ES) before the first full-scale demobilisation programme took place. Officers were appointed from existing government staff, aimed at establishing a basis for continued capacity to provide assistance to the demobilised veterans and their families after project completion.

Ultimate goal of the CDRP is to absorb former military forces into a fabric of civilian society. Turning veterans into economically and socially viable members of the community reduces threats to security of the community.

### **3.3 Prior/ongoing assistance**

#### GTZ Model

GTZ extended its technical assistance to Kampot and Kampong Tom Provinces. The agency assisted 24% of the demobilised soldiers and families in Kampot alone in participating in skills training that were carried out by Provincial Institutions. In addition, the PVC/ES in two Provinces collaborated with the Provincial Department of Agriculture in digging wells in the impoverished communities where quick impact interventions were indispensable for people's day-to-day survival.

Technical assistance of GTZ also administered capacity development of the ES members in two Provinces, through which the provincial officers were financed in transportation to the veterans' communities and office equipment.

#### Projects/Programme in Takeo & Kampong Speu Provinces

The two provinces have been accessed by numbers of service providers, including bilateral donor

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<sup>1</sup> Poverty line denotes the minimum income level, which enables to purchase food items that can generate 2,100 calories per day per person. Anybody who does not earn the minimum value is considered below the poverty line.

agencies, NGOs, UN agencies, and Provincial departments in various fields. Due to their proximity to Phnom Penh, number of assistance projects/programmes is relatively high in comparison to other Provinces. Areas of assistance are quite diversified, including medical/disability services, community infrastructure development, food security, skills training, and education.

Not all agencies target veterans per se but extend assistance to the veterans who reside within their target areas. Some organisations are willing to target veterans and their families and others potentially agree to collaborate with the PVC/ES if partially financed for expenses.

Many NGOs collaborate with the Provincial Departments such as Agriculture and Rural Development in that they financially assist the latter in agricultural extension services and rural infrastructure development. The PVC/ES tries to call for as much collaboration as possible from the Provincial Institutions, including Health and Rural Development Committee so as to reach out to needy veterans.

Lists of service providers in two Provinces are presented in Appendix 2. Further, Appendix 5 summarises service providers by District in respective Takeo and Kampong Speu Provinces. The information intends to highlight the extent of coverage of ongoing assistance services relative to the number of veterans residing in respective Communes.

#### 4. Problems to Be Addressed (survey results)

##### 4.1 Purposes of the Project Formulation Study

The project formulation study was aimed at providing detailed information on the demobilised soldiers who settled in Takeo and Kampong Speu Provinces. Socio-economic profiling of the target groups is most crucial for understanding the nature and causes of the problems of veterans. Results are expected to be used in drawing up effective assistance plans for the target groups. In addition, the study was aimed at fulfilling the following specific objectives:

- Study socio and economic problems that the veterans are likely to face after discharge and compare the nature of the problems to that of other poor in community.
- Identify the most vulnerable people who tend to fall into chronic poverty after discharge from military services and study factors attributing to their vulnerability.
- Examine insertion of the veterans' families into a civil society and the community's perceptions.
- Analyse assistance needs of the veterans for income generation and improved standards of living.
- Study factors prohibiting access to services

##### 4.2 Survey Methods

Two types of survey methodologies were introduced in this study. Household surveys were undertaken of a sample of 207 in two Provinces (154 in Kampong Speu, 53 in Takeo). The sample size of this study represents approximately 14.7% of the 1,408 veterans who resettled in two Provinces<sup>2</sup>. Quota sampling method<sup>3</sup> was employed to study the communes with a higher concentration of veterans. JICA assistance is expected to initially focus on these communes. The sample size for each District was decided based on the relative size of veterans' population in the District (Table 3).

In addition, a Participatory Rural Appraisal (PRA) was conducted in 4 selected villages in two Provinces. The main purpose of this exercise was to gather qualitative descriptions of the living conditions of the veterans and their relationship with the community members. It was also expected that the PRA would help understand the cause-and-effect relationships of acute problems cited by the target groups.

The following sections outline main findings of the study.

##### 4.3 Target group assessment

###### Categorisation of the veterans

The survey required the veterans to state their registered health condition at discharge. Of the total 154 responses in Kampong Speu, 22.7% are reported to be healthy, 27.7% chronically ill, 31.9% disabled, and 17.7% over 55 years old. Remaining 3.2% claim a combination of conditions associated

Table 3: Sample Table

Kampong Speu Province					
District	No. demobilized	% in population	% in total HHs	Samples	
KonPisey	56	6%	0.06	0.29	10
Phnom Sraoch	377	39%	0.51	2.56	58
Udong	60	6%	0.06	0.32	9
Boseth	69	7%	0.06	0.32	12
Chha Mon	113	12%	0.27	1.50	19
Thpong	69	7%	0.16	0.81	11
Samrong Tong	177	18%	0.15	0.79	25
Ural	54	6%	0.34	1.61	10
Total	975	100%			154
Takeo Province					
District	No. demobilized	% in population	% in total HHs	Samples	
Bati	58	13%	0.06	0.29	9
Angkor Borei	17	4%	0.51	2.56	3*
Kirivong	46	11%	0.06	0.32	7*
Traing	56	13%	0.06	0.32	9
Tram Kok	118	27%	0.27	1.50	18
Borei Chulsar	5	1%	0.16	0.81	1*
Doun Keo	47	11%	0.15	0.79	7*
Koh Andet	16	4%	0.04	0.18	2*
Samraong	38	9%	0.34	1.61	6
Prey Kabbas	31	7%	0.04	0.18	5
Total	432	100%			66
					Excluding flooded areas (*): 52

<sup>2</sup> The total number of discharged veterans residing in two Provinces was updated in November 2002. As a result 977 veterans live in Kampong Speu and 431 veterans in Takeo.

<sup>3</sup> Quota sampling has some similarity to stratified sampling however the selection of respondents within strata is non-random, but is left to the interviewer. An assignment of interviews is based upon quotas that are representative of the whole population.

with the Category II characteristics. In Takeo Province, 22.9% of 53 responses are healthy, 17.8% chronically ill, 39.8% disabled, 19.4% over 55 years old, and 3.8% have a combination of conditions.

Table 4: Sample by category

Province	Category	%
Kampong Speu	Healthy	17.5
	Chronically ill	32.5
	Disabled	30.5
	Over 55 years old	19.5
		100.0
Takeo	Healthy	17.0
	Chronically ill	24.5
	Disabled	47.2
	Over 55 years old	11.3
		100.0

The present veterans' database managed by the CDAF/GS uses two main categorisations (Category I and Category II). Category II is further grouped into three sub-groups according to the nature of the physical conditions (chronically ill, disabled, and old age). In case veterans have a combination of conditions, disability and chronic illness are prioritised in that order. Consistent with this rule, the current study grouped the veterans with a combination of conditions into sub-groups of disability and chronic illness. Table 4 shows a sample of this study by categorisation.

#### Settlement after demobilisation

78.6% of the veterans in Kampong Speu and 67.9% in Takeo settled in the same location after discharge from the military. On the other hand, as many as 20.8% of the veterans in Takeo shifted to the present address from other Provinces whereas less than 10% moved to Kampong Speu. 61.1% of the new settlers in Takeo and 47% in Kampong Speu relocated because they had family-owned farming land in the present locality. Need for living close to relatives is another main reason given for relocation.

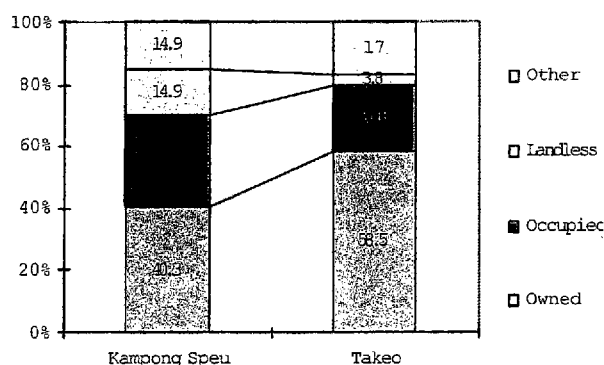
It was observed that the relocated veterans are likely to face difficulties in establishing themselves. The situation is harder if both husband and wife are discharged together. During PRA exercise, veterans' couples described their struggle for establishing a life after discharge. However, greater attention should be given to vulnerability of female-headed families to poverty. In the survey sample, 14.9% of the respondents are female veterans, of which nearly 80% are heads of households (11.6% of the total responses). On the other hand, the results showed that the veterans experience smooth transition to a civilian life if they return to communities where their families have been long-time residents.

#### Land ownership

Nearly 70% of the veterans in Kampong Speu own or occupy an average of 0.5 hectares of farming land and 0.34 hectares of paddy field (Figure 2). In Takeo, the land ownership is higher than in Kampong Speu by approximately 18%. If the occupiers who do not possess legal ownership are included, total veterans who have their own farming land stand at 79.3%. The landless in Kampong Speu (14.9%) is nearly 4 times larger than in Takeo.

During the PRA exercise, three out of four villages cited that landlessness is a leading cause of problems that prevents veterans from establishing stable livelihoods. Distribution of lands is authorised by the governor in the respective Provinces. However, very limited free land is available in reality. Some veterans obtained a piece of land through their personal connection with military officials before discharge.

Figure 2: Land Ownership



Landlessness is closely related to food security. The landless poor claim constant lack of rice for eating, and that rice shortage during the period October to December is most serious. Needy veterans, typically depend on their relatives, community, and Pagoda Committees during the most difficult time.

Livelihood after discharge

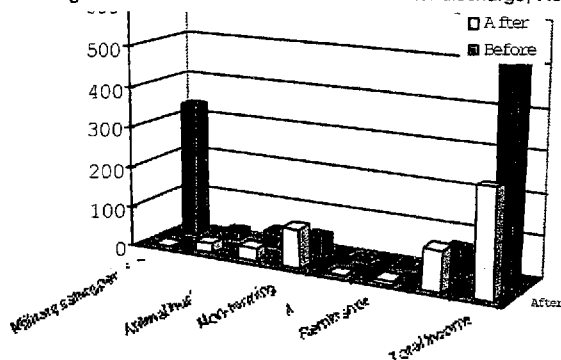
Table 5: Average annual income before and after discharge

	(unit: US\$)				
	Healthy	Chronically ill	Disabled	Over 55	ALL
<b>Kampong Speu</b>					
Before Discharge	530	457	496	599	509
After Discharge	331	257	211	276	259
Income Difference	199	200	285	323	250
<b>Takeo</b>					
Before Discharge	494	509	518	443	503
After Discharge	342	287	344	287	323
Income Difference	152	222	174	156	181

The study found that veterans earn less after being demobilised. Prior to demobilisation, veterans earned an average of US\$508 per year, of which approximately 65% (US\$330) are military-related income, and their family members generate the remaining 35%. 88.9% of veterans' families are worse off in Kampong Speu after discharge due to lowering of the annual income

by an average of US\$250. Veterans in Takeo appear to be coping somewhat better; with an income gap after discharge of US\$181 (Table 5). Veterans in Category I and II combined, annually earn US\$259 on average in Kampong Speu, and US\$323 in Takeo. It is envisaged that majority have not found alternative income sources to compensate military salary to date. The loss of military salary has hit most severely on the veterans' households at the lower income percentile.

Figure 3: Income difference before and after discharge, KSP

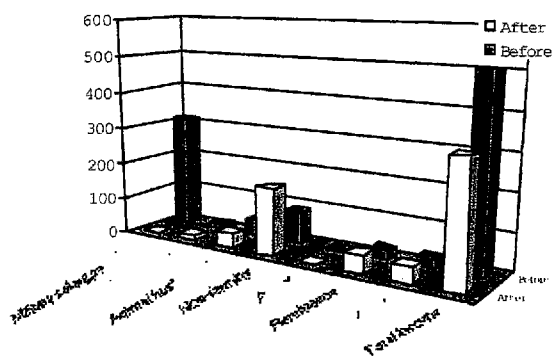


It is also found that the Category I veterans are coping with the changes slightly better than the Category II veterans. 19.2% of Category I in Kampong Speu increased income after discharge and 25.0% managed an increase in Takeo.

Approximately 60% of the veterans' families earn from more than 2 sources in Kampong Speu and 79% in Takeo. Although 70% of the veterans in Kampong Speu and 88.7% in Takeo practice farming and animal husbandry, actual farming earning represents only 21.6% of the total income in Kampong Speu and 16.1% in Takeo.

Furthermore, Figure 3 and 4 shows that farming income has increased very minimal since demobilised. It is non-farming income that has increased since the veterans became civilians (216% increase in value in Kampong Speu, 202% in Takeo). This indicates that there may be greater opportunities for rapid income generation in the non-farming sector than in farming sector. Therefore, when assessing needs, service providers should be aware of the relative income generation capacities of the two sectors. Other sources of income include: Selling labour at others' farms/construction sites, food preparation, working as civil servants, trading in the

Figure 4: Income difference before and after discharge, Takeo



market, and collecting firewood.

**Constraints on income generation**

Lack of finance is cited as the main constraint on income generation activities (53.2% in Kampong Speu and 54.7% in Takeo). 28% of the respondents give poor health and disability as the second biggest constraint. As expected, Category I veterans attribute health reason with lesser magnitude (14.8% in Kampong Speu, 11.1% in Takeo) than their Category II counterparts. In particular, older veterans (36.7% in Kampong Speu, 33.3% in Takeo) consider poor health as a very serious constraint.

A relatively small fraction of veterans (6.5% in Kampong Speu and 9.4% in Takeo) perceives lack of adequate skills as the main constraint. Motivation workshop should be undertaken before any training programme is introduced in order to increase awareness among the veterans regarding how skills enhancement could possibly help improve chances of generating additional income.

**Debt**

75.3% of the total cases interviewed in Kampong Speu and 66.0% in Takeo are indebted. The average debt value per household is larger in Kampong Speu (US\$216) than in Takeo (US\$148). The most indebted group of the veterans is those with chronic illness in Kampong Speu (86.0%) with an average debt value of US\$297. On the other hand in Takeo, 72.0% of the disabled veterans owe an average US\$198.

	Healthy	Chronically ill	Disabled	Over 55 old	ALL
<b>Kampong Speu</b>					
% indebted	70.4%	86.0%	72.3%	66.7%	75.3%
Average debt value	272	297	162	114	216
<b>Takeo</b>					
% indebted	44.4%	69.2%	72.0%	66.7%	66.0%
Average debt value	40	152	198	96	148
Combined average value	214	267	174	111	198

It was observed that indebtedness among healthy veterans is considerably different between the two Provinces: 70.4% of the healthy veterans in Kampong Speu are indebted as opposed to 44.4% of their counterparts in Takeo. The average debt value for this group is US\$272 in the former as opposed to US\$40 in Takeo.

The use of discharged allowance shows that some of them were already indebted before discharge. 26.9% of the interviewed veterans in Kampong Speu, and 17.2% in Takeo responded that they used the allowance for repaying debts.

**Veterans' relative wealth in the community**

Wealth ranking was attempted in 4 different localities during the PRA exercise. In each locality, the villagers including veterans were asked to rank themselves into four wealth categories: 'Rich', 'Fair', 'Poor' and 'Poorest'. As Table 7 shows, the community considers veterans' households to be less wealthy than the rest of the community members.

In Seiha Village, Chambak Commune in Bati District, Takeo Province, the villagers perceived that 25% of the veterans' households belong to the poorest category. This contrasts to the overall ranking of the community in which only 8% are perceived as 'poorest' in the village. Wealth gap between the veterans' households and other community members was also observed in Tum Pung Village in Samroung Toung District, Kampong Speu Province. The villagers ranked 40% of the veterans' families as poorest, as opposed to 19% of the entire community households.

While veterans are seen to be poorer relative to the rest of the community, some members of the community who are not veterans are nevertheless equally poor in some instances. Therefore, before any assistance is administered, veterans' level of poverty relative to that of the other community members should be taken into consideration. If not, other community members could come to the conclusion that veterans are favoured. This could lead to conflicts within the community and could damage the natural sense of affinity.

Table 7: Results of Wealth Ranking

	Sahe Village	Phy Kdeuch Village	Tun Pung Village	Chhmar Chh Village
Commune/District	Chhmar Chh Commune, Bati District	Phy Kdeuch Commune, Bati District	Tun Pung Commune, Bati District	Chhmar Chh Commune, Bati District
Province	Takeo Province	Takeo Province	Takeo Province	Takeo Province
Category by WFP	Category 1 (Poor)	Category 1 (Poor)	Category 1 (Poor)	Category 1 (Poor)
Sample Size (No.)	20	20	20	20
Distribution of wealth group				
Group	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Line 1: Veterans	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Line 2: Control	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5	1 2 3 4 5
Rich % at Poor % scores	0 25 50 75 100	0 25 50 75 100	0 25 50 75 100	0 25 50 75 100

**Health conditions**

Table 8: Present physical disorders reported by the veterans (%)

	Kampong Speu	Takeo	ALL
TB, pneumonia or other lung diseases	9.7	17.4	11.5
HIV/AIDS	0.2	0	0.2
Heart diseases or high blood pressure	11.0	11.6	11.2
Stomach or bowel diseases	17.9	18.1	18.0
Problems with the eyes and ears	20.5	20.3	20.4
Muscle, bone or joint problem	19.1	13.8	17.8
STD	3.0	0.7	2.4
Cancer or tumour	0.7	1.4	0.9
Malaria	6.9	5.1	6.5
Nervous disease	0.7	3.6	1.4
Other problems	10.3	8.0	9.8
Total	100	100	100

Approximately 52% of the veterans in Kampong Speu and 60% in Takeo require some type of medication, of which 46 to 50% are on medication for 4 to 12 months. On average nearly 20% of the total discharged veterans complain depression or mental disorder.

Among the most complained physical disorders include problems with eyes or ears (20.4%), muscle, bone or joint problems (17.8%), stomach or bowel diseases (18.0%), TB or other lung diseases (11.5%), heart disease or high blood pressure (11.2%), and malaria (6.5%). Perhaps due to difficulty in obtaining sensitive information, HIV/AIDS and other sexually transmitted diseases (STD) were rarely cited (Table

8).

Physical injuries that resulted in amputation of upper/lower extremity were not prominent among the respondents; however, follow-up treatment is required by many. 5.2% respondents in Kampong Speu and 9.4% in Takeo use artificial limbs. Of which 62.5% require either repairs or replacement of the devices in Kampong Speu and 60% in Takeo.

Table 9: Use of artificial limbs (%)

	Kampong Speu	Takeo	ALL
Use of artificial limbs	5.2	9.4	6.3
<i>Conditions of equipment</i>			
Fitted	37.5	40.0	38.5
Need repairs	25.0	0.0	15.4
Need replacement	25.0	40.0	30.8
Need both	12.5	20.0	15.4
Total	100.0	100.0	100.0

**Relationship with the community**

The survey found that the veterans actively participate in community activities (51% in Kampong Speu, and 42% in Takeo). Nearly 50% attend village or commune meetings. Other involvements include agricultural working groups, community associations for well, canal and rural road construction and maintenance, credit & savings groups, and rice/animal banks.

Degree of community participation varies from community to community: Of 12 communes visited in Takeo Province, all interviewed veterans in Chambak and Trapeang Sab Communes in Bati District participate in community activities. In Kampong Speu, 5 communes out of 15 communes visited have 100% of community participation by the interviewed veterans. On the other hand, Traeng Trayueng

Commune in Phnom Srouch District has only 29% participation although the commune has the largest population of veterans<sup>4</sup> in 2 Provinces.

The PRA results are also encouraging in that the veterans are well received in the community. Villagers are also willing to help needy veterans. Village Development Committee (VDC) and pagoda association are the most helpful support cited by the veterans.

#### **4.4 Vulnerable group and factors attributing to vulnerability**

Veterans tend to be vulnerable to poverty due to various factors, which are attributable to the economic and social background unique to the individuals. However, the survey observed some common factors that contribute to the veterans' vulnerability:

- The vulnerable group includes those who could not use start-up grant due to debt repayment and other unexpected expenses. About 22.8% in Kampong Speu and 17.2% in Takeo used discharge allowance to pay off debts<sup>5</sup>.
- The veterans who had lower annual income after discharge (88.9% in Kampong Speu, 84.6% in Takeo) are potentially vulnerable to poverty. If they cannot find alternative income sources to compensate military salary within a short period, they are likely to remain very poor. Their vulnerability increases in case of unexpected expenses associated with injuries, sickness, loss of family members, or loss of assets.
- The relocated veterans are more likely to face difficulties in establishing themselves. Difficulties are more for those without farming land. 66.2% of the interviewed veterans claim that food is the largest expense. Growing vegetables and rice for domestic consumption helps ease home economy. In this respect, the landless veterans (14.9% in Kampong Speu, 3.8% in Takeo) are more likely to have difficulties unless family members earn enough to buy food all year around.
- Female veterans who are heads of households are expected to face difficulties and be very vulnerable to poverty. The survey results show that 14.9% of the respondents are female veterans, of which nearly 80% (or 11.6% of total responses) are heads of households.
- It is difficult to say that the Category II veterans are unconditionally vulnerable. Vulnerability also depends on their ability to generate income. Even if the veterans themselves have disabilities or chronic illnesses, economically active family members can compensate the gap. Continuous cash income, no matter how small it is, can weather imminent difficulties.

#### **4.5 Assistance needs assessment**

##### Assistance needs

PRA exercise observed that lack of safe water for drinking and irrigation, food shortages, lack of health centres and primary schools are the most pressing needs of the community. When the same exercises were conducted for the women's group and veterans' group separately, the two groups also cited the same problems. Other problems identified by the veterans' group include landlessness, shortage of draft animals, medical expenses, and the delay in the delivery of the reintegration package. It is also observed that many veterans are not fully aware of the free medical services granted to them. Furthermore, transportation costs to the Provincial Hospital is a constraint for them.

When veterans were asked to wish the most desirable solutions to their problems, they requested land distribution, business loan, rehabilitation of irrigation system, and supply of draft animals. Types of

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<sup>4</sup> 232 persons or 9.8 % of the commune population

<sup>5</sup> Other main uses of allowance include: Buying food (22.8% in Kampong Speu, 26.3% in Takeo); Buying cow or land (15.6% in Kampong Speu, 17.2% in Takeo); paying medical & clinical fees (9.5% in Kampong Speu, 14.1% in Takeo), Investing on a business (9.9% in Kampong Speu, 10.1% in Takeo).



assistance services that the veterans wish to have include training in agriculture and business loan.

Table 10 lists top three services desired by veterans that were cited in four villages during PRA exercise.

Table 10: Top Three Priority Assistance Needs

Top three services desired by veterans	Seiha Village Bati District, Takeo	Prey Kdouch Village Tram Kak District, Takeo	Tim Pung Village Samroung Toung District, KSP	Chamcar Chek Village, Phnom Srouch District, KSP
<b>Top 1</b>	Credit with lower interests for a longer-period	Skills training in raising animals	Free medical services	Land title and legal services to resolve current land dispute
<b>Top 2</b>	Skills training in vegetable production	Skills training in seed selection, vegetable/fruit growing	Skills training in animal raising and welding for both veterans and family members	Participation in animal bank (pig, cattle, chicken)
<b>Top 3</b>	Skills training in sewing and small machinery repair	Skills training in small machinery repair	Credit (cash, material inputs such as piglets, cows)	Training on vegetable production and animal husbandry

See Appendix 3 for summary matrix of PRA results.

#### Skills enhancement

The survey required the veterans to state their preferred areas for skills enhancement. Two most popular skills to learn among veterans are agriculture (farming and animal raising) and repair work (motorbike, bicycle, tools). Spouses prefer to learn tailoring most, followed by agriculture and food processing. Veterans' children like to learn tailoring skills, repair (motorbike, bicycle, tools) and hair cutting & salon skills.

Table 11: Type of skills to wish to learn

	Kampong Speu			Takeo			(%)
	Soldier	Spouse	Children	Soldier	Spouse	Children	
Production	3.5	0.0	1.7	3.7	0.0	0.0	
Carpentry/plumbing	2.1	1.4	1.7	1.9	4.3	0.0	
Motorbike repair	27.3	4.1	21.0	35.2	2.2	19.6	
TV /Radio repair	2.8	3.4	13.6	11.1	0.0	6.5	
Tailoring	9.1	34.5	29.0	7.4	43.5	34.8	
Computing	0.7	0.7	2.8	3.7	0.0	10.9	
Food processing	3.5	15.5	4.5	0.0	13.0	2.2	
Driving	5.6	4.1	6.8	1.9	0.0	4.3	
Hair cutting/salon	2.8	6.8	11.9	0.0	10.9	19.6	
Agriculture /animal raising	42.7	29.7	6.8	35.2	26.1	2.2	
	100.0	100.0	100.0	100.0	100.0	100.0	

However, the veterans' training experience in the past is quite limited. Only 10.3% of the respondents have received skills training, of which 58.6% leaned agricultural skills in the past, followed by carpentry & plumbing (9.0%), driving (8.3%), and hair cutting & salon skills (5.5%). The veterans in Takeo are trained in wider areas than in Kampong Speu, with 47.9% in agriculture, 16.7% in motorbike repair, 10.4% in driving and carpentry & plumbing.

This limited training experience is partly due to lack of appreciation of benefits of training. Therefore,

skills enhancement training should be preceded by awareness workshops that explain the benefits of training. The need for such awareness campaigns appears to be greater in Kampong Speu.

**Accessibility of services**

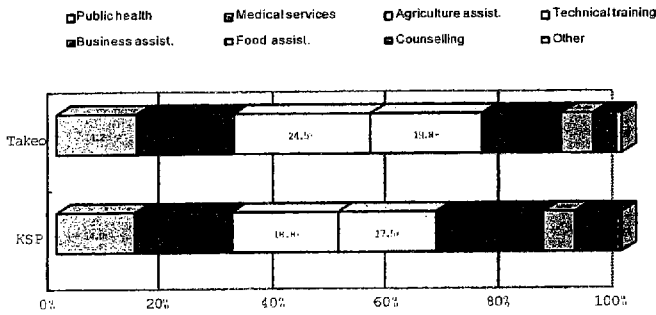
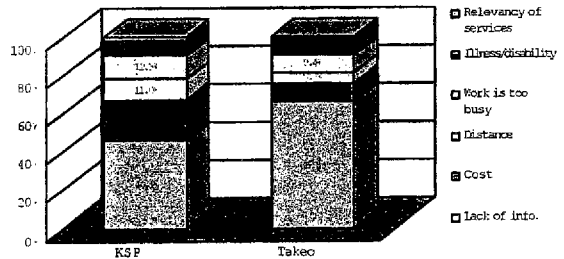


Figure 5: Type of services with least access

Entrepreneurship development, agricultural services (IPM, improved seeds, tools/machine), skills training, and medical services are the four areas that the veterans have least accessibility. Lack of accessibility is due to two main reasons: Lack of information and cost. In Kampong Speu, both are major reasons. In Takeo, lack of information is the main reason.

46.1% in Kampong Speu attribute lack of information, 20.8% cost, 12.3 % time constraint and 11.0% physical distance to service. On the other hand, 66% in Takeo reported lack of information as a main reason and 9% each cost, work and physical distance.

Figure 6: Reasons for difficult access to services



## **5. Assistance Strategy**

### **5.1 Objective**

To respond to the needs for supporting the discharged soldiers, the JICA will grant technical assistance to the Cambodian executing agencies at the national and provincial levels, aimed at facilitating planning process of veterans' reintegration assistance and successful implementation. The JICA's technical assistance also intends to contribute to the following ends of the project:

- Establish a service network in each Province that supports the veterans to identify a socially and economically viable means of living as civilians.
- Develop an implementation system that enables timely disbursement of training budget<sup>6</sup> to assist the target group to find alternative income sources through improved skills in agriculture and self-employment. Agency members at the CDAF/GS and PVC/ES will also be trained in planning skills enhancement for the veterans and their family members in the areas of agriculture and other non-agricultural vocations.
- Provide a safety net to the most vulnerable group through NGOs and on-going projects/programmes by the Provincial and donor agencies, which aim to lessen poverty. In that, the target group will be referred to the organisations whose available resources best meet with the physical location of the target group and their requirements for help on a continuous basis.
- Apply the modality of assistance to as many Provinces as possible through workshops and preparation of an implementation manual.

### **5.2 Goal, Purposes and Outputs**

The JICA intends that her technical assistance would be able to fulfil the following goal and purpose of the reintegration assistance to be carried out by the Cambodian Government.

#### Goal

- Improve living conditions of the veteran's households in Takeo and Kampong Speu Provinces.

#### Purpose

- Assist the veterans and their family members to obtain technical skills in agriculture and self-employment, which would contribute to increased income.

#### Expected outputs

- Develop a financing system through which the Non-Project Grant by the Japanese Government can be disbursed for the implementation of skills enhancement courses.
- Develop implementation arrangements in that the stakeholders collaborate in planning and implementation of reintegration assistance activities for the veterans.
- Conduct skills enhancement courses for the veterans and their families.
- Develop a service referral system in each Province in that existing service providers including NGOs and Provincial agencies administer safety net assistance for the most vulnerable families.

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<sup>6</sup> Training budget was administered by the Japanese Government under the Non-Project Grant Agreement with the RGC

## **6. Summary of JICA's Assistance**

### **6.1 Duration of Assistance**

Total of three (3) years commencing<sup>7</sup> in February 2003.

### **6.2 Assisting Project Area**

The JICA shall assist the reintegration assistance activities to be undertaken in the Provinces of Takeo and Kampong Speu. Assistance activities will be undertaken in all Districts of the two Provinces but will commence in the Communes with a higher concentration of veterans (Appendix 4 for lists of communes with a higher concentration of veterans). Component 1 and 2, which are to be explained as follows, will be introduced to the target group according to the assessment of their socio-economic needs.

### **6.3 Target Group**

The JICA will assist the Cambodian implementing agencies in executing reintegration assistance activities that consist of two components: Safety-net assistance to the most vulnerable group (**Component 1**); Skills development for the transitional group (**Component 2**). Implementation of two components, when successfully coordinated and executed, is expected to positively affect the livelihoods of the veterans and their families in two Provinces. Main purpose of each component is outlined below, the section 6.5.

Two components will be undertaken at the same time in each Province. However, the extent of coverage for Components 1 and 2 depends on socio-economic conditions of the target groups and availability of services in respective Province. **The most vulnerable group (MVG)** will first be provided a safety net (Component 1) that would help reduce day-to-day difficulties for survival and then be assisted in improving skills for income generation opportunities (Component 2). **The transitional group (TG)**, whose immediate priority is not survival but rather to improve livelihoods as civilians, will be subject to the Component 2 assistance. Implementation of Components 1 and 2 requires the establishment of 'a service referral system' in each province. Information and services in the areas of medical treatment, social grant, skills training in agriculture and non-farming business operations, and counselling would be provided through existing organisations such as provincial departments, training centres, NGOs, and international organisations. See Appendix 5 for the Service Providers in Operation by District.

**The sustainable group (SG)**<sup>8</sup>, which has already been successful in establishing both social and economic foundations in the community, will be able to access free medical services and seek other necessary information. But they will not be provided project-financed services. The SG can rather act as a role model for the rest of the groups and facilitate the others' transformation as a change agent.

### **6.4 Capacity Development for the Executing Agency**

A JICA Expert (herein after referred to as 'The Expert') will work closely with PVC/ES in two Provinces and GS Reintegration Teams. The Expert will develop a mechanism for implementing Components 1 and 2. Immediate attention will be given to the two areas; 1) establishment of a financing system for skills enhancement activities, through use of Japan's Non-Project Grant; and 2) a standardised activity planning mechanism, on which activity plans to be developed at the provincial level should be promptly endorsed and financed by the GS.

The Expert shall also conduct direct coaching and on-the-job training for the ES and the GS in order to plan and implement activities related to Components 1 and 2. Profiling additional information by the ES on the veterans and their families, in particular on their service needs, is important. Service

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<sup>7</sup> The commencing date is not fixed and therefore is subject to change.

<sup>8</sup> 11% of the veterans in Kampong Speu and 15.4% in Takeo earn more after discharge.

providers should be identified and their service areas and geographical coverage should be profiled and updated periodically.

Direct beneficiaries of the technical assistance by the Expert include PVC/ES members in Takeo and Kampong Speu Provinces and Reintegration Teams 2 and 3 of CEDAF/GS. Although direct coaching will not be provided, GS Reintegration Teams in charge of the rest of the Provinces will be indirectly benefited by adopting the same mechanism and modality of assistance that are to be established in Takeo and Kampong Speu Provinces (see Figure 8). To ensure that JICA assistance be applied as widely as possible, the Expert will hold workshops open to all GS Reintegration Teams and ESs nationwide. Operating manuals (guideline for reintegration assistance) will be prepared in Khmer and distributed to all provinces.

## **6.5 Project Components to Be Assisted**

### Component 1: Safety net assistance

The socio-economic survey found that some veterans face exceptional difficulties in their day-to-day survival and tend to be vulnerable during reintegration into civilian life. They have different characteristics and factors attributing to their vulnerability: The main reasons being relocation to the new settlement, female-headed households, landlessness, large debts, unexpected expenses incurred by payments for medical fees and loss of assets.

Once the ES members identify the veterans who fall under these criteria, such needs for additional safety net will be outsourced to the NGOs and/or Provincial agencies, which are currently providing assistance services within the same locality. Extensive profiling of service providers and mapping of their operating areas is critical to match the existing services and the needy veterans.

Assistance should prioritise the veterans who have not been reached by any agency. Concentration of assistance on the same families should be avoided through careful monitoring of the veterans' profile and locations of the service providers.

Assistance modality for the MVG will enable unconditional access to medical services not only from Provincial Hospital and commune health centre but also from NGOs that specialise disability services and treatments on common clinical conditions among the veterans. Selection of service providers takes into consideration capacity of organisations that could grant allowances to the beneficiaries, covering transportation and treatment-related costs. Besides medical services, provision of assistance under the Component 1 to the MVG could include food supply and social grants, which meet with their immediate needs for survival.

Efforts should also be made to arrange safety net within the community, by making most of internally institutionalised mutual help mechanisms such as rice banks, seed banks, credit & savings groups, social grants, and food supply.

The project needs to win as much collaboration as possible from NGOs that could finance and manage assistance projects. However, some difficulty is expected due to the fact that most NGOs have their own mandated priority groups and geographical focuses, which are not necessarily assistance to veterans. With the aim of filling this gap, the JICA decided to finance InterBand (Japanese NGO) and the latter agreed to assist the veterans in Takeo and Kampong Speu Provinces. The PVC/ES should maintain close communication with InterBand in regards to the veterans profile and their physical locations. InterBand should be involved in the targeted provisions of the services to the locations where no other service providers have reached out.

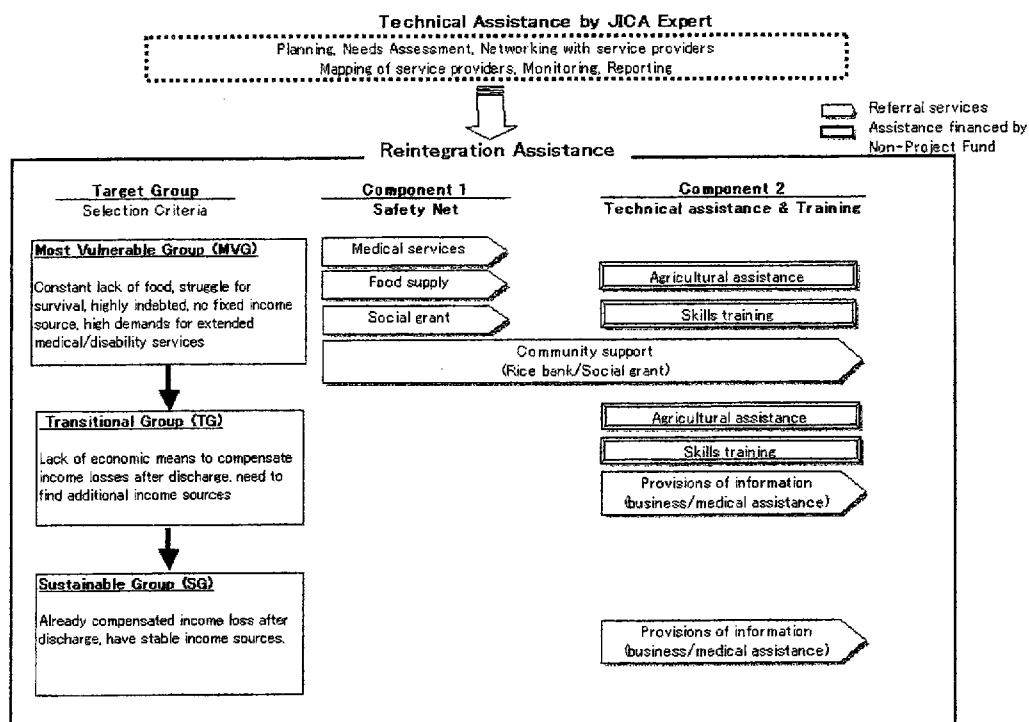


Figure 7: Components of Reintegration Assistance and JICA Technical Assistance

### Component 2: Skills Enhancement

Based on survey results, approximately 89% in Kampong Speu and 84.6% of the veterans in Takeo had lowered annual income after discharge. They are the target group for the Component 2 assistance.

Veterans or their family members can alternatively receive this assistance, but provision of the project-paid skills development can only to one member of the veteran's family including the veteran him/herself. The total budget of US\$ 660,000 is already financed by the Government of Japan to carry out skills training for 30,000 soldiers nationwide. Implementation of the Component 2 assistance will be also financed from the same source. The allocation to train one veteran or family member is US\$22. No additional financing is currently provisioned. Takeo and Kampong Speu have a total of 1,408 veterans who were discharged under the first full-scale demobilisation programme, which allocates US\$30,976 to two Provinces. Given the relatively small budget per person, it is envisaged that service providers would also need to agree to use their own resources to share the cost of training implementation.

Needs assessment for skills improvement will be performed by the ES members and service providers at the respective District (18 Districts in total in two Provinces). Expenses for holding such assessment will be borne by the JICA Cambodia Office<sup>9</sup>.

After the willingness for learning skills is confirmed, service providers would submit course proposals to the GS through the ES, together with financial estimations of course implementation.

<sup>9</sup> Main expenses include: transportation fees for participations, stationary, and lunch.

## 6.6 Implementation Arrangements

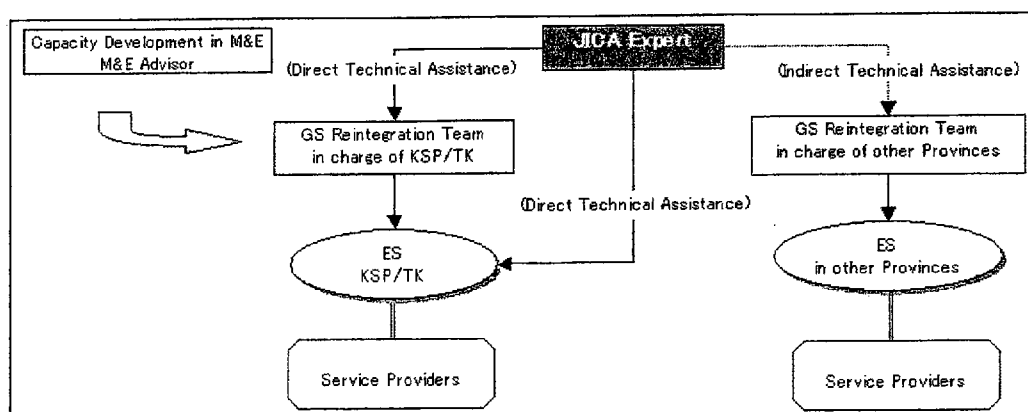
### Donors' Level

- The JICA will closely communicate with the World Bank, Embassy of Japan, WFP, IOM, and other bilateral donor communities to keep each other updated of the progress of the 2nd discharge plan, monitoring and evaluation activities, transparent operations of the CDRP, and other critical issues.
- The JICA will share its strategies for assisting the reintegration of veterans to the donor community, and provide feedback on progress and findings to the stakeholders. Thus, regular coordination with other project-funded consultants and concerned donor community should be ensured that reintegration assistance be part of core components to make demobilisation programme successful.
- The Expert will propose a practical system to use the Non-Project Grant for financing skills enhancement activities and agree with the Embassy of Japan and the World Bank on its framework.

### National Level

- The JICA Expert will be seconded to the GS Reintegration Teams. Two persons, one each from Teams 2 (in charge for Kampong Speu Province) and 3 (in charge for Takeo Province), will be officially appointed as "the GS Counterparts for the JICA Expert". H.E. Svay Sitha, General Secretary of CDAF/GS will issue written terms of reference (TORs) to effect these appointments.
- The GS Counterparts will be a communicator as well as a facilitator between the GS and the ES in Takeo and Kampong Speu Provinces. The JICA Expert will develop an implementation mechanism and directly coach the ES members in two Provinces. The GS Counterparts will follow up the Expert's guidance at the field level.
- The Expert will hire a field coordinator who acts as a translator for the Expert as well as provides due support to the technical assistance by the Expert both at the national and provincial levels.
- In addition to the direct commitment of the JICA Expert and appointed GS Counterparts to two Provinces, the Expert will hold workshops open to all GS Reintegration teams and ESs nationwide in order to encourage the use of the same assistance mechanism that is to be established in Takeo and Kampong Speu Provinces.

Figure 8: GS/ES Capacity Development by the JICA Expert



#### Provincial Level

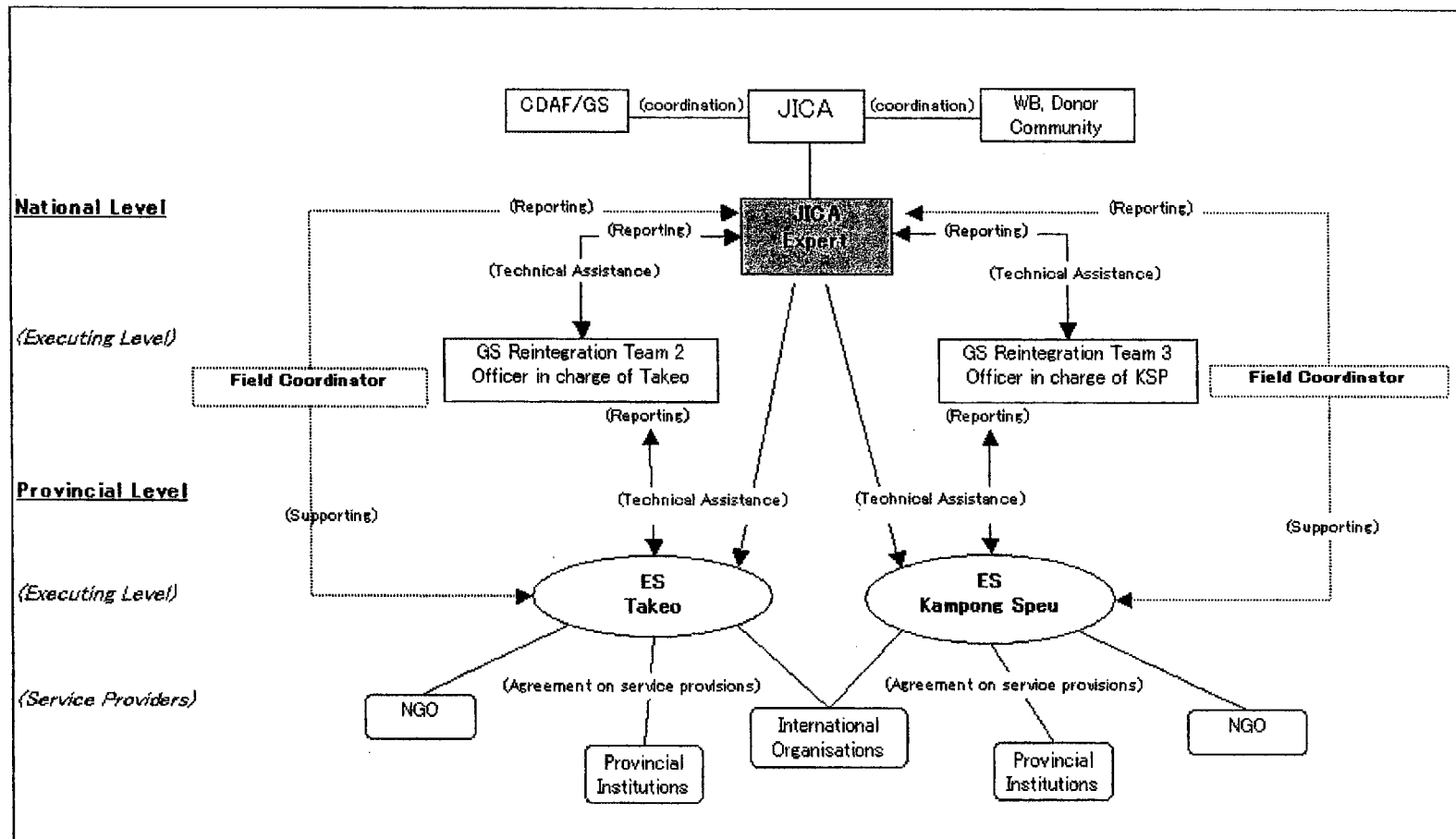
- The PVC/ES plays a focal role at the provincial level. Chairman of the ES calls on the PVC members and NGOs for regular meetings to explain location of the veterans and their service needs. The participants also introduce ongoing/new project activities. Separately, the district authorities (district offices of Provincial Departments) will regularly meet with the ES members to exchange district-specific information.
- ES members will be assigned to supervise the Districts. Members will regularly visit veterans to monitor their livelihoods and urgent needs. They will also maintain regular contacts with VDCs, commune council, service providers, and district authorities in the localities they are in charge. Any changes and developments on the veterans' and service providers' profiles should be updated.
- The PVC/ES will select a few service providers in respective Provinces who can implement skills enhancement training for veterans and their families. The ES and service providers will come to an agreement on the selection of target group, course contents (duration of training, subject, transportation/accommodation arrangements, follow-up services, etc), and financial support by the project, proposal development, and monitoring activities.

#### Community Level

- Involvement of communities is a key for successful implementation of reintegration assistance. The ES should always consult with village chief and other VDC members before selecting the most vulnerable veterans. Final decision should be made based on recommendations of the community members. Community consensus on who should be benefited is critical.
- Provision of safety net should be actively arranged within the community, prioritising existing community resources such as rice banks, animal banks, pagoda committee's social grants, and village credit committees.
- It is also at the community level that veterans' voices should be heard so that activities to help the needy veterans would be included in the commune development plan to be submitted to the SEILA programme. To do so, ES members should attend the Commune development integration workshops to be held at each District every year.



Figure 9: Implementation Arrangements



## 6.7 Detailed Description of Activities to Be Assisted by the JICA

<u>Sub-Component</u>	<u>Descriptions of Activities</u>	<u>Main Stakeholders</u>
<b>Capacity Development of CDAF/GS and PVC/ES</b>		
Local staff employment	Hire a Cambodian national who is responsible for field coordination and act as the translator for the JICA Expert	Expert
System development for service referrals	Develop a system to use the Non-Project Grant for implementation of skills enhancement activities in the Provinces.	Expert, Donor community, GS
	Decide selection criteria for service providers, proposal format, and assessment procedures, implementing arrangements for service referrals, contract exchange formality	Expert, GS, ES
	Develop TORs to outline main responsibilities of GS Reintegration Teams and GS Counterparts in charge of Takeo and KSP Provinces	Expert GS
	Develop TORs to outline main responsibilities of the ES members	Expert ES
	Develop monthly/quarterly activity plans	Expert (TA), GS, ES
	Study the petty cash payments and related financial management. Request replenishment for petty cash for the forthcoming activities	Expert (TA), GS, ES
	Develop a M&E system and performance indicators to measure progress of activities	Expert, M&E Adviser
	Develop a filing system to periodically update and monitor detailed information on the veterans, their assistance needs	Expert (TA), ES
Staff Training	Conduct workshops and exchange visits to transfer assistance modality to other provinces	Expert GS, ES
Donor Coordination	Liase with donor community in terms of assistance strategies and ensure coordinated actions with other demobilisation activities	Expert, Donor community
Implementation manual development	Develop a manual in English and Khmer and deliver to other provinces	Expert
<b>Component 1: Safety net Assistance to the Most Vulnerable Group</b>		
Networking for Assistance	Explain purposes and strategies of assistance to the key Provincial Departments, VDCs, Commune Councils, PRDC, SEILA and NGOs and agree on the collaboration	GS, ES Expert (TA)
	Agree with the Health Department on the comprehensive arrangements of free medical services at the Provincial Hospital and Commune Health Centres	ES, PDOH Expert (TA)
Selection of target group	Hold consultative meetings at the communities, village chief, commune chief and select the MVGs	ES, Community Expert (TA)
Implementation	List up service providers by area of services: 1. Disability service, 2 Medical services, 3. Food supply, 4. Credit service, 5. Rice bank, 6. Community infrastructure development, 5.Provisions of agricultural inputs and draft animals, 6. Counselling, 7. Other social grant,	ES, Service Providers, Expert (TA)
	Agree with the service providers on type of service assistance provided, number of beneficiaries to be assisted.	ES, Service Providers, Expert (TA)
Monitoring and reporting	Monitor numbers assisted, areas of assistance, livelihood after assistance	Service providers Expert (TA)
	Report progress of activities, livelihood of the MVG	ES Expert (TA)
	Review outputs of assistance programmes and problems	ES, Service Providers, Expert (TA)
Information Sharing	Feedback information to service providers, communities, SEILA, and other stakeholders	ES, GS, Service providers Expert (TA)

Note:(TA): Technical advisory by the JICA Expert. Responsibilities for executing activities are with the GS and/or ES

(Continued)

<i>Sub-Component</i>	<i>Descriptions of Activities</i>	<i>Main Stakeholders</i>
<b>Component 2: Skills Development</b>		
Needs assessment	Conduct workshop at each District: introduce services available, assess initial interests of the veterans and families, needs on skills enhancement; and pre-register course participation.	Expert(TA), ES, Service Providers
	Assess detailed needs on skills development, willingness to learn, constraints for transportation, accommodation, etc	Service providers Expert (TA)
Mapping of service providers	List up Provincial Institutions and NGOs that can provide skills development courses to veterans and their families	ES Expert (TA)
	Research their operating areas, type of services, provision of accommodation/ transportation/ business loans after the completion of training, course costs	ES Expert (TA)
Pre-training briefing	Explain to the target group how skills enhancement would benefit and lead to income generation. Provide introductory business advice on market demands, skills and resources required for self-employment	ES, Service Providers Expert (TA)
Implementation	Assess detailed profile and skills needs of the applicants	Service Providers Expert (TA)
	Invite proposals from service providers	ES, Service Providers Expert (TA)
	Select service providers to be financed by the project and exchange contract agreement with them	GS, ES, Service Providers Expert (TA)
Monitoring and reporting	Monitor numbers assisted, teaching methods, applicability of skills to income generation	Service providers Expert (TA)
	Assess use of skills after course completion, constraints of using skills. Report progress of activities	ES Expert (TA)
	Review outputs of assistance and problems	ES, Service Providers Expert (TA)
Information Sharing	Feedback information to service providers, communities, SEILA, and other stakeholders	ES, GS, Service providers Expert (TA)

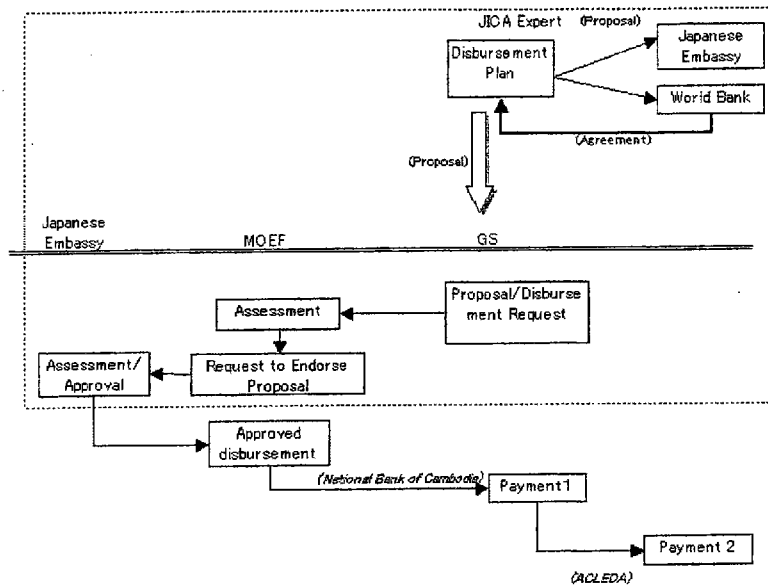
### 6.8 Proposed Financing Plan for Skills Enhancement Activities

The Government of Japan granted a sum of US\$10 million to the RGC as a contribution to the CDRP, of which US\$660,000 is set aside for assisting veterans to enhance vocational/agricultural skills.

The JICA Expert will redevelop a disbursement /management plan of the grant money that is currently supervised by the MOEF. It is the first condition that the Japanese Embassy and World Bank should agree on the proposed plan.

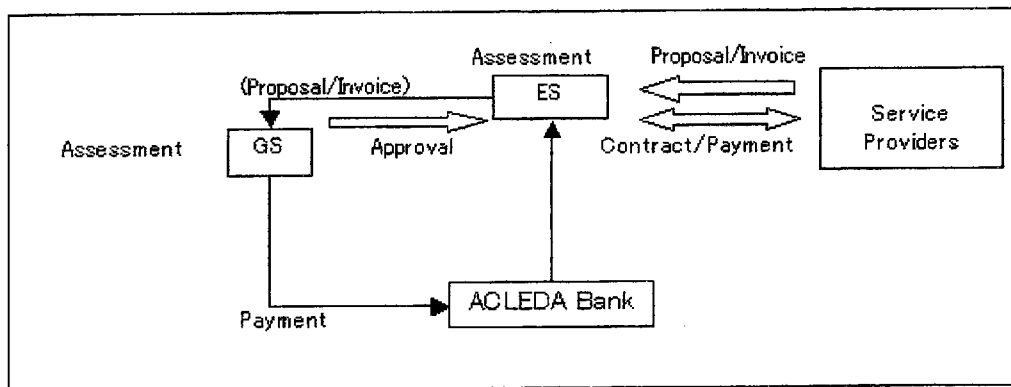
To activate the proposed plan developed by the JICA Expert, the GS prepares a disbursement request and submits to the MOEF. With official approval from the Embassy of Japan, the MOEF agrees to release the grant.

Figure 10: Proposed system for disbursement of the Non-Project Grant for Skills Enhancement Activities



The proposed disbursement plan is designed to promptly disburse implementation financing through two steps: 1. The MOEF pays a sum equal to the number of veterans multiplied by US\$22 to the GS (payment 1); and 2. The GS releases the budget with ceiling to the ACLEDA in each Province (payment 2) that can be accessed by the ES to pay the contracted service providers.

Figure 11: Proposed system for Contract Exchange with Service Providers



Prior to the release of grant money to the Provincial ACLEDA, the ES invites proposals from service providers (NGOs, Provincial Departments) together with financial estimations for the proposed services. Proposal format and selection criteria should be developed and agreed upon between the GS and ES.

If submitted proposals are endorsed by the GS, the ES exchanges a contract with the selected service provider. Endorsed contract fees can be withdrawn at the Provincial ACLEDA by the ES to pay the contracted service providers. The ES assesses if training is provided as specified in the proposal and submits a completion report and financial statement to the GS.

An external auditor will be employed to monitor all transactions in the disbursement process<sup>10</sup>. It should be noted that the JICA Expert **would not be responsible for the task**.

<sup>10</sup> Expenses to hire auditor are allowed to use the grant money (source: Japanese Embassy, Cambodia)

## **6.9 Implementation Schedule**

The JICA will send two Experts for a total of three years, provisioned to start in February 2003. Initially an Expert will be assigned for a maximum period of six (6) months, whose main responsibilities are to develop systems for financing skills enhancement activities and service referrals and to provide technical assistance to executing agency in planning and implementing reintegration assistance. She/he will be succeeded by another Expert who will be continuing technical assistance/advisory to executing agency at the national and provincial level. A proposed three-year implementation schedule is presented in Appendix 6.

## **6.10 Monitoring and Evaluation**

### M&E system

For each component, predetermined indicators shall be assigned to assess effects of the assistance on the target group. Performance indicators to be introduced under the JICA assistance will consider the overall M&E framework for the CDRP that is currently under development by the M&E Advisor at the GS.

Monitoring activities will be routinely carried out both at the Provincial level and the community level. ES members will integrate information that is to be collected through different sources through service providers or at the community and district levels. They will prepare monthly reports and submit to the GS. A Field Coordinator, who is hired by the JICA, will assist both the ES and GS in information collection/analysis. The collected information shall be fed back to the main stakeholders including service providers on a regular basis.

The JICA Expert will work with the GS and ES in developing reporting formats and feedback mechanism. She/he will train Cambodian counterparts on data collection and analysis of information. Based on the progress reports, the Expert also produces quarterly and annual reports that are to be submitted to the CDAF/GS, PVC/ES, Japanese Embassy, and donor community.

### Performance Indicators

Indicators to be introduced include the following:

- Number of veterans/family members who received skills enhancement courses that are financed by the Non-Project Grant.
- Number of skills enhancement courses implemented through the use of the Non-Project Grant.
- Total value of budget actually disbursed to each Province through the Non-Project Grant for the purpose of skills enhancement
- Use of skills after training, in terms of percentage of ex-trainees using attained skills for income generation.
- Number of veteran households to be assisted by service provider (by District, sector, type of organisation)
- Number of service providers in collaboration (by sector)
- Number of proposals submitted by service provider to the GS through the ES

## **6.11 Points to Be Considered for Technical Assistance by the JICA**

### Overall Arrangements

- System development for prompt disbursement of finances is a precondition for implementing skills enhancement activities, which are part of core reintegration assistance after demobilisation. Delay in development may cause further difficulties on the veterans who are unable to find alternative income to replace military salary. It is envisaged that the project would be benefited by having a flexible and practical financial management system at the provincial level, not rigidly complying with the procurement formality required by the financial management consultant.

- Service referrals should be promptly set up in each Province, through which needy families could be reached out by existing assistance agencies operating within the locality without delay.
- Financial management of the Non-Project Grant should be separately arranged, by appointing an external auditor.
- Although the JICA limits its direct technical assistance to Takeo and Kampong Speu Provinces, it is also envisaged that the modality of assistance should be also applied to the remaining Provinces. Therefore, injection of technical assistance into two Provinces should not be exceptional but be transferable to other localities.

#### Risks

- Pilot project observed that veterans found it difficult to count on the assistance package due to its poor quality. Therefore, there is a risk that the veterans on the full-scale demobilisation programme may also face the same difficulty.
- The PVC/ES has reported difficulties in fulfilling its duties due mainly to lack of an operating budget, office equipment, and transportation arrangements on top of the small salary that the members receive. Given that reintegration assistance needs localised resource persons, provisions of working incentives on the part of ES should be considered by the GS without delay. If present status continues, the JICA's technical assistance would be without effective counterparts at the executing level.

**Categorisation of Communes in Takeo & Kampong Speu, Based on Poverty Mapping**

Takeo				Kampong Speu			
District	Commune	Below poverty	No of veterans	District	Commune	Below poverty	No of veterans
Tram Kok	Ou Saray	50%-60%	13	Thpong	Prambei Mom	50%-60%	15
	Trapeang Thum	50%-60%	2		Yea Angk	50%-60%	8
	Khang Cheung	50%-60%	5	Rung Roeang		50%-60%	6
	Trapeang Thum	50%-60%	0		Monourom	50%-60%	1
	Khang Tboung	50%-60%	4		Udong	Preah Srae	50%-60%
	Popel	50%-60%	17	Mean Chey		50%-60%	2
	Traing	Otdam Souriya	60% or more	6	Damnak Reang	50%-60%	3
Roneam		50%-60%	3	Prey Krasang	50%-60%	0	
Sanlung		50%-60%	1	Phnom Srouch	Dambouk Rung	50%-60%	2
Angk Kaev	60% or more	0	Prey Kmeng		50%-60%	4	
Kirivong	Kamnab	60% or more	1	Boseth	Kat Phluk	50%-60%	2
Bourei Chulsar	Bourei Chulsar	50%-60%	0		Phong	50%-60%	5
	Kampong Krasang	60% or more	0		Basedth	50%-60%	7
	Chey Chouk	60% or more	2	Tuol Sala	50%-60%	10	
Angkor Borei	Preaek Phtoul	50%-60%	1	Pou Angkrang	50%-60%	1	
	Kouk Thlok	60% or more	3	Nitean	50%-60%	1	
Bati	Lumpong	50%-60%	3	Tuol Ampil	50%-60%	5	
	Trapeang Krasang	50%-60%	4	Svay Chacheb	60% or more	10	
	Tang Doung	60% or more	6	Svay Rumpea	60% or more	8	
	Komar Reachea	60% or more	5	Kak	60% or more	2	
	Krang Leav	60% or more	2	Pheakdei	60% or more	2	
Prey Kabbas	Tang Yab	50%-60%	1	Pheari Mean	60% or more	3	
	Prey Lvea	50%-60%	5	Pou Mreal	60% or more	5	
Samraong	Khvav	50%-60%	2	Pou Chamraeun	60% or more	5	
Koh Andet	Prey Yuthka	50%-60%	8	Kon Pisey	Snam Krapeu	50%-60%	8
		50%-60%	0		Angk Popel	50%-60%	0
		50%-60%	1		Prey Vihear	60% or more	1
Communes with 50% or more poor (% Veterans)		24 (24%)	86 (20%)	Communes with 50% or more poor (% veterans)		27 (28%)	121 (12%)
Communes with 60% or more poor (% Veterans)		9(9%)	34(8%)	Communes with 50% or more poor (% Veterans)		8(8%)	36(4%)

Source: WFP poverty map, the WFP VAM Unit, August 2002

List of Service Providers in Takeo KSP Provinces

Name of institution	World Food Programme	Provincial Rehabilitation Centre (American Red Cross)	Program de Rehabilitation et d'Appui au Secteur du (Cambodge)	Christian Outreach Relief and Development	National Centre for Disabled Person	Social Service of Cambodia	Cambodian Women for Peace and Development	Reproductive Health Association of Cambodia	World Vision Cambodia	Lutheran World Federation
Abbreviation	WFP	AmCross	PRASAC**	CORD	NCDF	SSC	GWPD	RIAC	WVC	LWF
Type of Province	United Nations Kampong Speu	International NGO Kampong Speu	European Commission Kampong Speu	International NGO Kampong Speu	Local NGO Kampong Speu	Local NGO Kampong Speu	Local NGO Kampong Speu	Local NGO Kampong Speu	International NGO Kampong Speu	International NGO Kampong Speu
Target districts/communes	All Communes in Udong District 10 Communes in Udong District 5 Communes in Phnom Sroech District 2 Communes in Samrong Tong District 7 Communes in Thpong District	All 8 districts	5 districts (Udong, Samrong Tong, Chba Mon, Boseth)	2 communes in Boseth District	2 Districts (Samrong Tong, Phnom Sroech)	7 communes in Chba Mon, Samrong Tong, Kong Pisey Districts All 8 Districts for mental health services 5 Districts (Boseth, Kong Pisey, Chba Mon, Samrong Tong, Phnom Sroech) for rural development	4 communes (Kohaeing, Sopur Tep, Reang Chok, Svay Kravan) in Samrong Tong, Chba Mon Districts	235 villages, 41 communes in 4 Districts (Kong Pisey, Boseth, Samrong Tong, Phnom Sroech)	5 Communes in Udong District 4 Communes in Samrong Tong District 26 villages in 3 communes in Phnom Sroech District	8 Communes in Udong District 7 Communes in Phnom Sroech District
Area of Assistance	Food assistance for work & growth	Disability services	Agricultural assistance, community credit programme, Rehabilitation of irrigation system and rural roads	Rural credit, rice bank (Health promotion, Agricultural assistance, Literacy education)	Disability awareness/assistance, Inclusive education	Self help group, Social mental health services, Rural development	Agricultural assistance, Vocational training, HIV/AIDS education	Public health, sanitation (Medical service)	Agricultural assistance (food security), Public health sanitation, VDC/CDC training	Maternal health, HIV/AIDS education, VDC training, Vocational training in Battambang, Agricultural assistance (food security)
Key activities	Provide food assistance to the needy through partner organisations including Provincial Institutions (PTC,WD,PDOL,PDRI) and NGOs (ACC,CORD,CADP,AmCross,et c)	Provide artificial limbs, wheel chairs Provide physiotherapy Provide accommodation, transportation allowance Refer patients with other clinical symptoms to relevant NGOs	Provide technical assistance to PDRI, PDRI, PDRI Provide technical assistance for improved pest control, multiple crop growing Provide training for agricultural extension workers, VLAs Organise CBOs for credit activities, management of irrigation system.	Provide training in traditional birth attendance, water sanitation Train farmers in VLA, home gardening Train villagers in credit management, organising rice bank	Provide awareness training for both the handicapped and general public Provide wheel chairs, artificial limbs, bicycles, clothes Train the disabled in animal raising Refer the disabled to other NGOs for skills training in motor repair, sewing, radio repair	Help farm groups through workshops Provide counselling on better problem solving Provide agricultural training and seeds	Train farmers to diversify production of fruits, vegetables, flowers, mushrooms Provide skills in raising animals Provide skills training in hair dressing, dressmaking	Educate women in birth spacing Provide awareness sessions in HIV/AIDS, general public health Train community volunteers in health promotion	Train farmers in improved rice production, other crop production Promote better health and hygiene in community Provide leadership training for VDC/CDC	Train traditional birth attendants (TBAs) in the village Provide workshop and awareness in HIV/AIDS, health education Dig wells in the community, organise and train water committees Organise and train VDCs Provide training in vaccination of animals
Present funding sources	UN	AusAID	EU	CORD UK, ZOA	UNICEF	MAG, IMF, ICCO	EU	AusAID	WV New Zealand, WV Japan, WV America	EU, DCA, LWF Geneva
Area for collaboration with CDR <sup>1</sup>	Provide above assistance if veterans reside in the operating areas of partner organisations.	Refer the soldiers who need artificial limbs, physiotherapy, repair equipment	Provide above assistance if veterans are in the NGOs operational areas.	Provide above assistance if veterans are in the NGOs operational areas.	Provide artificial limbs Train veterans in animal husbandry (\$31 per person) Refer veterans to other NGOs in skills training Select one veteran and provide a cow (worth \$100)	Train veterans in improved agricultural methods Provide crop seeds to poor veterans (\$15 for 18 days)	Provide seeds and pesticide Train farmers in improved agricultural technique	Educate veterans family in birth spacing Provide medicine to veterans Provide transportation to hospital	All above activities as long as veterans reside in the operating areas.	All above activities as long as veterans reside in the operating areas.
Contact	Mr. Han Chanthou Programme Officer	Mr. Ken Phalla Manager	Mr. Wolf Raubold Zonal Adviser 012 803 541	Mrs. Morn Vitol 032 347 105 012 803 193	Mr. Chan Veasna 012 729 933	Mr. Tang Soeung/Mrs. Heng Srey 023 212 575 012 816 767	Mr. Pheng Sam Denu 025 987 212 012 951 589	Mr. Tong Savoeun 025 987 261 016 951 774	Mr. Nop Vantuly 025 987 339 012 931 064	Mr. Lim Thorn 025 987 285 012 971 602

\* Partner organisations for 2003 and beyond are under review during survey. Listed target areas are subject to change.

\*\*Possible assistance for veterans within targeted areas only

\*\*\*Projects expected to complete by the end of 2003. Transfer to the Provincial Department planned



List of Service Providers in Takeo KSP Provinces

Name of Institution	Farmers Association of Kampong Speu Province	InterBand	World Food Programme	Handicap International	Program de Rehabilitation et d'Appui au Secteur du Cambodge	Community Aid Abroad	World Vision Cambodia	Rhoer Women Cooperation for Development	Association of Farmer Development	Partner in Compassion
Abbreviation	FAK	InterBand	WFP	HI	PRASAC ***	CAA	WVC	RWCD	AFD	PC
Type of Province	Local NGO Kampong Speu	Japanese- NGO Kampong Speu	United Nations Takeo	International NGO Takeo	European Commission Takeo	International NGO Takeo	International NGO Takeo	Local NGO Takeo	Local NGO Takeo	Local NGO Takeo
Target districts/communes	Moha Sang Commune in Pinom Sroech District	Strong commune in Reing Pisev district 5 communes (Kandal Dom, Chhau Morn, Bakabun, Svay Kravan, Spor Tep) in Chhau Mon Vansar commune in Samraong Toug district	All 10 districts	All 10 districts	151 villages in 22 communes, 5 districts (Angkor Borei, Borei Chhuat, Koh Andet, Kroteung, Traing) for agricultural extension and irrigation All 10 districts for community credit	14 villages in 2 districts (Prey Kabbas, Traing)	3 communes in Samraong district	Roka Khnong and Roka Krau Commune in Deou Keo District	2 communes (Trapeang Krassong, Chhambak) in Batt District 3 communes (Chhnuoch Pen, Khay, Samraong, Soengpin) in Samraong District	All communes in Batt District
Area of Assistance	Agricultural training and assistance Primary health Income generation	Small business assistance Supply of medication Business loan	Food assistance for work & growth	Disability services Social grant	Agricultural assistance Community credit programme/capacity development Rehabilitation of irrigation system and rural roads, drinking water	Agricultural assistance Water & sanitation Community capacity building	Income generation Water & sanitation Community capacity development Community infrastructure development	Public health Women's right AIDS education	AIDS education Savings groups Agricultural assistance (in Samraong District)	Home care for AIDS patients Orphanage support
Key activities	Provide agricultural training in home gardening, animal raising Organise rice bank, fertiliser bank, cow bank Provide health education on HIV/AIDS, TB, typhoid, dengue fever	Collaborate with local NGOs in assisting small businesses, provisions of training Provide business loans Provide 'local money' to buy medicines	Provide food assistance to the needy through partner organisations including Provincial Institutions (PTC, WID, PDIH, PDRD) and NGOs (AMIDA, JIL, CARITAS, VCAO, PIC, etc)	Provide artificial limbs, wheel chair Repair artificial limbs, wheel chair and other equipment Provide accommodation, transportation, food allowance Provide social grant (for housing, vocational training, health referrals) and income generation grant (\$15) to the most difficult families Provide education to children of the disabled persons	Provide technical assistance to PDAPP, PDRD, PDWR for improved pest control, multiple crop growing Provide training for agricultural extension workers, VLAs Organise CBOs for credit activities, management of irrigation system	Provide agricultural training in compost making, VLA vaccination programme through PDAPP workers Assist VDCs to organise rice bank Train health promoters in the village Provide training to savings groups	Provide loans for family projects Provide training in fish raising, and assist farmers in pig raising training Assist villages in constructions of bridge and road renovations. Promote better health and hygiene in community, construct latrines and open wells Provide leadership training for VDC/CDC Organise rice banks	Provide AIDS awareness and health education in the commune health centre Provide leadership training to women's groups Refer sick women to commune health centre Organise savings groups	Provide training in midwife and traditional birth attendance skills Provide AIDS training and counselling Provide VDC organisation training Form savings groups, give loans Provide agricultural training in use of organic fertiliser Provide capital for agricultural business	Provide youth AIDS awareness and counselling Train family members in home-care treatment Extend financial assistance to vulnerable orphans Provide terminal care to patients without families
Present funding sources	CIDSE	JICA (開発福祉支援資金)	UN	HI Belgium	EU	Oxfam Australia	WV Hong Kong, WV Japan	USAID	RACHA, KHANA, CRWRC	COERR, KHANA, FHI (Family Health)
Area for collaboration with CDRP	Conduct one-day workshops in the village in home gardening, raising animals Health education on HIV/AIDS, TB, Typhoid, dengue fever Provide business loans (\$20) for 6 months	Provide above assistance to the selected veterans families	Provide above assistance if veterans reside in the operating areas of partner organisations.	Provide the above assistance to the disabled veterans ES should provide information to HI or district officers of Dept. of Social Affairs (\$80 per person)	All above activities as long as veterans reside in the operating areas.	Agricultural assistance to the communities	All above activities as long as veterans reside in the operating areas.	Provide AIDS awareness to veterans' daughters who are working as prostitutes (\$5 per session per person)	Provide agricultural training in use of organic fertiliser/pesticide, animal raising (\$5 for 4 days)	Counselling service to veterans with AIDS (\$20 per month)
Contact		Mr. Kim Chhay 016 861 057	Mr. Prak Houn 012 886 686	Mr. Khoun Vannara 011 704 860 032 931 293	Mr. Tim Son 016 835 293 032 931 334	Mr. Cheng Virak Project manager, Takeo 012 655 595	Mr. Ouk Uannara 023 367 435	Mrs. Yok Someta 011 862 633	Mrs. Koy Pisey 012 713 960 012 954 894	Mr. San Vannho 011 826 037 012 975 873

List of Service Providers in Takeo KSP Provinces

Name of institution	Community Forest Development Association	Cambodia Women for Peace and Development	Veterinaires Sans Frontieres	Association of Medical Doctors of Asia	Thana Kea Phnum Cambodia	Chinnouan Chier Khmer (Organisation)	Socio-Economic Development Organisation of Cambodia	Cambodian Centre for Study And Development in Agriculture	InterBand
Abbreviation	CFDA	CWPD	VSF	AMDA	Former CRS	CCR	SEDOC	CEBAC	InterBand
Type of Organisation	Local NGO	Local NGO	International NGO	Japanese NGO	Local NGO	Local NGO	Local NGO	Local NGO	Japanese NGO
Province	Takeo	Takeo	Takeo	Takeo	Takeo	Takeo	Takeo	Takeo	Takeo
Target districts/communes	5 communes in Tram Kok, Traing, Doun Kea Districts	Baray commune in Doun Kea District	8 communes in Samraong District 10 communes in Tram Kok District 5 communes in Prey Kabbas District	Ang Roka Operational District, including Tram Kok District	15 Communes in Tram Kok District 4 Communes in Samraong District	3 communes (Romeulh, Uleia, Prachum, Krapan Chhuk) in Koh Andet District Chhey Chhok commune in Hveei Chhvasi District All communes in Kriveang, Angkor Borei, Borei Chhvasi (Koh Andet Districts) for emergency relief	3 communes (Khvav, Boeng Trank, Samraong) in Samraong District 18 communes in Batt, Samraong, Prey Kabbas, Tram Kok District	40 villages in Tram Kok District	6 communes (Leay Bau, Sre Romoung, Ang Ta Sorn, Nheug Nhorng, Tram Kok, Trupang Kruonhuong) in Tram Kok district
Area of Assistance	Agricultural training Health education Rural credit Control of domestic violence	Rural credit Health education	Agricultural assistance Food security	Medical services Maternity care	Rural credit	Food security Community capacity development Emergency relief	Rural credit Rice bank Vocational training	Agricultural assistance	Small business assistance Supply of medication Business loan
Key activities	<ul style="list-style-type: none"> <li>Provide training in fish cultivation, vegetable growing</li> <li>Train village health agent</li> <li>Provide business guidance</li> <li>Provide awareness for prevention of domestic violence and training in problem solving.</li> </ul>	<ul style="list-style-type: none"> <li>Form credit groups, explain credit policy</li> <li>Give loans and business guidance</li> <li>Train people in AIDS awareness</li> <li>Train people in food security</li> </ul>	<ul style="list-style-type: none"> <li>Provide training in animal raising, animal vaccination, vegetable growing</li> <li>Encourage farmers to raise fish in their pond as a measure of food security</li> <li>Train people in food security management</li> </ul>	<ul style="list-style-type: none"> <li>Undertake community campaigns/consultations for controlling dengue, HIV/AIDS</li> <li>Conduct outreach activities and provide information/advice on birth spacing, diarrhea, malaria, TB and leprosy</li> <li>Provide ambulance services for patients in severe condition to be transported to the referral hospital.</li> <li>Develop the Ang Roka OD Health Fund to build local capacity for better delivery of health services.</li> </ul>	<ul style="list-style-type: none"> <li>Organise credit groups</li> <li>Provide training in savings, credit management</li> <li>Provide business guidance</li> </ul>	<ul style="list-style-type: none"> <li>Organise and manage rice bank, animal bank</li> <li>Train farmers in home gardening</li> <li>Provide credit</li> <li>Provide agriculture training</li> <li>Train VDCs in gender awareness, PRA, advocacy</li> <li>Improve community emergency relief capacity</li> </ul>	<ul style="list-style-type: none"> <li>Organise and train credit groups</li> <li>Provide business guidance</li> <li>Organise and train rice banks</li> <li>Provide training in sewing, motorbike repair, water pump repair, village livestock agent</li> <li>Provide loans to start up businesses</li> </ul>	<ul style="list-style-type: none"> <li>Organise farmers' groups</li> <li>Train farmers in integrated organic farming methods (rice, animal husbandry, etc)</li> <li>Expand farmers' groups and integrate into Association</li> </ul>	<ul style="list-style-type: none"> <li>Collaborate with local NGOs in assisting small businesses, provision of training (rice, animal husbandry, etc)</li> <li>Provide business loans</li> <li>Provide 'local money' to buy medicines</li> </ul>
Present funding sources	MCC	CWPD, PWP	EU	AID	CRS	Oxfam GB	MANITESH (Italy), NOVIB (Ireland)	JICA (小規模開発福祉支援資金), JICA (開発福祉支援資金)	
Area for collaboration with CHRP	Provide above assistance if veterans are already in NGO's operational areas.	Provide loans and business guidance (\$50 plus monthly interest of 4% for 8 months)	Provide training in vegetable growing and animal raising, VLA (\$230 for 6 months per person)	Provide above services as long as veterans are in the AMDA's operating areas.	Provide loans to veterans (\$50 loan for a period of 3-8 months)	Provide agricultural training (if financed)	Train veterans in animal raising, using fertilizer, dress making, motorbike repair <td>Provide above assistance to veterans as long as they are in CEBAC's operating areas.</td> <td>Provide above assistance to the selected veterans/families</td>	Provide above assistance to veterans as long as they are in CEBAC's operating areas.	Provide above assistance to the selected veterans/families
Contact	Mrs. Sdeung Khor 012 997 272	Mrs. Yeap Hundy 011 972 391 011 708 637	Mrs. Kol Thida 011 974 345 032 931 262	Mrs. Miyoko Okamoto 034 347 090	Mrs. Chan Dany 032 347 112	Mrs. Ben Sakhon 032 347 058	Mr. Ouk Sokha 016 916 509	Mr. Prak Screyvath 023 880 910 012 887 966	Mr. Kun Chhay 016 861 057

PRA Summary Matrix

	Seiha Village	Prey Kdouch Village	Tum Pung Village	Chamcar Chek Village
Commune/District	Chambak Commune, Bati District	Trapeang Kranhung Commune, Tram Kak District	Kaheng Commune, Samroung Toung District	Treang Trayoung Commune, Phnom Srouch District
Province	Takeo Province	Takeo Province	Kampong Speu Province	Kampong Speu Province
Category by WFP over the mapping	Less than 40% poor	Greater than 60% poor	Less than 40% poor	Less than 40% poor
<b>Demographic information</b>				
Population (% female/male)	1718 (52.9% / 47.1%)	1948 (49.4% / 50.6%)	706 (51.3% / 48.7%)	1787 (50.9% / 49.1%)
Number of households (Average household)	372(4.6)	347 (5.6)	137 (5.2)	343 (5.2)
Number of woman-headed household (%)	51 (13.7%)	45 (12.9%)	25 (18.2%)	28 (8.2%)
Number of the veterans households	4(1.1%)	13 (3.7%)	5 (3.6%)	63 (18.4%)
Physical Conditions of the veterans (%)	Able body 20% / Disability 40% / Over 55 yrs old 40%	Disability 50% / Over 55 yrs old 50%	N/A	N/A
Religious group	Islam 1%, Buddhist 99%	Buddhist 99.9 %	Buddhist 100%	Buddhist 100%
<b>Basic Socio-Economic Information</b>				
Literacy rate over 15 yrs old (%female/%male)	93% / 95%	59% / 71%	64% / 83%	10% / 66%
Access to education	(information given by village chief) : 1 kindergarten and 1 primary school : 10% go to other primary school in Bati District Centre(4 Km away) : 1 secondary school and 1 high school in Bati District Centre : 90% of graduates of primary school go to secondary school	: No kindergarten, 1 primary school in the village and another one in neighbour village : No secondary and high school in Trapeang Kranhung Commune : 1 high school in Ang Ta Sorm Commune (35 Km away) : 2 secondary schools in other communes (12 Km and 18 Km)	: 1 primary and 1 secondary school : School attendance rate for 5-14 yrs old is 75%	(ratio represents PRA group) : 1 primary school with 3 classrooms in the village : 1 primary school in other village (1.5 km away) and 1 secondary school (7 Km away) : School attendance rate up to 6th grade is 90%
Access to Sanitation & water facilities	: 5 hand pumps shared by villagers : 25% of households have pond : 1 big pond in the village pagoda : No water source for farming : 80 latrines	: 5 ring wells : 1 hand dug well : 14 pump wells : 6 ponds : 3 latrines	: 10 families have own latrines at home : No well in the village : Use water from river for animal feeding, washing, rice producing : Buy water (1500 Riel for 200 litres) from bender : 1 pond in pagoda : Every house has water storage (jar, tank) : 20% of the households boil water before drinking but the younger generations are indifferent to the practice.	: 1 dry latrine available in the village therefore most villagers practice 'dig and cover' on their home plot. : Four natural ditches for irrigation available all year around. : Most villagers dig water hole for watering crop for home gardening : 80% boil
Access to Health Care	: 5 private clinics : No traditional healer in the village : 1 Commune Health Centre located in the village : 1 Referral Hospital in District Centre (4 Km away) : 1 hospital with good facility in town (30 Km away) and in Phnom Penh (40 Km away) : 1 HIV/AIDS clinic run by NGO (Partners in Compassion) in another village (3 Km away)	: 2 traditional healers : Commune Health Centre in another commune (12 Km away) : 1 Referral Hospital (20 Km away) : 3000 Riel required to stay in health centre for a week : Monthly vaccination programme for children available in Commune Health Centre (12 Km away) : 2 trained midwives : 1 village health agent : HIV/AIDS education by NGO as well as at Commune Health Centre : Reproductive Health Association of Cambodia(RHAC) for STD	: UNICEF provided medical care to children with problems of hearing and speech : Village Development Committee(VDC) provides information on maternal health and birth spacing : 1 Commune health centre(2 Km away) and no health centre in the village : 3 out of 7 veterans are not aware of exemption of medical fees.	: 1 private clinic : Traditional midwife(20-30% of total deliveries use) : Only 1 out of 71 veterans used free medical examinations at the Provincial Hospital. : Basic medicines available at village grocery shop : 1 public health centre and Provincial Hospital
Common Diseases	: Fever, headache, flu : Dengue fever : Typhoid : Skin disease : Stomach ulcer	: Tuberculosis : Malaria : Fever : Dengue Fever : Typhoid	N/A	: Malaria : Typhoid : Dengue fever

PRA Summary Matrix

Appendix 3

	Seiha Village	Prey Kdouch Village	Tum Pung Village	Chamcar Chek Village
Commune/District	Chambak Commune, Bali District	Trapeang Kranhung Commune, Tram Kak District	Kaheng Commune, Samroung Young District	Treang Trayoeung Commune, Phnom Srouch District
Province	Takeo Province	Takeo Province	Kampong Speu Province	Kampong Speu Province
Category by WFP poverty mapping	Less than 40% poor	Greater than 60% poor	Less than 40% poor	Less than 40% poor
<b>Demographic Information</b>				
Population (% female/male)	1718 (52.9% / 47.1%)	1948 (49.4% / 50.6%)	706 (51.3% / 48.7%)	1787 (50.9% / 49.1%)
Number of households (Average household)	372(4.6)	347 (5.6)	137 (5.2)	343 (5.2)
Number of woman-headed household (%)	51 (13.7%)	45 (12.9%)	25 (18.2%)	28 (8.2%)
Number of the veterans households	4(1.1%)	13 (3.7%)	5 (3.6%)	63 (18.4%)
Physical Conditions of the veterans (%)	Able body 20% / Disability 40% / Over 55 yrs old 40%	Disability 50% / Over 55 yrs old 50%	N/A	N/A
Religious group	Islam 1%, Buddhist 99%	Buddhist 99.9 %	Buddhist 100%	Buddhist 100%
<b>Basic Socio-Economic Information</b>				
Literacy rate over 15 yrs old.(%female/%male)	93% / 95%	59% / 71%	64% / 83%	10% / 68%
Access to education	(information given by village chief) : 1 kindergarten and 1 primary school : 10% go to other primary school in Bali District Centre(4 Km away) : 1 secondary school and 1 high school in Bali District Centre : 90% of graduates of primary school go to secondary school	: No kindergarten, 1 primary school in the village and another one in neighbour village : No secondary and high school in Trapeang Kranhung Commune : 1 high school in Ang Ta Sorm Commune (35 Km away) : 2 secondary schools in other communes (12 Km and 18 Km	: 1 primary and 1 secondary school : School attendance rate for 5-14 yrs old is 75%	(ratio represents PRA group) : 1 primary school with 3 classrooms in the village : 1 primary school in other village (1.5 km away) and 1 secondary school (7 Km away) : School attendance rate up to 8th grade is 90%
Access to Sanitation & water facilities	: 5 hand pumps shared by villagers : 25% of households have pond : 1 big pond in the village pagoda : No water source for farming : 80 latrines	: 5 ring wells : 1 hand dug well : 14 pump wells : 6 ponds : 3 latrines	: 10 families have own latrines at home : No well in the village : Use water from river for animal feeding, washing, rice producing : Buy water (1500 Riel for 200 litres) from bender : 1 pond in pagoda : Every house has water storage (jar, tank) : 20% of the households boil water before drinking but the younger generations are indifferent to the practice.	: 1 dry latrine available in the village therefore most villagers practice 'dig and cover' on their home plot. : Four natural ditches for irrigation available all year around. : Most villagers dig water hole for watering crop for home gardening : 80% boil
Access to Health Care	: 5 private clinics : No traditional healer in the village : 1 Commune Health Centre located in the village : 1 Referral Hospital in District Centre (4 Km away) : 1 hospital with good facility in town (30 Km away) and in Phnom Penh (40 Km away) : 1 HIV/AIDS clinic run by NGO (Partners in Compassion) in another village (3 Km away)	: 2 traditional healers : Commune Health Centre in another commune (12 Km away) : 1 Referral Hospital (20 Km away) : 3000 Riel required to stay in health centre for a week : Monthly vaccination programme for children available in Commune Health Centre (12 Km away) : 2 trained midwives : 1 village health agent : HIV/AIDS education by NGO as well as at Commune Health Centre : Reproductive Health Association of Cambodia(RHAC) for STD	: UNICEF provided medical care to children with problems of hearing and speech : Village Development Committee(VDC) provides information on maternal health and birth spacing : 1 Commune health centre(2 Km away) and no health centre in the village : 3 out of 7 veterans are not aware of exemption of medical fees.	: 1 private clinic : Traditional midwife(20-30% of total deliveries use) : Only 1 out of 71 veterans used free medical examinations at the Provincial Hospital. : Basic medicines available at village grocery shop : 1 public health centre and Provincial Hospital
Common Diseases	: Fever, headache, flu : Dengue fever : Typhoid : Skin disease : Stomach ulcer	: Tuberculosis : Malaria : Fever : Dengue Fever : Typhoid	N/A	: Malaria : Typhoid : Dengue fever

PRA Summary Matrix

	Seiha Village	Prey Kdouch Village	Tum Pung Village	Chamcar Chek Village
<b>Major source of income</b>	<ul style="list-style-type: none"> <li>Rice growing</li> <li>Home gardening (vegetable, fruits)</li> <li>Livestock (chicken, pigs)</li> <li>Government service</li> <li>Retailing at market</li> <li>Wage labour (seedling, harvesting, garment industry)</li> </ul>	<ul style="list-style-type: none"> <li>Rice growing</li> <li>Vegetable growing</li> <li>Firewood and logging during dry season</li> <li>Wage labour (land preparation, seedling, harvesting, garment industry)</li> <li>Retailing and restaurant at market</li> </ul>	<ul style="list-style-type: none"> <li>Rice growing</li> <li>Animal raising (pig, duck, chicken)</li> <li>Sugar palm production</li> <li>Selling labour</li> <li>Running grocery store</li> <li>Tailoring</li> <li>Running a motorbike taxi business</li> </ul>	<ul style="list-style-type: none"> <li>Working for the nearby cassava company</li> <li>Making tatch-roof</li> <li>Working as a guard on the property owned by high ranking official</li> <li>Running grocery store</li> <li>Running a motorbike taxi business</li> <li>Charcoal making and firewood</li> <li>Animal raising</li> </ul>
<b>Wealth criteria (defined by villagers)</b>				
<b>Rich</b>	<ul style="list-style-type: none"> <li>Have fixed job</li> <li>Have enough food all year around</li> <li>Have enough cash for daily living</li> <li>Own a motorbike or car for domestic use</li> <li>Live in a brick house with tile roof</li> <li>Able to hire workers for rice farming</li> </ul>	<ul style="list-style-type: none"> <li>Have enough cash for living</li> <li>No need to depend on NGOs or other villagers</li> <li>Have enough food for consumption</li> <li>Have enough clothes for wearing</li> <li>Live in a big house</li> <li>Own materials, equipment for farming</li> </ul>	<ul style="list-style-type: none"> <li>Own more than a 1.5 ha of rice field</li> <li>Own a motorbike and a TV set</li> <li>Family member work as civil servant</li> <li>Own 2 or more cattle</li> <li>Live in a house with concrete/timber wall</li> <li>Run a wholesale business</li> </ul>	<ul style="list-style-type: none"> <li>Own a car</li> <li>Able to lend money to others</li> <li>Own more than 5 heads of cattle</li> <li>Own a 2-4 ha. of land</li> <li>Live in a house with concrete/wooden wall and corrugated iron roof</li> <li>Family member work as a civil servant or military officer</li> </ul>
<b>Fair</b>	<ul style="list-style-type: none"> <li>Have enough food for 6 months</li> <li>Have an average of 0.5 ha. of rice field</li> <li>Own a motorbike for taxi driving</li> <li>Live in a medium size of wooden house with tile roof</li> <li>Own more than one cows</li> </ul>	<ul style="list-style-type: none"> <li>Own rice field</li> <li>Produce enough rice for all year around</li> <li>Own a motorbike</li> <li>Borrow money occasionally</li> </ul>	<ul style="list-style-type: none"> <li>Own a 0.4-0.7 ha. of rice field</li> <li>Own a motorbike and TV set</li> <li>Own a pair of draft animals and oxcart</li> <li>Live in a house with timber and corrugated iron wall</li> <li>Earn money from sales</li> <li>Have more than 1 income source.</li> </ul>	<ul style="list-style-type: none"> <li>Live in a house with timber, wooden wall and thatched roof</li> <li>Make living through thatch/charcoal making, pig/sow raising, growing vegetable</li> <li>Own a pair of draft animal</li> <li>Own a 0.5-1ha. Of land for home and farming combined</li> </ul>
<b>Poor</b>	<ul style="list-style-type: none"> <li>Have enough rice for 3 months</li> <li>Have an average of 0.2 ha. Of rice field.</li> <li>Do not own a motorbike</li> <li>Work as a labourer for other farmers</li> <li>Need to borrow money</li> <li>Own one cow</li> </ul>	<ul style="list-style-type: none"> <li>Have rice for only 2 months after harvesting</li> <li>Lack of money to receive health care</li> <li>Need to borrow money from others</li> <li>Own only a bicycle</li> </ul>	<ul style="list-style-type: none"> <li>Own a 0.2-0.4 ha. of rice field</li> <li>Raise animals</li> <li>Own a cow for ploughing</li> <li>Live in a house built directly on the ground with thatched roof</li> <li>Own a bicycle</li> <li>Indebted</li> <li>Lack of food for 3 months</li> </ul>	<ul style="list-style-type: none"> <li>Live in a house built directly on the ground with thatch wall and roof</li> <li>Make living through daily labour on weeding or day wages from cassava company</li> <li>Do not own cow nor draft animals</li> <li>Own a less than 0.3 ha. of land</li> <li>Unable to borrow money from private lender</li> </ul>
<b>Poorest</b>	<ul style="list-style-type: none"> <li>Constant lack of rice for eating</li> <li>Do not own rice field</li> <li>Own only a bicycle</li> <li>Work as a labourer for other farmers</li> <li>Have difficulty in borrowing money</li> </ul>	<ul style="list-style-type: none"> <li>Do not own rice field</li> <li>Do not grow rice</li> <li>Live in a small cottage</li> <li>Work as a labourer for other farmers</li> <li>No transportation means</li> </ul>	<ul style="list-style-type: none"> <li>Family with a female-head, elderly-head or with disability members</li> <li>Live in a small hut with thatched roof built directly on the ground</li> <li>Do not own rice field</li> <li>Work as a day labourer</li> <li>Do not own draft animals</li> <li>Unable to borrow money from lenders</li> <li>Constant lack of food</li> </ul>	<ul style="list-style-type: none"> <li>Make living as a paid guard and/or from other day wage works</li> <li>Live in a small hat built on the other's property</li> <li>Family with a female-head, elderly-head or with disability</li> <li>Unable to borrow money from lender</li> </ul>
<b>Distribution of wealth group</b>				
<b>Line 1: Veterans family</b> <b>Line 2: Overall</b> <b>(Rich/Fair/Poor/Poorest)</b>				
<b>Top Three main problems</b>	<p><i>Overall</i></p> <ol style="list-style-type: none"> <li>1. Water shortage during dry season</li> <li>2. Food shortage, especially rice</li> <li>3. Poor health and high medical fees</li> </ol>	<ol style="list-style-type: none"> <li>1. Food shortage</li> <li>2. Water shortage during dry season for drinking, farming, feeding animals</li> <li>3. Lack of draft animal for ploughing and harrowing.</li> </ol>	<ol style="list-style-type: none"> <li>1. Inadequate irrigation system</li> <li>2. Lack of clean drinking water</li> <li>3. No kindergarten/ pre-schools in the village</li> </ol>	<ol style="list-style-type: none"> <li>1. Lack of legal recognition of land ownership</li> <li>2. Insufficient school classroom/teachers to accommodate school-age children</li> <li>3. No draft animals for farming</li> </ol>

PRA Summary Matrix

	Seiha Village	Prey Kdouch Village	Tum Pung Village	Chamcar Chek Village
<i>Women</i>	same as overall group	same as overall group	1. Lack of water for rice fields and home gardens 2. Food shortage in October & November 3. Poor health services	1. Transportation costs to send children to the secondary school 2. Limited job opportunities 3. Dispute over farm land ownership between the villagers and military officials.
<i>Veterans</i>	1. Lack of farming land 2. Water shortage during dry season 3. No cows for ploughing	1. Food shortages 2. Poor health due to old injuries and malaria 3. No cattle: some had to sell animals to buy medicine	1. No land for building a house and home gardening 2. No draft animals for farming 3. Live with others without owning a house	1. No land for farming 2. No draft animals for farming 3. Dispute over land ownership and land loss as a result
<b>Top three causes of problems</b>				
<i>Overall</i>	<u>Water shortage</u> 1. Lack of canals or canals are too shallow 2. Inadequate depth of ponds 3. Lack of deep wells in the village <u>Food shortage</u> 1. Inadequate knowledge and usage of fertiliser 2. Lack of high quality rice seeds 3. Inadequate knowledge and usage	<u>Food shortage</u> 1. Low yield of rice due to lack of rainfall 2. Damaged dam and shallow canals 3. Lack of draft animals for farming <u>Water shortage</u> 1. Inadequate rainfall 2. Damaged dam 3. Inadequate number of wells in the village <u>Lack of livestock</u> 1. Selling cattle when family gets sick, for special events such as weddings, and funerals 2. No savings to buy animal 3. Animals die from disease	<u>Inadequate irrigation system</u> 1. Road construction blocked water flows to and from the river. 2. No rain 3. No pumping system to water rice field <u>Lack of clean drinking water</u> 1. Use of river water 2. No system to use underground water 3. No help from NGOs for digging wells <u>No kindergarten/pre-school in the village</u> 1. Village does not have enough money to build a kindergarten 2. Parents are too busy to look after kids	<u>Lack of legal recognition of land ownership</u> 1. No official land title given 2. Pressure from high ranking official to sell land at low price 3. Increment of population in the village led to difficulty of owning land. <u>Insufficient school classroom/teachers</u> 1. Not enough contributions from villagers for constructing schools 2. Lack of support from NGOs and government <u>Lack of draft animals for farming</u> 1. Lack of income to buy draft animals 2. No land ownership
<i>Women</i>	same as overall group	same as overall group	<u>Lack of water</u> 1. Road construction blocked water flows to and from the river. 2. No rain 3. No pumping system to water rice field <u>Food shortage</u> 1. Unable to grow rice twice a year due to lack of water 2. No irrigation system for home gardening. 3. Animals die during dry season <u>Poor health services</u> 1. District health centre has no medicine and its health workers are careless and rude 2. Hospital and clinic are 6 Km away from the village	<u>Transportation costs to school</u> 1. School is far 2. Parents do not have own motorbike to drive children <u>Limited job opportunities</u> 1. Lack of competitiveness in the job market 2. Day wage jobs are not stable by nature <u>Dispute over farm land ownership</u> 1. High ranking official cheated on the villagers 2. No official land title given to neither the current resident nor the previous resident.
<i>Veterans</i>	<u>Lack of farming land</u> 1. Sold farming land to buy medicine and pay medical fees. 2. No savings to buy back or expand farming land 3. Gave pieces of land to grown children <u>Water shortage</u> 1. Inadequate or no deep pond 2. Water source for canals is far 3. No pumping machine for water <u>No livestock</u> 1. No savings to buy cattle	<u>Food shortage</u> 1. Inadequate water for farming 2. Lack of quality seed and fertiliser 3. Lack of cash/money to buy daily food <u>Poor health</u> 1. Live close to malaria-ridden areas 2. Have old injuries from fighting as a soldier 3. Not enough rest due to constant hard work <u>No cattle</u> 1. Need to sell animal when family gets sick 2. No savings to buy animals	<u>No land</u> 1. Moved to this village from other place 2. Did not live in the village in 80's when govern distributed land to villagers 3. Used \$240 for urgent needs such as food and medication <u>No draft animals</u> 1. Did not plan well for income generation before discharge 2. Difficult to work with animals due to poor health and disabilities <u>Live with others</u> 1. Recently moved from the border area 2. Unable to be independent due to insufficient production of food.	<u>No land for farming</u> 1. False promise of land giving while the veterans were still in military. 2. The land provided turned out to belong to somebody else <u>No draft animals for farming</u> 1. No income to buy draft animals 2. Inadequate experience on agriculture and animal raising <u>Disputes over land ownership and loss of land</u> 1. Manipulation by high ranking official to sell the the veterans' land to private companies 2. No land entitlement given 3. No negotiation power with high ranking officials
<b>Top three priority needs</b>				
<i>Men and Women Combined</i>	1. Rebuild canals and family ponds for drinking and farming 2. Learn how to raise healthy animals 3. Learn how to use pesticide for growing rice and vegetable.	1. Repair dam and canals 2. Learn how to raise healthy animals 3. Learn skills on seed selection and crop production for vegetable and fruits.	1. Install pipelines connecting river and paddy field. 2. Secure clean water for consumption 3. Obtain vegetable seeds in variety	1. Construct enough school classrooms 2. Resolve land dispute 3. Obtain credit to buy animals and for business.

PRA Summary Matrix

	Selha Village	Prey Kdouch Village	Tum Pung Village	Chamcar Chek Village
<b>Women</b>	same as overall group	same as overall group	1. Install pipelines connecting river and paddy field. 2. Get additional food supply in October & November 3. Stock sufficient medicine at the village health centre and train medical staff.	1. Secure food for family members 2. Resolve land disputes 3. Construct primary school with enough classrooms
<b>Veterans</b>	1. Rebuild family pond for drinking and farming 2. Own cattle for ploughing 3. Own rice field for growing rice	1. Own cattle for ploughing and harrowing 2. Access to clean drinking water and irrigation 3. Have improved rice seeds and fertiliser	1. Obtain capital to start own business 2. Learn skills in welding, motorbike repair, carpentry, pig raising 3. Obtain farm land for growing rice and vegetable.	1. Delivery of the reintegration package 2. Food supply from NGO and WFP to compensate labour contributed 3. Supply of vegetable seeds and training on growing vegetables.
<b>Proposed solutions for main problems</b>	1. Farmers with land can dig a pond for storing rainwater 2. The veterans without land should be given land for rice growing 3. Construct pipe water system in the village (Govnt project available if +50% villagers agree to share the costs)	1. Repair dam and canals 2. Reserve rice for consumption and earn small money through trading, running small business, collecting firewood 3. Go to hospital or clinic instead of depending on traditional medicine	1. Villagers contribute 5000 Riel to build a under-road water system for rice field. 2. Obtain assistance from NGO to dig several wells 3. Provide land for farming and housing for the veterans 4. Obtain loans to start business, raise animals.	1. Speed up the issue of land title 2. Run school classes in location to maximise intakes of children. 3. Build roads leading to schools 4. Provide land ownership 5. Provide cash instead of packages 6. Set up cow bank in the village
<b>Vulnerability of the veterans</b>	Without military salary, most struggle to earn for a day. Securing food is still difficult for many of them, in particular for the landless.	: After discharge, the veterans lost salary and food rations. They have to work hard to earn for daily food. Children whose parents died recently are extremely vulnerable without stable means of earning money for food.	: During military service, the veterans got affected by malaria and asthma. Some got disabled. Due to physical vulnerability, earning sufficient livelihood is very difficult after discharge. Situations are worse due to lack of skills : If family did not live in the village before discharge, reintegration in civilian life is very difficult. : Landlessness makes the veterans even more vulnerable.	: Rice shortage during a period of October and December affects the veterans most among the poor : Frequent incidents of malaria result in high medical costs and loss of day wages : Delay in the delivery of package forced the veterans to sell the assistance goods and to borrow money by depositing their demobilisation certificate as a collateral.
<b>Access to Resources and Services</b>				
<b>Skills training</b>	: 5 dress-making shops where village girls can learn for \$80 for 6-8 months. : No former training centre in Commune : Provincial Vocational Training Centre (far)	: Provincial Training Centre (PDRD) : No NGO training provided in the village	: 1 vocational training centre supported by UNICEF and PDOE : Approx.10% of villagers attended training courses in welding, motorbike repair, construction skills. : CIDSE provides agricultural technical training. : Veteran's wife teaches village girls to sew	: Some veterans are trained in farming, TV/radio repair skills while they were in military : Only few can afford to learn skills in Phnom Penh
<b>Agriculture/Business assistance</b>	: 19 Rural Credit Groups created in the village : Takeo Provincial Vocational Training Centre provides loans to ex-trainees. : ACLEDA Bank provides loans at 3-4% interest for a period of 12-24 months : Informal money lenders provide loans at 15-25% interest.	: Catholic Relief Services, Int'l NGO, provide loans. : Village credit guarantee groups are formed : Informal money lenders provide loans at 15-30% interest.	: PRASAC provides irrigation facility, agriculture training and loans (Approx.10% of villagers borrowed including 1 veteran) : CIDSE provided training in pig raising, compost making and credit (Most villagers were benefited well but the program ended in 2000. : IPM provides training in pest control, and 20% of the villagers attended.	: Local NGO provided training on the production of organic pesticide/repellent in 2001
<b>Employment opportunities</b>	: 2 local markets located in the village where villagers can sell farm produce and earn labour wages : Many villagers go to Phnom Penh (40 Km away) for selling farm produce and work as a wage labourer. : About 20 village girls work in garment factory through an intermediary man, but they had to pay \$60.	: Very few job opportunities in the village. : Some earn day wages as a labourers on other's farm land, construction workers, or garment workers. : Collect firewood for selling although this is banned by the government	: Very few job opportunities in the village. : Many work as labourers on other's farmland and get paid 4000 Riel per day (2000 Riel for children between 12-15 yrs old) : Run a grocery shop : Some go to Phnom Penh to work at construction sites and garment factories	: Collection of firewood (prohibited by government) : Many used to work at Cassava company, but they recently stopped due to wage cut. : Many work as labourer on other's farmland : Some run small shop in the village : Some go to Phnom Penh to work at construction site or garment factory

PRA Summary Matrix

	Seiha Village	Prey Kdouch Village	Turn Pung Village	Chamcar Chek Village
<b>Main problems of accessibility</b>	<u>Good health care</u> : Accessible to commune health care but villagers prefer private clinic due to lack of medicine and long waiting time at commune health centre <u>Affordable credit</u> : Most credit available require high interest rates for a short period	Market access is a big problem due to poor road network. Unable to go to market for buying and selling produce, villagers depend on the middlemen. : Unable to afford transportation, few can access to health centre and hospital. : Farmers can access only to <u>small credit</u> facilities at high interest rate for a short period. : <u>Telephone connection</u> is too poor to receive information from other areas.	: Villagers have limited access to good health care at Commune Health Centre due mainly to lack of medicine and trained staff. : Many veterans are not aware of free medical services (available through showing their medical certificate). : 5 out of 6 veterans have no access to <u>farm land</u> because they are not a original resident of the village during the land distribution in the 80's. : Weak and sick villagers have difficulty in accessing <u>water</u>	: Villagers have difficulty in getting <u>loans</u> because of lack of collateral. : Lack of <u>agriculture and business assistance</u> in the village limits job creation.
<b>Top three priority services requested by the veterans</b>	1. Credit with lower interests for a longer-period 2. Skills training in vegetable production and animal raising 3. Skills training in sewing and small machinery repair	1. Skills training in raising animals 2. Skills training in seed selection, vegetable/fruit growing 3. Skills training in small machinery repair.	: Free medical services (most do not know ) : Skills training in animal raising and welding, etc for both the veterans and family members : Credit (cash, material inputs such as piglets, cows)	: Land title and legal services to resolve current land disputes. : Participation in animal bank (pig, cattle, chicken) : Training on vegetable production and animal husbandry
<b>Community Support</b>				
<b>Village organisations</b>	: No VDC formed : No other village organisations	: VDC formed with 7 members : Sangkahak Association (created by monks and respected seniors) formed to help poor families. : Construction committee formed to build temple, school, repair roads.	: Pagoda committee collects money for constructing schools, toilets, roads. : Village leadership raises funds for schools, road repairs, helping needy families. : VDC provides health checkups and vaccinations for children and health education	: Pagoda committee raises funds for traditional ceremony : Village leadership raises funds for school building and to mediate domestic problems/violence
<b>Commune organisations</b>	: Commune Relief Association covering 12 villages : Commune Council formed with 9 members	: Commune Council formed with 5 members	N/A	N/A
<b>External support</b>	<u>WB social fund</u> : Construction for school building <u>UNICEF</u> : Construction for school building <u>SEILA</u> : Chambak Commune presented a commune development plan this year. <u>WFP</u> : Food assistance to School <u>Partners in Compassion</u> : Free medication and consultation to HIV/AIDS patients (transportation provided)	<u>Minister of Agriculture</u> : Construction of school buildings <u>WB Social fund</u> : Installment of 14 hand pumps in 2000, SEILA has not started yet. <u>Education Quality Improvement Project (EQIP)</u> : Provisions of gardening tools, teaching materials for school. <u>WFP</u> : Provisions of food for schools for the last 13 years <u>RHAC</u> : Training of village health agents	: <u>PDWA</u> : <u>CEDE</u> : <u>IPM</u> : <u>PRASAC</u> : <u>NCDE</u> : Assistance of monthly \$20 for the disabled, providing artificial limbs : <u>PVT</u> : Provisions of group loans up to \$700 after training, finding a job. : <u>Military base</u> : Provisions of security and contributes funds for pagoda.	: <u>DOH</u> : Provision of health education on AIDS and vaccination. : <u>Malup Baitong</u> (local NGO): Provision of agriculture training : <u>CMAC</u> : Provision of awareness training on land mines
<b>Most helpful support for the veterans</b>	: Allocation of farming land for the veterans : The veterans family learn vocational skills to earn extra money	: Sangkahak Association provided rice and money to the veterans while they stay in health centre.	: VDC & Village leadership : CIDSE : Pagoda committee	: Pagoda committee : Village leadership
<b>Relationship (close / distant / far distant)</b>	<u>Close</u> : Health centre, pagoda, Sang Kahak Association, EMT credit org, VDC, Primary school <u>Distant</u> : Market, rice mill, RHAC, PC, Village library <u>Far</u> : Electric generator, Clean water programme, SEILA, ACLEDA bank	<u>Close</u> : Pagoda, VDC, Traditional healer, Sang Kahak Association <u>Distant</u> : Minister, Referral Hospital, Village bank, Commune Council, SEILA, Water users' group, Money lenders <u>Far</u> : Health centre, Investment Co., Primary School	<u>Close</u> : Pagoda Committee, VDC, NCDP, PRASAC, IPM, VTC <u>Far</u> : Commune Health Centre, PDWVA	<u>Close</u> : Pagoda committee, village leader, NGO, CMAC <u>Far</u> : Provincial health centre, DOWVA, Commune Health centre
<b>Perception towards the veterans</b>	: Villagers respect the veterans as the veterans respect other villagers.	: Villagers look after needy veterans well. They inform village chief for needs of the veterans. There is no discrimination towards the veterans in the village.	: There is no discrimination towards the veterans and families. Villagers and the veterans help each other in social activities.	: There is no discrimination towards the veterans and families. Mutual help exists in the village in terms of job and social functions such as wedding and funeral.



**Lists of Communes with a Higher Concentration of Veterans****Kampong Speu**

District	Commune	No. Discharged	Veterans % in population	Vet.HH % in population
<b>Kon Pisey</b>	Chongruk	15	0.14	0.73
	Veal	12	0.17	0.86
<b>Phnom Srouch</b>	Traeng Trayueng	232	1.99	9.84
<b>Udong</b>	Veang Chas	20	0.31	1.69
	Veal Pung	7	0.06	0.32
<b>Boseth</b>	Svay Chacheb	10	0.14	0.71
	Toul Sala	10	0.16	0.78
<b>Chha Mon</b>	Chbar Mon	37	0.48	2.67
	Kandaol Dom	20	0.3	1.52
<b>Thpong</b>	Amleang	33	0.4	1.94
	Prambei Mom	15	0.18	0.92
<b>Samrong Tong</b>	Kahaeng	24	0.38	1.97
	Tang Krouch	19	0.28	1.40
<b>Ural</b>	Trapeang Chour	27	0.68	3.27
	Sangkae Satob	17	0.45	2.23
<b>total</b>		<b>498</b>		
<b>Total in Province</b>		<b>977</b>		

**Takeo**

District	Commune	No. Discharged	Veterans % in population	Vet.HH % in population
<b>Kon Pisey</b>	Chongruk	15	0.14	0.73
	Veal	12	0.17	0.86
<b>Phnom Srouch</b>	Traeng Trayueng	232	1.99	9.84
<b>Udong</b>	Veang Chas	20	0.31	1.69
	Veal Pung	7	0.06	0.32
<b>Boseth</b>	Svay Chacheb	10	0.14	0.71
	Toul Sala	10	0.16	0.78
<b>Chha Mon</b>	Chbar Mon	37	0.48	2.67
	Kandaol Dom	20	0.3	1.52
<b>Thpong</b>	Amleang	33	0.4	1.94
	Prambei Mom	15	0.18	0.92
<b>Samrong Tong</b>	Kahaeng	24	0.38	1.97
	Tang Krouch	19	0.28	1.40
<b>Ural</b>	Trapeang Chour	27	0.68	3.27
	Sangkae Satob	17	0.45	2.23
<b>total</b>		<b>498</b>		
<b>Total in Province</b>		<b>977</b>		

**Service Providers in Operation by District in Kampong Speu**

Appendix 5

<b>Ural District (54 Veterans)</b>	
Service Providers	Area of Services
WFP	Food assistance for work & growth
American Red Cross	Disability services
SSC	Social mental health services
LWF	Maternal health, HIV/AIDS education VDC training, Agricultural assistance (food security)

<b>Thpong District (69 Veterans)</b>	
Service Providers	Area of Services
WFP	Food assistance for work & growth
American Red Cross	Disability services
SSC	Social mental health services

<b>Udong District (60 Veterans)</b>	
Service Providers	Area of Services
WFP	Food assistance for work & growth
American Red Cross	Disability services
SSC	Social mental health services
PRASAC	Agricultural assistance, Community credit programme, Rehabilitation of irrigation system and rural roads
WVC	Agricultural assistance (food security) Public health, sanitation VDC/CDC training

<b>Samrong Tong District (177 Veterans)</b>	
Service Providers	Area of Services
WFP	Food assistance for work & growth
American Red Cross	Disability services
SSC	Self-help group Social mental health services Rural development
PRASAC	Agricultural assistance, Community credit programme, Rehabilitation of irrigation system and rural roads
NCDP	Disability awareness/assistance Inclusive education
CWPD	Agricultural assistance Vocational training HIV/AIDS education
RHAC	Public health, sanitation Medical service
WVC	Agricultural assistance (food security) Public health, sanitation VDC/CDC training

<b>Chhar Mon District (114 Veterans)</b>	
Service Providers	Area of Services
American Red Cross	Disability services
SSC	Self-help group Social mental health services Rural development
PRASAC	Agricultural assistance, Community credit programme, Rehabilitation of irrigation system and rural roads
NCDP	Disability awareness/assistance Inclusive education

**Service Providers in Operation by District in Kampong Speu**

Appendix 5

InterBand	Small business assistance Supply of medication Business loan
CWPD	Agricultural assistance Vocational training HIV/AIDS education

**Service Providers in Operation by District in Kampong Speu**

Appendix 5

<b>Kong Pisey District (56 Veterans)</b>	
<u>Service Providers</u>	<u>Area of Services</u>
American Red Cross	Disability services
SSC	Self-help group Social mental health services Rural development
InterBand	Small business assistance Supply of medication Business loan
RHAC	Public health, sanitation Medical service

<b>Basedth District (69 Veterans)</b>	
<u>Service Providers</u>	<u>Area of Services</u>
CORD	Rural credit, rice bank Health promotion Agricultural assistance Literacy education
American Red Cross	Disability services
SSC	Social mental health services
PRASAC	Agricultural assistance, Community credit programme, Rehabilitation of irrigation system and rural roads
NCDP	Disability awareness/assistance Inclusive education
RHAC	Public health, sanitation Medical service

<b>Phnom Srouch District (377 Veterans)</b>	
<u>Service Providers</u>	<u>Area of Services</u>
WFP	Food assistance for work & growth
American Red Cross	Disability services
SSC	Social mental health services Rural development
LWF	Maternal health, HIV/AIDS education Maternal health, Agricultural assistance (food security)
NCDP	Disability awareness/assistance Inclusive education
CWPD	Agricultural assistance Vocational training HIV/AIDS education
FAKP	Agricultural training and assistance Primary health Income generation
InterBand	Small business assistance Supply of medication Business loan
RHAC	Public health, sanitation Medical service
WVC	Agricultural assistance (food security) Public health, sanitation VDC/CDC training

**Service Providers in Operation by District in Takeo**

Appendix 5

<b>Bati District (59 Veterans)</b>	
Service Providers	Area of Services
WFP	Food assistance for work & growth
HI	Disability services Social grant
AFD	AIDS education Savanes groups
PC	Home care for AIDS patients Orphanage support
SEDOC	Rural credit Rice bank Vocational training

<b>Borei Chhalsac District (4 Veterans)</b>	
Service Providers	Area of Services
WFP	Food assistance for work & growth
HI	Disability services Social grant
PRASAC	Agricultural assistance Community credit programme/capacity development Rehabilitation of irrigation system and rural roads, drinking water
CCK	Food security Community capacity development Emergency relief

<b>Don Keo District (47 Veterans)</b>	
Service Providers	Area of Services
WFP	Food assistance for work & growth
HI	Disability services Social grant
KWCD	Women's right AIDS education
PRASAC	Rural credit
CFDA	Agricultural training Health education Rural credit
CWPD	Rural credit Health education

<b>Koh Anger District (13 Veterans)</b>	
Service Providers	Area of Services
WFP	Food assistance for work & growth
HI	Disability services Social grant
CCK	Food security Community capacity development Emergency relief
PRASAC	Agricultural assistance Community credit programme/capacity development Rehabilitation of irrigation system and rural

<b>Prey Kabbas District (31 Veterans)</b>	
Service Providers	Area of Services
WFP	Food assistance for work & growth
HI	Disability services Social grant
CAA	Agricultural assistance Water & sanitation Community capacity building
PRASAC	Rural credit
VSF	Agricultural assistance Food security
SEDOC	Rural credit Rice bank Vocational training

<b>Ankor Borei District (17 Veterans)</b>	
Service Providers	Area of Services
WFP	Food assistance for work & growth
HI	Disability services Social grant

Service Providers in Operation by District in Takeo

Appendix 5

CAA	Agricultural assistance Water & sanitation Community capacity building
CCK	Emergency relief
PRASAC	Agricultural assistance Community credit programme/capacity development Rehabilitation of irrigation system and rural roads, drinking water

**Service Providers in Operation by District in Takeo**

Appendix 5

Kirtvong District (46 Veterans)	
Service Providers	Area of Services
WFP	Food assistance for work & growth
HI	Disability services Social grant
CCK	Emergency relief
PRASAC	Agricultural assistance Community credit programme/capacity development Rehabilitation of irrigation system and rural roads, drinking water

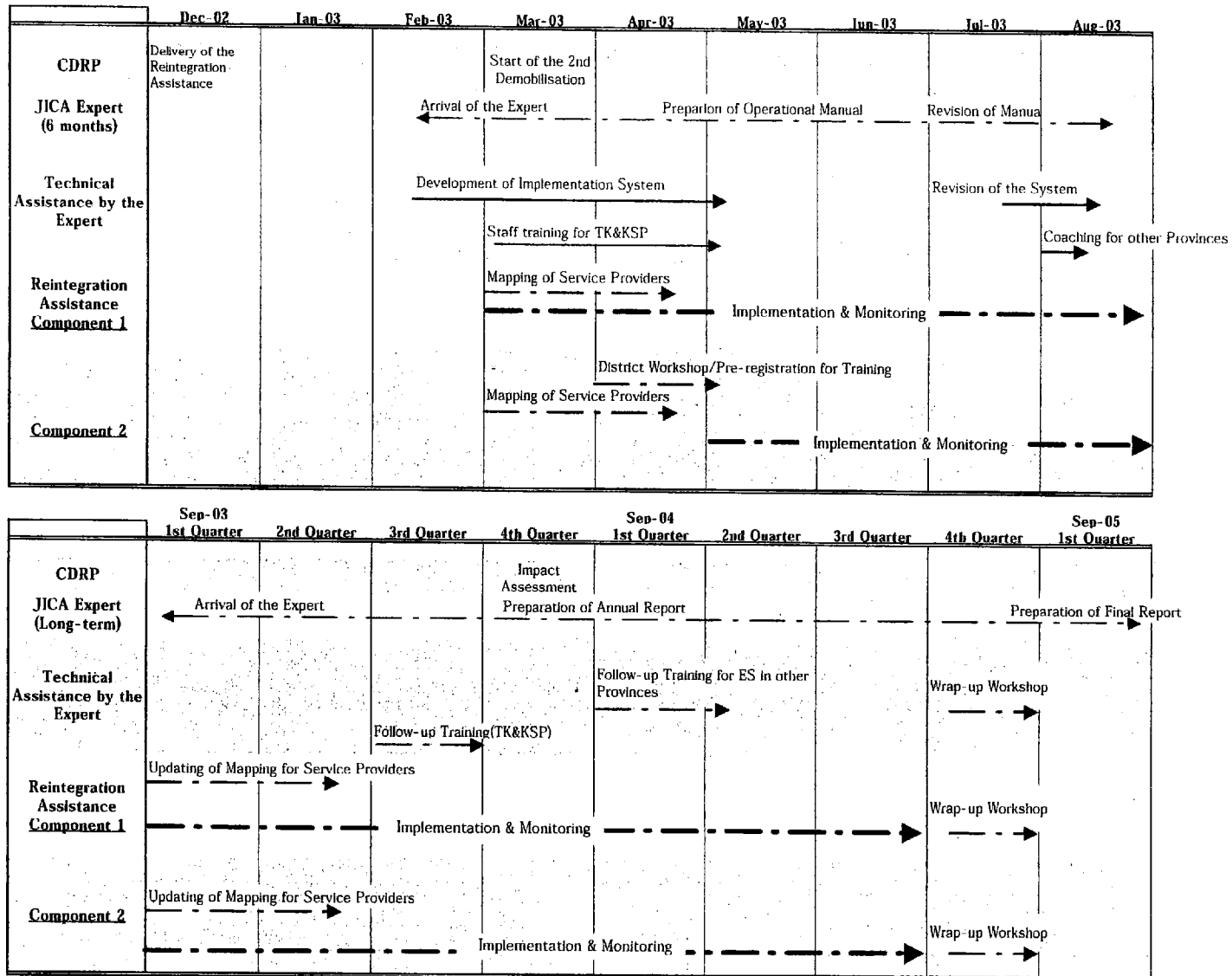
Traing District (56 Veterans)	
Service Providers	Area of Services
WFP	Food assistance for work & growth
HI	Disability services Social grant
PRASAC	Agricultural assistance Community credit programme/capacity development Rehabilitation of irrigation system and rural roads
CAA	Agricultural assistance Water & sanitation Community capacity building
CFDA	Agricultural training Health education Rural credit

Tram Kok District (118 Veterans)	
Service Providers	Area of Services
WFP	Food assistance for work & growth
HI	Disability services Social grant
PRASAC	Rural credit
CFDA	Agricultural training Health education Rural credit
VSF	Agricultural assistance Food security
AMDA	Medical service Maternity care
CRS	Rural credit
InterBand	Small business assistance Supply of medication Business loan
SEDOC	Rural credit Rice bank
CFDAC	Vocational training Agricultural assistance

Samraong District (38 Veterans)	
Service Providers	Area of Services
WFP	Food assistance for work & growth
HI	Disability services Social grant
PRASAC	Rural credit
CRS	Rural credit
WVC	Income generation Water & sanitation Community capacity development
AFD	AIDS education Savings groups Agricultural assistance (in Samraong District)
SEDOC	Rural credit Rice bank Vocational training
CRS	Rural credit
VSF	Agricultural assistance Food security

**Proposed Implementation Schedule**

February 2003~August 2005





**Terms of Reference  
-the JICA Expert-**

The JICA will recruit two Japanese nationals (hereinafter referred to as 'The Expert') for a total period of 36 man-months commencing February 2003 to assist the CDAF/GS and PVC/ES to facilitate reintegration assistance for the demobilized soldiers in Takeo and Kampong Speu Provinces.

The first Expert will be committed to the development of implementation systems/ guidelines through which reintegration assistance should be facilitated by the executing agency at the National and Provincial Level. She/he will be responsible for the tasks 1 to 4 listed below. Maximum duration of service by the first Expert will not exceed 6 months.

The second Expert will follow up assistance initiated by the first Expert, whose main responsibility will be to provide timely and effective technical assistance and necessary coaching to her/his counterpart agency. She/he will prepare quarterly and annual progress reports to be submitted to the host country government as well as the donor community. Before the three-year assistance is completed, the Expert will host wrap-up workshops to evaluate reintegration assistance, effects on the veterans, and technical assistance by the JICA.

The Expert will be designated to the GS office, but he/she will make regular visits to the two Provinces for assisting in the planning and implementation of activities undertaken by the ES. The following summarises the key responsibilities of the Expert.

**Key Responsibilities:**

**1. The Expert shall be responsible for preparing the following strategies and guidelines for the actions of the GS and ES, with the aim of assuring the latter's effectiveness in assisting the veterans and their families.**

Implementation set-up

- Advise the GS in the development of Terms of Reference for GS Counterparts. The TOR should clearly outline the counterparts' responsibilities in regards to technical assistance provided by the GS to the ES.
- Advise the ES in the development of Terms of Reference that will be applied to its (ES's) members. The TOR should clearly outline their responsibilities in regards to reintegration assistance for the veterans and their families.

Development of financing system for skills enhancement activities

- Prepare a financing plan for skills enhancement assistance at the Provincial Level.
- Outline practical ways to disburse the Non-Project Grant and agree with Embassy of Japan, World Bank and the GS.

Selection of target groups

- Prepare checklists to assess the most vulnerable groups (MVG) based on the factors attributing to vulnerability identified by the project formulation study.
- Supervise the selection process being undertaken by the ES members and ensure that the community be consulted before a final selection is made.
- Prepare guidelines to assist skills enhancement and select a target group for agriculture and self-employment training.
- Develop basic rules to apply skills development assistance.
  - They would include: requirement of needs assessment, conditions for choosing agriculture over vocational skills or vice versa, aptitude of service providers, availability of NGOs that finance and manage assistance, etc.

Needs assessment

- Prepare guidelines for assessment of needs of the veterans and their families to be conducted in each District.
  - The guidelines would include: time schedules, lists of participants, introduction of services available to the veterans and families, consultation sessions with the community, list of

information to be collected, pre-registration of the skills training by service provider, follow-up assessment, detailed assessment by service provider, etc.

#### Mapping of service providers

- Advise and assist the GS and ES in methods to research service providers in each Province and to map service providers by geographical area (ideally per Commune), by sector, by modality of collaboration (Partial/full assistance by own finance)
  - Area of services should include: Disability service, medical service, food supply, credit service, organisation of rice bank, community infrastructure development, provision of agricultural inputs and draft animals, counselling, and vocational training
- Develop a mechanism for information sharing on the veterans' needs and available services among Provincial Departments, NGOs, International organisations, and SEILA Programme.

#### Activity Planning

- Prepare guidelines that outline planning activities by the ES and GS. The guidelines should include required information items, and a mechanism to facilitate disbursement of petty cash payments by the GS

#### Contract exchange with service provider

- Prepare guidelines and mechanisms for contract exchange with service providers (NGOs and Provincial Institutions).
  - The guidelines would include cost sharing by the CDRP in return for the provision of training services, information requirements for proposal making, monitoring and reporting requirements

#### Monitoring & evaluation system

- Liase with the M&E Advisor and develop an M&E system and performance indicators to measure progresses of activities.
- 2. Based on the guidelines and mechanisms developed, the Expert will extend necessary coaching, on-the-job training, and workshops to all GS Reintegration Teams and ESs in charge of the rest of the Provinces. The purpose of the training is to encourage the application of the service referral system that is to be established in Takeo and Kampong Speu Provinces.**
  - 3. The Expert will develop an implementation manual in Khmer, which outlines all aspects of reintegration assistance activities and explains an implementation mechanism.**
  - 4. The Expert will regularly liase with donor community and other relevant ministries to ensure that reintegration assistance be coordinated with general poverty reduction and development assistance projects/programme undergoing in the two Provinces.**

**TERMS OF REFERENCE  
FOR  
SOCIO-ECONOMIC SURVEY**

**The Project Formulation Study on Reintegration Assistance for the Demobilised  
Veterans in Takeo and Kampong Speu Provinces.**

**1. BACKGROUND**

Since the late 1990's, the Royal Government of Cambodia (herein after 'the RGC') has pledged the accelerated demobilisation of the armed forces as part of their efforts to increase budgetary allocations to social and economic development of the nation. Accordingly a consensus was made between the RGC and donor community that downsizing of the Royal Cambodian Armed Forces (RCAF) is a key element.

After the completion of a Pilot Project in 2000, the first full-scale phase of the Cambodia Demobilisation and Reintegration Project (CDRP) started in October 2001. As a result, 15,000 veterans returned home and experienced the transition from military service into self-sustained civilian life. It was witnessed that such transition is not easy, in particular for those who suffer from chronic illness and/or are physically handicapped. It is also learned that the uniform assistance packages gave the demobilised veterans a start-up chance but they hardly met the needs to sustain economically and socially viable life in the communities. Further assistance is therefore critical to facilitate alternative income generation and skill enhancement.

In this background, the Japan International Cooperation Agency (herein after 'the JICA') sent its first mission last April to identify possible collaboration in supporting the Cambodia Demobilization and Reintegration Project (CDRP). As a result, overall agreement has been made to commit reintegration assistance for the demobilised veterans in Takeo and Kampong Speu Provinces. Japan will dispatch the second mission in September to draw detailed project plans.

**2. OBJECTIVES**

The study aims to provide detailed information on the demobilised soldiers who have settled in Takeo and Kampong Speu Provinces. Socio-economic profiling of the target group is most crucial for understanding the nature and causes of the problems of the veterans who were discharged from the RCAF one year ago. Therefore, successful analysis of such a study would contribute to outline effective assistance plans to the target group.

In addition, the study is aimed at fulfilling the following specific objectives:

- To identify the most vulnerable people who tend to fall into chronic poverty.
- To study factors attributing to their vulnerability.
- To analyse assistance needs of the veterans for income generation and improved standards of living.

**3. SURVEY AREA**

This study will be undertaken in the selected Communes in the Province of Takeo and Kampong Speu from the 1<sup>st</sup> week of October for approximately three weeks. The Communes with a higher concentration of veterans were selected from each District of the Province so that the study can closely study the socio-economic conditions of the Communes. The size of the samples at each District is

decided according to the relative size of veterans to the District. The attached table shows sample sizes required for each District in respective Province.

Each province has set up the Provincial Veterans' Committees (PVC) and their Executive Secretariats (ES) in order to facilitate the process of reintegration of the veterans into the community. The survey will require substantial collaboration of the ES officials in choosing veterans out of the list maintained by the ES and, moreover, in locating physical whereabouts of the interviewees.

#### 4. SCOPE OF WORK

There are two types of survey methodologies to be introduced in this study. Household survey uses structured questionnaires. Responses are either entered numerical values or the respondents are asked to choose most appropriate answers from the list of options given in the questionnaires.

In addition, a Participatory Rural Appraisal (PRA) will be conducted in 4 selected sites in two Provinces. The main purpose of this exercise is to understand the rationale for particular preferences for income earning activities and to identify the cause-effect relationships of acute problems cited by the target group.

Due to time constraints, the 2 above-mentioned methods (approaches) will be conducted during the same period, and will hire two separate teams of people from a single contractor to complete the study. In case a single organisation does not possess adequate experience and skills, two separate organisations will be commissioned for each method.

The following explains the scope of each method.

##### Household survey

###### *1. Team Members*

- 6 enumerators
- One person for data entry

###### *2. Responsibilities*

- 6 enumerators will be divided into 3 groups and will interview a maximum of 200 veterans in the selected Communes in Takeo and K-Speu Provinces.
- One member of each group will be responsible for ensuring the most appropriate entry of responses on the pre-designed formats. He/she should be persistent in asking additional questions until respondents fully understand the intention of the original questions.
- The team will translate into Khmer the questionnaires that are to be developed by the JICA Consultant and photocopy them in designated numbers before undertaking the surveys. The team will undertake a few mock interviews to test the questionnaires. Training will be given by the Consultant prior to the field survey.
- The person responsible for data entry will collect the completed questionnaires every three days for data entry. Data entry sheets (Microsoft Excel) will be developed by the JICA Consultant and training will be given on data entry method.
- Each group is required to report progress of the survey to the JICA Consultant and keep field notes<sup>1</sup>.
- Representatives from each survey group will meet with the PRA team and provide narrative information on the Communes/Villages visited.

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<sup>1</sup> Field notes record atmosphere of interviews, reactions of respondents/community members, difficulties encountered by enumerator, suggestions for future surveys.

### 3. *Expected deliverables*

- Filled questionnaires for all interviews undertaken.
- A minimum of 200 questionnaires that are completed and correctly entered.
- Two copies of floppy diskettes in which the data entered in the formatted Excel sheets is saved.
- Field Notes (2 notes by 3 groups = 6 notes in total)

## PRA

### 1. *Team Members*

- 6 facilitators.
- 1 JICA Consultant

### 2. *Responsibilities*

- 6 facilitators will be divided into two groups. They will visit 4-selected villages/communes for PRA, spending 2-3 full days per village to complete analysis.<sup>2</sup>
- The team will first agree upon the purpose of the PRA exercises and decide the best tools to collect information. The typical PRA exercises should include: a) Walkabout the target community, b) Group exercises using visual tools, and c) Key person interviews
- Each group will prepare visual tools - Example: diagrams, maps, matrices, etc.
- The team will consult with the village/commune chief and decide ideal dates for visiting the participants in each exercise (ideally 5-8 people: the same people are not necessarily attending throughout a series of exercise in a given village)
- Each group will be responsible for reproducing the analysis in English: Example, seasonal calendar, well-being criteria, etc.
- Each group will keep daily field notes and compile expanded notes<sup>3</sup> at the end of the survey in each locality that will include the analysis and conclusions of the group.
- Separate from the field exercise, the team will spend 2 days to synthesise all the data analysis results gathered from different sites.
- The team (2 groups) will organise the data collected according to the codebook.

### 3. *Expected deliverables*

- Results from data analysis – both Graphic and descriptive - that were produced during the group exercises and are translated into English
- Expanded notes from each group (4 notes for 4 sites) with coding.
- File information sheets<sup>4</sup> (4 sheets for 4 sites)

## 5. SURVEY SCHEDULE

(See the attachment).

## 6. SERVICE FEES

- Negotiable within the JICA remuneration scale.
- Direct expenses (e.i. transportation, photocopy, diskettes) will be reimbursed in accordance with JICA regulations.

<sup>2</sup> Depending on the preliminary walkabout, the sites for the PRA may become 6. In this case, each site spends 3 days.

<sup>3</sup> Expanded notes include: interview date, informants' name and location, process summary analysis, content summary analysis, etc.

<sup>4</sup> The file information sheet records information about the data collection activity such as the community location, the date of the activity, the data collection method used, the facilitator.

## **7. REQUIRED EXPERIENCE AND QUALIFICATION**

### **Household Surveys**

- Cambodian national
- 2 to 3 years' experience in conducting similar household surveys *in rural settings*.
- Familiarity with demobilised veterans and/or their family is a plus, but not essential
- Two members of the team should possess English ability in technical writing and speaking.
- Attentiveness to detail and diligence preferred.

### **PRA**

- Cambodian national
- 3 to 5 years' experience of working as development workers with local and international NGOs in the following areas: rural development, agriculture, income generation, job training.
- At least 2 years' prior experience in facilitating PRA exercises. Specific training to facilitate the PRA process desired.
- Two members should possess English ability in technical writing and speaking.
- Ability to initiate dialogue and knowledge exchange required.

Village		Serial No.	
Commune		Province	
District			

Survey  
Date/Mont / /  
Name of Enumerator \_\_\_\_\_

### HOUSEHOLD SURVEY FORMAT

#### Part I: General Information on Soldiers and Other Family Members

##### 1. Name of Demobilised Soldier *(Name in Locality)*

a) Family Name	
b) Name	

##### 2.1 Sex

a) Male	
b) Female	

##### 2.2 Marital Status

a) Single	
b) Married	
c) Divorced	

##### 2.3 Head of Household

a) yes	
b) no	

##### 3. Registered health conditions

*Please choose the one registered at discharge*

1. Healthy	2. Chronically Ill	3. Disabled	4. Over 55
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##### 4. Age of Demobilised Soldier

*Please choose the number where your age falls*

1. 20-29	2. 30-39	3. 40-49	4. 50-59	5. 60-69	6. 70-79	
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##### 5. Address before being demobilised *(Choose the one most applicable)*

a) Province	1. Takeo 2. K-Speu 3. Neither	
b) Commune	1. Same Commune in the Same Province 2. Different Commune in the Same Province 3. Different Commune in the Different Province	

##### 6. Housing and Land Ownership *(Please choose the one most applicable)*

a) Housing	1. Owned 2. Living with relative 3. Barrack 4. Rented	
b) Farming Land	1. Owned 2. Occupied 3. Neither 4. Don't know	

*Please give the following area in hector*

c) Land Area for Farming	ha	d) Land Area for Rice Growing	ha
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##### 7. Family Members *(Please give number of the following family members)*

a) Total Number of Children	
b) Total Number of Adults	
c) Number of Independent Children	
d) Number of Independent Adults	

*Note: 'Dependent' family members don't have cash income at all.  
'Independent' family members have cash income.*

**Part 2: Socio-Economic Condition**

**8 Family income BEFORE demobilisation and PRESENT (If not applicable, enter 0)**

		a	b	c	d	e	f	g	h
		Military salary/pension	Farming	Animal husbandry	Non-farming (business)	Asset	Remittance from abroad	Other	Total
1	BEFORE								(a+b+c+d+e+f+g)
2	PRESENT								(a+b+c+d+e+f+g)

**9 Expenditure Before demobilisation and PRESENT**

Which of the following items does your family spend most on a monthly basis ? Please Rank TOP THREE items. Example: 1,2,3		BEFORE	PRESENT
1	Food		
2	Housing		
3	Education/Training		
4	Medication/Clinic fee (including purchase/repair of wheel chair, artificial limbs)		
5	Transportation		
6	Clothing		
7	Agricultural inputs (pesticide, animal, seeds, etc)		
8	Business expenses		
9	Debt/loan repayment		
10	Other ( Please describe)		

**# Debts**

1	Does your family have debts?	1YES <input type="checkbox"/>	2NO <input type="checkbox"/>
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If YES, from where did you borrow?		How much?	Interest payment?
2	Informal money lender/Pawn broker	Riel	Riel
3	Neighbours/Friends	Riel	Riel
4	Relatives	Riel	Riel
5	NGO	Riel	Riel
6	Other ( Please describe)	Riel	Riel

**# 1. Seasonal Calendar**

Please tick the months when your family has INCOME or PRODUCE for domestic consumption from the following activities.

activity	Jan	Feb	Mar	Apr	May	Jun	Jul	Aug	Sep	Oct	Nov	Dec	TOTAL(M)
1 Rice growing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
2 Vegetable growing	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
3 Animal husbandry	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
4 Business in location	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
5 Labor in town	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	
6 Other	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	

**# 2. Food Security**

1	How many months a year does your family have to borrow rice?	months/year
---	--	-------------

**# Income Generation**

Which of the following activities does your family do for earning income?		tick where applicable
1	Farming/animal husbandry	
2	Production (furniture, brick, pottery)	
3	Carpentry & plumbing (incl. painting)	
4	Repair (motorbike, bicycle, tools)	



Village Cord \_\_\_\_\_

Commune Cord \_\_\_\_\_

Appendix 9

5	Repair (TV, radio, electronics goods)	
6	Tailoring	
7	Food processing	
8	Driving	
9	Hair cutting & salon	
10	Salary as Civil servant, NGO worker, company employee	
11	Other ( Please describe)	

**# Constraints on Income Generation**

<i>Which of the following most adequately describes the reason why non-farming activities are difficult for you?</i>		<b>tick ONE</b>
1	Guidance and assistance are not available	
2	Not equipped with adequate skills	
3	Illiteracy	
4	Not enough finances possessed	
5	Difficulty in accessibility to inputs (water, fertilizer, etc)	
6	Poor health/disability	
7	Other (Please describe)	

**# Skills Training**

	Already Trained?			Wish to learn?		
	YOU	SPOUSE	CHILDREN	YOU	SPOUSE	CHILDREN
1	Production(furniture, bricks, pottery)					
2	Carpentry & plumbing, painting					
3	Repair(motor bike,bicycle,tools)					
4	Repair(TV, radio, Electronics goods)					
5	Tailoring					
6	Computer					
7	Food processing					
8	Driving					
9	Hair cutting & salon skills					
10	Agriculture (farming, animal husbandry)					

\* If he/she is trained unofficially or through experience, enter as 'Already Trained'

**# Use of Discharge Allowance**

<i>What did you use your discharge allowance for? Choose TWO main uses.</i>		<b>tick TWO</b>
1	Debt repayment	
2	Food substitute	
3	Housing construction/repair	
4	Business investment/operations	
5	Children's education	
6	Medication & clinical/hospital fees	
7	Skills training	
8	Other (please describe)	

**# Use of Reintegration Assistance Package**

<i>Which type of package did you request?</i>				
1	a) Shelter <input type="checkbox"/>	b) Electrical generator,water pump <input type="checkbox"/>	c)Electrical generator, sewing&knitting <input type="checkbox"/>	d)Motor cycle, sewing machiene <input type="checkbox"/>

<i>How do you think the package will help you in order to support your livelihood</i>		<b>tick ONE</b>
2	Use package items at home to improve standards of living	
3	Start/use for business	
4	Don't know yet	
5	Other (please describe)	

**Part 3: Health, Education & Community****17 Resettlement**

<i>If your family moved to this village after discharge, Please answer this question. Choose ONE main reason. We moved here in order:</i>		tick ONE
1	To live within a short distance from relatives	
2	To seek better job opportunities	
3	To return to the family-owned farming land	
4	Other ( Please describe)	

**18 Participation in Community Activities**

<i>Is your family participating in?</i>		YES	NO
1	Village/commune meeting as an officer		
2	Rice/pig/cow/seed bank		
3	Women's Association		
4	Credit & Saving Association		
5	Other ( Please describe)		

**19 Present Medical Conditions of the Demobilised Soldier**

<i>Are you suffering from?</i>		YES	NO	If YES, how long? (unit:month)
1	Illness or injury requiring hospitalisation?			
2	Illness or injury requiring regular medication?			
3	Mental disorder or depression?			

**20 Present Health Conditions of the Demobilised Soldier**

<i>If you are ill, what are you suffering from?</i>		YES	NO	If YES, do you take any medication? Tick
1	TB, pneumonia or other lung diseases			
2	HIV/AIDS			
3	Heart disease or high blood pressure			
4	Stomach or bowel diseases			
5	Problems with your eyes or ears			
6	Muscle, bone or joint problem			
7	Sexually transmissible disease			
8	Cancer or tumours			
9	Other problems			

**21 Physical disabilities of the demobilised soldier**

<i>Are you having ?</i>		YES	NO
1	Amputation of upper extremity		
2	Amputation of lower extremity		
3	No or Limited visual ability		
4	No or Limited hearing		
5	No or Limited speech		

*If you use artificial limbs, are they fit for you? Please Choose ONE*

6	Fit well	
7	Need repairs	
8	Need to replace	

Village Cord \_\_\_\_\_

Commune Cord \_\_\_\_\_

Appendix 9

**22 School Education**

	<i>Which level of education did you and your spouse complete?</i>	<b>If completed, tick</b>	
		<b>YOU</b>	<b>SPOUSE</b>
1	Primary school		
2	Lower secondary		
3	Upper secondary		
4	College/technical school		
5	University		
6	Taught at Temple by Priest		

**23 Literacy**

	<i>How would you describe your literacy rate? I can ___</i>	<b>1 Easily</b>	<b>2 With some difficulty</b>	<b>3 With great difficulty</b>	<b>4 Not able</b>
1	Read newspaper & village notices				
2	Calculate change at the market				
3	Write alphabet				
4	Read alphabet				

**24 Information & Services**

	<i>Which type of information/services do you NEED most? To which information/services do you have LEAST ACCESS? Please choose ONE each.</i>	<b>LEAST ACCESS</b> (tick TWO)
1	Public health/hygiene	
2	Medical services (including rehabilitation training for the disabled)	
3	Agriculture-related (IPM, improved seeds, tools/machine, etc)	
4	Skills training	
5	Entrepreneurship development/guidance, including micro credit	
6	Food assistance	
7	Counselling services for mental health disorders and alcohol/drug abuse	
8	Other ( Please describe)	

**25 Accessibility to Information/Services**

	<i>Which of the following reasons best describes the reason why you can't access the services/information you want?</i>	<b>Tick ONE</b>
1	Did not know the availability of information and services	
2	Cost	
3	Distance to information/services is too far	
4	Work is too busy	
5	Due to illness or disability	
6	Information/services available are not appropriate	

## The Project Formulation Study on Reintegration Assistance for the Demobilised Veterans in Takeo and Kampong Speu Provinces

- These questions are aimed at ascertaining preliminary information about your organization and your projects operating in Takeo and Kampong Speu Provinces.

### QUESTIONNAIRE FORMAT FOR SERVICE PROVIDERS

#### 1. Your Organisation

1. Name of Institution			
2. Name of Representative			
3. Date Established			
4. Type of Organisation	<input type="checkbox"/> NGO (Local      International      Japanese) <input type="checkbox"/> Local Government <input type="checkbox"/> State Institution <input type="checkbox"/> Education Institution <input type="checkbox"/> Health Institution <input type="checkbox"/> Other (please specify _____ )		
	If Provincial department, you are:  Department of( _____ )		
5. Area of Assistance (Please select all where applicable)	<input type="checkbox"/> Agriculture <input type="checkbox"/> Vocation training <input type="checkbox"/> Public health, sanitation <input type="checkbox"/> Medical service <input type="checkbox"/> Disability assistance <input type="checkbox"/> Rural credit <input type="checkbox"/> Rural Development <input type="checkbox"/> Micro-enterprise development/ business guidance <input type="checkbox"/> Other (Please specify _____ )		
5. Mailing Address			
Physical Address			
6. Telephone Number			
7. Fax Number			
8. E-mail			
9. Staff positioning		Paid Staff	Volunteer, if any
	Management		
	Administration/Finance		
	Technical Staff		
	Trainer/field officer		
	<b>Total</b>		
10. Facilities (Type & capacities)			
11. Main donor agencies (Including Line ministries of the RGC)	(Example 30% MRD, 50% JICA, 20% UNDP)		

### 1. Profile for the Projects/Programmes

Please provide brief descriptions of key project/programme goals, objectives, activities, and the target beneficiary group. If your organization implements more than one project/programme in different localities for different target groups, please enter information separately. Please describe the projects that are under preparation too.

	Project /Programme Title	Project /Programme Title	Project /Programme Title
Duration <i>(if any specific duration)</i>			
Commencement <i>(Expected date)</i>			
Planned Completion <i>(if in progress)</i>			
Target Village Commune Province			
Project goal <i>(please state ONE main goal)</i>			
Project objectives			
Key activities			
Target beneficiary group <i>Number of persons/households</i>  <i>(Please describe in detail the target group: gender &amp; age category, ethnicity, religion, income level, education, other rationale for assistance)</i>			
Selection Criteria			
Total project budget			
Source of project financing (%)by donor			

### 3. Supporting the Reintegration of the Demobilised Veterans into Community

3.1 Assistance to the demobilized veterans and their family

Would your organization be able to consider assistance to the demobilized veterans and their families?

? YES      ? NO      ? Already Assisting

3.2 If Yes, in which area would assistance be possibly administered? (Please answer all applicable areas) Please also briefly explain mode of assistance (i.e., skill development, provision of credit) that could be provided. If you are already assisting, please also answer the same manner.

Area	Specific topic & Mode of Assistance	Duration & Cost per person
Agriculture		
Vocational Training		
Public health, sanitation		
Medical service		
Disability assistance		
Rural credit		
Rural development		
Business guidance		
Other (please specify)		

3.3 If your organisation provides training, please analyse market demand for the skills.

Type of skills training	Market Demand Analysis (Location, 2. Approximate Income to be generated, 3. Risk)	Initial costs & operation costs

3.4 If NO, would you consider non-project assistance to the CDRP in the form of:

- ? Provision of facilities and/or equipment for the CDRP to conduct skill development.
- ? Provision of technical assistance to the staff of the Provincial Veterans Committees and Provincial Departments in needs assessment and gender sensitization training, etc
- ? Other ( Please specify)  
.....
- ? Neither type of assistance possible

3.5 What information on veterans is crucial before and during assisting the discharged veterans and families?

3.6 If your organization would consider assistance, how would you like to finance the activities?

- ? Share with the CDRP or other involved institutions
- ? To be covered fully by the CDRP or donor agency
- ? Find own finances
- ? Don't know

#### 4. Documents to be Provided

We would very much appreciate if you could provide the following documents.

- Recent annual review (report) of your institution
- Schematic structure of your organization
- Project implementation arrangements at the field level

***Thank you for your valuable time***

*Please forward the completed questionnaire form to JICA Cambodia Office via Fax or by Hand*

***Attention: Akiko SHIMOOKA***  
***JICA Project Formulation Consultant***  
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